Performance

Report

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| Name of service: | Tingira Hills Care Community |
| Service address: | 3 Violet Town Road MOUNT HUTTON NSW 2290 |
| Commission ID: | 2805 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 20 January 2023 |
| Performance report date: | 3 March 2023 |

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 Tingira Hills Care Community (**the service**) has been prepared by K. Spurrell, 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, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* other information and intelligence held by the Commission in relation to the service.

# 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 said they are treated with dignity and respect and said staff are aware of their needs and respect their values, identity and cultural background. Staff described using consumers’ preferred names, speaking to them politely and respecting their privacy and personal space. Care planning documentation detailed consumers' identity, backgrounds, and cultural diversity including interventions and strategies to guide staff in providing care in a dignified and respectful manner.

Consumers and representatives confirmed the service recognises and respects their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and their specific cultural needs, wishes and preferences. Lifestyle assessments and care plans demonstrated that consumers’ cultural needs are identified, and staff have taken initiatives to fulfil them.

Consumers said they are supported to choose who they wish to involve in their care and how they would like their care to be delivered. Consumers confirmed they are supported to maintain connections and relationships with others, including intimate ones. Care planning documentation reflected those consumers wish to have relationships with and are involved in their care and decision making.

Staff demonstrated knowledge and awareness of consumers who take risks and how they provide support to make the right choices, maintain independence and well-being. Care planning documentation demonstrated risks are assessed, consumers are provided with information to make informed decisions, including benefits and potential hazards associated with risk and risk mitigation processes. Dignity of risk forms were in place for consumers identified as taking risks to live the best life they can.

Consumers said their privacy is respected, and personal information is kept confidential. Care planning documentation was stored in the password protected electronic care management system and other documentation stored in locked nurse’s stations and staff described individual secure passwords when accessing the electronic system. The service has policies on privacy and confidentiality in place.

# 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 confirmed they are involved in assessment and care planning processes upon entry to the service and on an ongoing basis, this included assessment of risk. Staff were familiar with the care planning assessment and review process, and accurately described consumers’ needs as per their care planning documentation. Care planning documentation demonstrated the service considers risks when completing assessments.

Consumers and representatives advised that assessment and planning addresses consumers’ needs, goals and preferences. Staff described what is important to consumers and care delivery preferences. Care planning documentation were observed to be individualised, and reflected the consumers’ individual needs and preferences, including end of life preferences as applicable.

Consumers and representatives said allied health professionals are involved in the assessment, planning and review of consumer care and services, this included specialist consultants and organisations, physiotherapy, podiatry, speech pathology and dietitians. Staff described processes in place to ensure the service partners with consumers to assess, plan and review care and services. Care planning documentation demonstrated integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers.

Consumers and representatives said staff have explained their care plan to them and/or their representative and they could request a copy if necessary. Staff described processes for documenting the outcomes of assessment and planning in the care and services plan to reflect the most up-to-date assessments and reviews. Staff were observed providing updates during handover and attending to charts and documenting updated information.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, injuries or incidents related to challenging behaviours. Staff said they report and record incidents according to their delegations and management demonstrated that clinical incidents are reviewed monthly to identify strategies to minimise risk of reoccurrence and to identify improvements. The service maintains policies, procedures and staff training to ensure incidents are reported accurately and lead to care reviews when circumstances change, such as a change in health or risk.

# 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 and representatives said the service meets consumers’ care needs and supports their health and well-being. Care planning documentation reflected care that is safe, effective, and specific for each consumer including assessments and alternative management strategies for those consumers subject to restrictive practices. Staff were familiar with each consumers’ care needs including for restrictive practices, mobility and falls, nutrition/weight management, skin care, pain management, and other personal and complex clinical care.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff described care plans for consumers with high risk such as those with pressure area risk, falls risk, restraints, and pain. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

The needs, goals and preferences of consumers nearing the end of life were evidenced in care planning documentation. Consumers and representatives said their care is tailored to their needs, goals and preferences and confirmed staff had spoken to them about advance care planning and end of life preferences. Staff said they attend to mouth care, skin care, repositioning and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care and families are encouraged to be present and welcomed throughout the end-of-life care of the consumer.

Consumers and representatives said the service recognises and responds to changes in condition in a suitable and timely manner. Staff explained how deterioration is discussed during handover and can trigger a nursing and medical officer review, hospital transfer if needed and a subsequent review of care planning documentation. Care planning documentation and progress notes reflected the identification of, and response to, deterioration or changes in consumers’ condition.

Consumers and representatives said the service effectively documents and communicates any changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through verbal and written handover processes, accessing care plans and through electronic notifications. Consumer information is stored on the electronic care management system and information is available to attending medical officers and visiting allied health professionals.

Consumers say the organisation has access to and has referred them to the appropriate providers, organisations, or individuals to meet their care needs, referrals are prompt when needed and services provided by providers is appropriate. The service has a network of approved individuals, organisations, or providers they can refer consumers to. Care planning documentation evidenced that the service collaborates with other individuals, organisations or providers to support the diverse needs of consumers.

The service has implemented policies and procedures to guide staff in antimicrobial stewardship, infection control management including for a COVID-19 outbreak. Staff confirmed they have received training in infection control and COVID-19 strategies and demonstrated an understanding of precautions required to prevent and control infection. Care planning documentation evidenced the service follows clinical protocols including antimicrobial stewardship principles.

# 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 and representatives said they feel supported to pursue activities of interest and optimise their independence and are provided with appropriate supports to do so. Staff explained how lifestyle assessments help to identify consumers individual preferences, including leisure likes, dislikes and interests; and social, emotional, cultural, or spiritual needs and traditions. Staff were familiar with individual consumers’ interests and activities which aligned with care planning documentation.

Consumers reported their emotional, spiritual, and psychological needs are supported, and they can stay in touch with family or friends for comfort and emotional support. Staff advised consumers’ emotional, social, and psychological needs are supported in ways such as facilitating connections with people important to them through video chats, phone calls and window visits during lockdown. A multicultural radio guide poster was observed in the open areas for consumers with multicultural background.

Consumers and representatives said consumers are supported to participate within and outside the service, stay connected with people who are important to them and do the things of interest to them. Staff described how they support consumers to participate in the community or engage in activities of interest to them. Care planning documentation reflected consumers’ continued involvement in their community and personal and social relationships.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated and with others responsible for care. Staff said they are aware of any changes to a consumer's needs through verbal and documented handover processes, information stored on the electronic care management system, communications book, and dietary spreadsheets. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by other organisations, support services and providers of other care and services, the service refers consumers to appropriately skilled service providers to add to the care provided by the service such as the hairdresser, dental, optometrist, and physiotherapist. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documentation identified consumer referrals to other organisations and services.

Consumers and representatives said they are satisfied with the variety and quality of food provided at the service and they could request alternative meals to that on the menu. Changes in a consumer’s diet or preferences were observed in care planning documentation. Staff identified consumers’ dietary preferences and requirements including allergies.

Consumers and representatives said they have access to equipment including shower chairs and manual handling equipment, to assist them in their daily living activities as well as providing resources and equipment for the leisure and lifestyle activities. Staff stated they have access to equipment when they need it and described how equipment is kept safe, clean and well maintained. Cleaning and maintenance schedules were observed to be up to date and checked daily.

# 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 and representatives said the service is welcoming, feels homely and is easy to navigate. Staff said the environment was welcoming, homely, and safe. The service was observed to have warm, friendly spaces being used by consumers and their visitors and outdoor courtyards with shaded and unshaded areas, comfortable furniture and gardens.

Consumers were observed moving freely around the facility in the loungerooms and large veranda and could access several gardens. The service was observed to be clean and well-maintained. Staff described how maintenance issue are logged in the maintenance book located in every nurse's station. Consumers said the service is kept very clean.

Furniture was observed to be clean and in good condition. Staff said they have access to sufficient, well-maintained equipment needed for consumer care. Consumers said the equipment was clean and well-maintained. Furniture and equipment were under a scheduled maintenance plan with specialist contractors in place where required.

# 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 feel encouraged, safe, and supported to provide feedback and make complaints, they can do so anonymously or with the assistance of staff. Staff described avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and processes for handling a consumer or representative complaint. Feedback and complaints forms were available throughout the service and the feedback and complaints register demonstrated the service has responded to all complaints and feedback.

Consumers and representatives said they are aware of the complaints and escalation process if required and are comfortable raising concerns with management and staff. Staff demonstrated understanding of advocacy policies available for consumers and knew how to support consumers with cognitive impairment, language diversity and communication barriers to provide feedback such as through interpreter services.

Consumers and representatives said management addresses and resolves their concerns and complaints and confirmed that staff and management provide an apology when things go wrong. Staff described feedback and complaint processes and confirmed all complaints are escalated to management for investigation and follow-up. Management confirmed that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process. The service has policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers, representatives, and staff described changes implemented at the service because of feedback and complaints received. Staff described the process of review for the service’s complaints and incident registers and the plan for continuous improvement register demonstrated how feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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

The service maintains an effective roster system based on the needs of consumers. The service demonstrated they have a robust system in place to cover vacant shifts including access to staff from other care services within the area. Call bell response times are monitored daily by management and discussed during handover and shift huddles.

Consumers and representatives said staff engage with them in a respectful, kind and caring manner. Staff demonstrated an in-depth understanding of consumers and staff interactions with consumers and representatives were observed to be kind, respectful and caring. Management said staff interactions with consumers and representatives are monitored through observation, formal and informal feedback, and complaints processes.

Consumers and representatives said staff are suitably skilled and competent to meet consumer care needs. Staff said they receive training and ongoing support and development from management and other staff. Management described monitor staff competency through feedback from consumers and representatives, input from other staff members and analysis of clinical data to help monitor the clinical outcomes and competencies of staff.

Consumers and representatives said staff can deliver effective care and services and are well trained and equipped to perform their roles. Staff described training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Training records demonstrated the service orientates, trains and monitors staff training and competencies to ensure staff have the necessary skills to perform their roles effectively.

Management described how staff formal performance reviews are conducted annually at the service, and a probationary period applies to all new staff; staff performance is monitored through observations; competencies such as manual handling, hand hygiene and medication; clinical data; and consumer, representative and staff feedback.

# 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 said they assist the organisation in the development, delivery and evaluation of care and services provided to them. Staff said consumers are encouraged to be engaged and involved in decisions about changes to the service through consumer/representatives’ meetings and food focus groups. The service uses regular customer experience surveys to gain further feedback from consumers and representatives.

The governing body considers monthly clinical data including consumer, representative feedback and complaints; continuous improvement initiatives; and incident data to identify the service’s compliance with legislative requirements, initiate improvement actions and monitor care and service delivery. Management described various ways in which the service communicates with consumers, representatives and staff regarding updates on legislation, policies and procedures through regular staff meetings, emails, newsletters, and training where required.

The service has various committees which support governance, including, Quality and Risk, Clinical Governance and Finance Advisory Committees. Information, feedback, and data from the service is reported through governance committees to the governing body. Access to information is available to all governing body members, executive group members, management, and staff according to delegation and need. Policies and procedures are in place to support all governance systems.

The service has a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices. Staff and management described how incidents are identified, responded to and reported in accordance with legislation, including for serious incident reporting requirements.

The service has a clinical governance system in place ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The service employs an infection prevention and control lead onsite and has policies, procedures, and clinical guidelines in relation to antimicrobial stewardship to guide staff practice. Consents for restrictive practices were reflected in care planning documentation and the service demonstrated that restraints are minimised where possible and alternative strategies trialled prior to administering medication for behaviours.

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