Performance

Report

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| Name: | Templestowe Grove Care Community |
| Commission ID: | 3682 |
| Address: | 1 Chivers Road, TEMPLESTOWE, Victoria, 3106 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5726 Templestowe Grove 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 Templestowe Grove Care Community (**the service**) has been prepared by L Glass, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 28 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 in particular in maintaining a focus on supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life and recruitment and retention of lifestyle and wellbeing staff.

# 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 |

Findings

In relation to requirement 3(3)(a) most consumers and representatives expressed satisfaction with the care and services provided. Clinical management systems have recently transitioned to Opal HealthCare systems. Clinical care was demonstrated to be effective, in line with best practice and tailored to individual consumer’s needs and preferences. The use of restrictive practices complies with legislative requirements.

Most consumers and representatives expressed satisfaction with the personal and clinical care provided to them and said staff understand their needs and preferences. Staff demonstrated knowledge of sampled consumer care needs and the interventions planned to provide safe and effective care. The clinical governance and clinical information systems have transitioned to Opal HealthCare systems. Clinical assessment and care plans were prioritised in the transition, and all consumer care plans have been reassessed and entered on to the new electronic information system. A clinical review of consumer care plans is undertaken every 4 months by a Registered Nurse. The clinical review includes a care consultation with the consumer and/or representatives. Care documentation for consumers reflected individualised strategies to manage general hygiene, skin care, wound and pain management.

I have considered the Assessment Team report and recommendation that the requirement is met. I find requirement 3(3)(a) Compliant.

# 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 |

Findings

The Assessment Team found requirement 4(3)(a) not met. It found most of the interviewed consumers expressed dissatisfaction with the service's ability to provide social support to enable their independence and engagement in the activities they enjoy. It also found consumers were not actively engaged in activities to improve their life and well-being and service did not demonstrate the lifestyle program is based on consumer needs and preferences.

In response to the Assessment Team report the service supplied evidence documenting care plans and consumer progress notes, staff education, lifestyle activities and calendars, individualised lifestyle care plans, Resident and Relative Meeting agenda and minutes and a lifestyle quick reference guide to facilitate staff knowledge and understanding of consumers’ needs, goals and preferences. Recruitment of lifestyle staff is on going and interim plans are now in place to manage and meet consumer goals, needs and preferences.

I have considered the Assessment Team report and the recommendation that the requirement is not met. I have also considered the evidence provided by the approved provider in response to the Assessment Team report. I consider the approved provider has addressed the matters raised by the Assessment Team. For example, the service has undertaken a review of consumer’s lifestyle care plans, has a plan for continuous improvement in place and has outlined and provided evidence about the implementation of a range of actions, strategies, activities and services to address the concerns raised by the Assessment Team.

I find requirement 4(3)(a) Compliant.

# 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 |

Findings

In relation to 7(3)(a) the service demonstrates a workforce that is planned, mixed, and deployed in response to service and consumer requirements to enable the delivery of safe and effective quality care. The service explained a planned process to grow their workforce, aligned with increasing consumer capacity.

Most consumers and/or representatives interviewed reported that there is adequate staff, who respond to consumer needs and call bells within an appropriate timeframe. Clinical and care staff said the service has enough staff and they have sufficient time to complete their tasks. A review of rosters and other documents demonstrated that shifts are allocated to enable delivery of safe and quality care and services. The Assessment Team observed that shifts were filled, and management reported that any unplanned shift vacancies are adequately filled to deliver safe and quality care and services.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find requirement 7(3)(a) Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)