Performance

Report

**1800 951 822**

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| Name: | Tweed Valley Care Community |
| Commission ID: | 2802 |
| Address: | Carramar Drive, TWEED HEADS, New South Wales, 2485 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 September 2024 to 4 September 2024 |
| Performance report date: | 3 October 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1157 Tweed Valley 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 Tweed Valley Care Community (**the service**) has been prepared by S Turner, 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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.

# 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 |

Findings

Consumers and representatives were satisfied with how consumers are cared for by staff and said consumers are accepted for who they are and are treated with dignity and respect at all times. Consumers said staff were aware of their personal preferences including those relating to the staff who deliver care, personal hygiene and showering times, meals and daily activities, and provided examples of this. They said staff used their preferred names, knocked prior to entering the room, explained what they plan to do and delivered care in private.

Care planning documentation was written in a way that was respectful and included information to guide staff about those things that were important to consumers to maintain their identity.

Staff had been provided with education in areas including privacy and dignity, sexuality, cultural and spiritual care, and compulsory reporting. They demonstrated an understanding of their role and responsibilities in identifying and reporting any signs of abuse or neglect in relation to care of consumers. Staff were aware of consumers’ individual backgrounds and described how they supported consumers and delivered care in a way that maintained the consumer’s dignity. Staff were observed treating consumers with dignity and respect, speaking kindly and seeking permission to provide care.

Staff performance was monitored by management through observation and feedback from consumers and representatives. Meetings with management staff were held regularly to provide an opportunity for feedback to be given directly to the Service Manager and the service demonstrated that performance management processes were utilised when a need was identified.

For the reasons detailed, I am satisfied that consumers are provided care that is respectful and supports the consumers’ dignity. I find Requirement 1(3)(a) is Compliant.

# 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the clinical and personal care provided to consumers and felt it was safe and consistent with consumers’ needs and preferences. They said that risks related to falls, pressure areas, infection and weight loss were assessed, explained and managed to reduce risk. Consumers provided examples of how staff managed their specialised nursing care needs including pain, assisted with mobility, and cared for their clinical equipment; they said they had been referred to other providers when a need was identified.

Care planning documentation demonstrated individualised interventions and timely referrals that reflected consumers’ needs and preferences. Consumer care was reviewed following incidents or changes in a consumer’s condition. There was evidence of referral to medical officers, specialists and other health professionals such as a physiotherapist, podiatrist, speech therapist, wound care specialist and dietitian, and their recommendations were reflected in care planning documentation. Those consumers with complex changed behaviours had been assessed by specialists and there was evidence of engagement with geriatricians, mental health specialists and dementia support services.

Care management systems included standardised assessments, charting and care planning tools with automated reminders and clinical data captured in the quality reporting system. Consumer care related information including changed care needs was shared via handover meetings, emails, progress notes, notices, one to one discussions and through alerts on the electronic care management system. Care staff said they can access care plans and have an understanding of consumers’ care needs.

Staff could describe how they were supported by the clinical team to deliver care that was best practice and met consumers’ needs. They demonstrated an understanding of consumers’ individualised needs and preferences and were observed delivering care that was aligned with the consumer’s care plan.

The service had policies and procedures to guide staff in relation to care delivery and management of risks and the staff education program addressed clinical and personal care.

For the reasons detailed, I am satisfied consumers receive safe and effective care, risks associated with their care are managed and where a need is identified there is prompt referral to other providers of care and services. I find Requirements 3(3)(a), 3(3)(b) and 3(3)(f) are Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives were satisfied the service is clean, tidy, well-maintained and welcoming. Consumers said they could access all areas of the service, go outside for a walk or to relax, and visit the coffee shop when they wish. Consumers said maintenance issues were addressed quickly.

Consumers had the use of dining rooms, lounge areas and outdoor areas, and the service environment was observed to be safe, comfortable, clean and well-maintained. Consumers were able to move through the indoor and outdoor areas and were observed mobilising using walking aids, wheelchairs or using handrails to navigate through the service.

Cleaning staff described cleaning practices and additional cleaning occurred in some areas of the service where there was an increased need. A maintenance program was established, and staff demonstrated that maintenance issues were actioned in a timely manner; a review of maintenance records confirmed this. Fire safety equipment and associated signage was current and in working order. Cleaning and maintenance were monitored by management staff.

For the reasons detailed I am satisfied the service environment is clean, well-maintained and safe and that consumers are able to move freely throughout the environment. I find Requirement 5(3)(b) is 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

There were sufficient staff to meet consumers’ care and service needs and preferences. Consumers and representatives were satisfied with staffing and said staff were responsive to their requests for assistance. Consumers and representatives provided examples of how staff attended to consumers’ needs; one consumer said there were always staff available in the memory support unit and that they provided assistance immediately if this was requested.

Staff said there were sufficient staff and that the service was responsive to suggestions should more staff be required. They said management will increase staffing and redirect staff if workloads change. Hospitality staff said there was sufficient time allocated to complete their duties and that their roster was stable. There was a process to replace staff on planned and unplanned leave and staff said it was a rare experience for a shift to remain unfilled. Administrative staff explained that planned staff leave is actioned in advance especially over a holiday period. Registered nurses were rostered across all shifts. Management monitored staffing levels through reviewing call bell data, incidents, clinical indicator reports and feedback from consumers and staff.

Staff were observed attending to consumers and responding to call bells promptly; staff were not rushed and assisted consumers in a calm manner. Staff supported consumers during meal services and consumers were observed enjoying the environment and engaging in a relaxed manner with staff and other consumers.

For the reasons detailed, I am satisfied the workforce is planned to deliver safe, quality care and services. I find Requirement 7(3)(a) is Compliant.

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