Performance

Report

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| Name: | Springwood Terrace Care Community |
| Commission ID: | 5425 |
| Address: | 260-270 Parfey Road, SPRINGWOOD, Queensland, 4127 |
| Activity type: | Site Audit |
| Activity date: | 9 October 2023 to 11 October 2023 |
| Performance report date: | 9 November 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 23614 Springwood Terrace Care Community |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Springwood Terrace Care Community (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ life stories, preferences and cultural backgrounds, and were observed treating consumers respectfully. Care documentation reflected consumers’ backgrounds and identities.

Consumers confirmed their cultural identities, beliefs and needs were respected and care and services were culturally safe. Staff were familiar with consumers’ unique cultural needs, support provided to celebrate cultural events and using communication cards with bilingual consumers. A monthly activity calendar scheduled various cultural events relevant to consumers.

Consumers said they could make decisions about their care and services, including maintaining important relationships. Staff described encouraging consumers’ independence, making choices about their care and reviewing care plans to ensure consumer preferences were respected. Staff were guided by policies and procedures regarding consumer choice.

Consumers said they were supported to make choices regarding risk and to maintain their independence by engaging in choices which pose risk. Staff described assessing consumer risk at entry and were knowledgeable of consumers wishing to take risks and harm minimisation strategies. Care documentation identified risks, mitigation strategies and dignity of risk agreements.

Consumers and representatives said they received timely information regarding consumers’ care, lifestyle activities, menus and events. Staff described communicating with consumers through discussions, posters, newsletters and picture cards for visually impaired consumers. Staff were observed clearly communicating with consumers and information was displayed throughout the service.

Consumers said their privacy was respected and their personal information was kept confidential. Staff confirmed knocking on doors prior to entry and seeking consumer consent before care delivery. Consumer information was secured in the service’s password protected electronic care management system and nurses’ stations were observed to be locked.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding care assessment and planning. Staff described using assessments to inform an interim care plan, with a finalised plan completed within 28 days of a consumer entering care. Management confirmed consumer and representative consultation during care assessment and planning, and tools in the electronic care management system guided staff through required processes.

Consumers confirmed staff included them in care assessment and planning processes to obtain their needs, goals and preferences. Staff described recording consumers’ needs at entry, including for end-of-life care and care documentation evidenced individualised support tailored to consumer need, including advance care directives.

Consumers and representatives said they were continually involved in assessment, planning and reviews of the consumer’s care. Staff described working in partnership with consumers during initial care assessment and planning and every 4 months during care reviews. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations supporting consumer care.

Consumers and representatives confirmed staff offered copies of care plans, discussed outcomes of assessment with them and provided further explanation, if required. Management confirmed staff and allied health professionals advised consumers of care outcomes during discussions, through phone calls or via email. Care documentation evidenced availability of summary care plans to consumers and representatives.

Consumers’ care plans were reviewed every 4 months or in response to changes or incidents and included consultation with others involved in consumer care. Staff were alerted to the need for care plan review through the electronic care management system, and care documentation reflected changes made in response to reassessment following deterioration or incidents.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers described receiving care that was consistent, safe, tailored to their needs and optimised their well-being. Staff were knowledgeable of best practice care delivery and care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were guided by policies and procedures and described how they applied them to support delivery of care.

Most consumers and representatives said consumer’s high-impact and high-prevalence risks were being managed, however, others said medications to administer pain were not given promptly. Care documentation evidenced appropriate pain management strategies were being implemented; with clinical and environmental strategies used to support other areas of high consumer risk.

Consumers confirmed staff discussed end-of-life care and were knowledgeable of processes to ensure a consumer’s comfort and manage pain. Care documentation, for a consumer receiving palliative care, confirmed review by a medical officer following deterioration and subsequent consultation with representatives. Policies and procedures guided staff practice when delivering end of life care.

Consumers and representatives said staff were responsive to their care needs, including regarding changes to their health and well-being. Staff knew how to identify, escalate and respond to changes in appetite, mobility and behaviour. Care documentation evidenced prompt identification of and response to changes. Staff were guided by policies and procedures to manage clinical deterioration relevant to their roles.

Consumers and representatives confirmed information about care and services was consistently communicated. Staff described sharing consumer information with those involved in consumer care through handovers and the electronic care management system. Allied health professionals and care documentation confirmed staff documented and shared information about consumers’ care needs.

Consumers and representatives provided positive feedback regarding timely and appropriate referrals to other individuals and organisations. Staff were knowledgeable of referral processes to appropriate specialists and seeking consumer consent prior to initiating a referral. Care documentation evidenced consumer referrals to a range of professionals, including medical officers and dietitians.

Consumers and representatives provided positive feedback regarding infection minimisation practices, including staff using personal protective equipment. Staff described antimicrobial stewardship, and infection minimisation measures under guidance from an infection prevention control lead. Staff and visitors were observed undergoing viral screening at entry; and staff practised hand hygiene.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers confirmed they were supported to participate in activities of interest which optimised their independence and quality of life. Staff described partnering with consumers to conduct lifestyle assessments at entry summarising preferences, interests, social, emotional and cultural needs used to inform activities. The activities calendar included bus outings, musical entertainers and pet therapy.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described providing individualised emotional support when recognising changes in consumers’ demeanour and reporting such changes to clinical staff. Care documentation reflected consumers’ emotional and spiritual needs, including availability of in-house religious services.

Consumers said they were supported to participate in activities within and outside of the service and maintain contact with those of importance. Staff confirmed engaging various external services to support consumers’ lifestyle needs and interests and facilitating video contact and visits by family and friends. Consumers were observed socialising with each other and mobilising throughout the service environment.

Consumers said information regarding their condition, needs and preferences was shared amongst those involved in their care. Staff described exchanging consumer information between care, clinical and catering staff, allied health professionals and other support services to inform consumer care and services. Management confirmed information, including changes to consumers’ condition, was shared through meetings, handovers and the electronic care management system. Care documentation detailed consumers’ current condition, needs and preferences.

Consumers gave positive feedback regarding support provided by other organisations. Staff described visits by various services to provide entertainment, religious services and lifestyle activity support, some of which at the request of consumers. The activity calendar demonstrated involvement from entertainers, school children and religious representatives.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed consulting consumers when developing menus, the availability of additional options and were aware of consumers’ dietary allergens and preferences. Consumers were observed to receive meals aligned to their needs and meeting minutes evidenced consumer involvement in menu development.

Consumers described equipment as safe, suitable, clean and well-maintained. Staff confirmed availability of mobility equipment which was cleaned daily, and safety checked prior to use. Observations confirmed various mobility and lifestyle equipment that was suitable, clean and maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service was welcoming, easy to navigate and provided a sense of safety. The service environment consisted of 5 wings including a reception, hairdressing salon, allied health service, café, courtyards, lounges and dining areas. Management confirmed assisting consumer orientation during entry and encouraging consumers to personalise their rooms. Observations confirmed the service included mobility infrastructure and clear signage.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move freely. Staff were knowledgeable of cleaning and maintenance processes and records evidenced routine and responsive cleaning and maintenance. Consumers were observed mobilising between indoor and outdoor areas of the service environment, including those from the memory support unit with staff assistance.

Consumers said furniture, fittings and equipment were safe, clean and well-maintained. Staff described a preventative maintenance schedule for kitchen appliances, daily cleaning of food service areas and maintenance of call bells. Furniture and fittings were observed to be clean and in good condition and electronic equipment fully functional.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were comfortable to provide feedback or make a complaint and were aware of relevant processes. Staff were knowledgeable of procedures to register, escalate, manage and resolve issues, and confirmed consumers were encouraged to provide input through meetings, feedback forms, surveys or discussions with staff. Feedback and complaint forms were displayed; and procedural information was evidenced in consumer handbooks and newsletters.

Most consumers said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Newsletters and meeting minutes confirmed advocacy information was provided and an advocacy agency had recently given a presentation. Staff generally demonstrated knowledge of advocacy and complaints organisations; however, some required additional training to increase their awareness. Management confirmed no consumers had used these services in the previous 6 months.

Consumers and representatives said their feedback and complaints were acknowledged, resolved and apologies offered. Staff and management described appropriate processes to respond to and resolve issues raised by consumers or representatives, including the use of open disclosure. Records confirmed feedback and complaints management was consistent with service policies and procedures.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Management described registering and analysing complaints from consumers to identifying trends to inform service improvements. The continuous improvement plan evidenced actions taken in response to consumer input resulting in positive outcomes.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers generally gave positive feedback regarding staffing numbers and confirmed their care needs were met, however others said staffing numbers were insufficient. Management described forward planning rosters to ensure sufficient availability of ongoing staff to meet consumer need, utilising agency staff as a last resort. Rostering documentation evidenced staff had work extended hours to fill some shifts and planned actions were in progress to increase staffing levels.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed consistently interacting with consumers in a respectful manner when providing assistance and demonstrated meaningful engagement with consumers. Service policies detailed organisational values and staff expectations to deliver respectful, person-centred care.

Consumers and representatives said staff were competent, performed their duties effectively to meet consumers’ care needs. Management confirmed 15 new staff were being onboarded following establishing the candidate’s competencies during recruitment processes. Personnel records evidenced required qualifications, competencies, role responsibilities, experience, professional registrations and security vetting were monitored.

Consumers and representatives said staff were appropriately trained to perform their duties. Staff confirmed provision of various training to support their professional development and could request further education to address skill gaps. Staff were knowledgeable of topics relevant to their roles and management described monitoring completion rates. Records confirmed the majority of staff had completed mandatory training and reminders had been sent for incomplete modules.

Staff confirmed participating in annual performance appraisals and management described undertaking appraisals with new staff, 3 and 5 months, post commencement, and annually thereafter. Records confirmed most staff had completed performance appraisals and reminders had been sent to others yet to participate.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were involved in the development and delivery of care and services through meetings. Management confirmed consumers and representatives were encouraged to engage in service operations during care plan reviews and through the feedback process. Documentation evidenced consumer and representative input into care development and delivery.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of audit outcomes and clinical indicators. The governing body provided advice and recommendations based on service data and provided information to management regarding changes to legislation, policies and procedures to be passed onto staff, consumers and representatives for awareness.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate, review and monitor risks and incidents to improve care delivery. Staff were knowledgeable of best practice management of serious incidents and management described regularly reviewing and reporting incidents to inform changes. An electronic incident management system captured events with critical incidents escalated to governing teams for review.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Staff practice was supported by frameworks, policies and guidelines detailing best practice management of antimicrobial stewardship, minimising the use of restraint and the principles of open disclosure.

1. The preparation of the performance report is in accordance with section 40A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)