Performance

Report

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| Name of service: | Performance report date: |
| Tweed Valley Care Community | 14 September 2022 |
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| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 16 August 2022 to 18 August 2022 |

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 considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 and others
* 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 | | Compliant |
| 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

The service ensured consumers were treated with dignity and respect, were provided culturally safe care and services and were documenting information regarding consumers’ identity, culture and personal preferences in line with their values. Consumers at the service were provided with current and accurate information to enable them to make decisions, including who was to be involved in their care, their participation in activities and selection of meals.

Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences. Staff described areas in which consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when consumers make decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. Staff described the practical ways they respected the personal privacy of consumers, such as conducting shift handovers in a private area and knocking before entering consumers’ rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumer files demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including any identified risks. Care planning documentation was individualised and included identified risks to each consumer’s health and well-being. Consumers and representatives said they were involved in the assessment and care planning processes upon consumers’ entry to the service and on an ongoing basis. Care planning documentation demonstrated consumers’ current needs, goals and preferences, including advance care planning preferences which was identified on entry to the service and reviewed as required and on an ongoing basis. Care planning documents reflected the consumer and others were involved in assessment and planning, including medical officers, dementia specialists and allied health professionals. Care planning documentation demonstrated assessments and consents were reviewed in a timely manner. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, restraint and falls.

Consumers confirmed staff explained information about the assessment outcome in plain language they could understand, and the service involved them in care planning and review processes and kept them informed of any changes identified. Consumers confirmed they had been offered a copy of their care plan. Consumers/representatives interviewed said care and services are reviewed when the consumer’s circumstances have changed, or incidents have occurred.

Registered staff stated the outcomes of assessments are documented in care and services plans and discussed with care staff, which guide them in the delivery of safe and effective care. Management advised end of life care planning was discussed with consumers and representatives on entry to the service and at regular care plan reviews. Registered staff described how they partnered with consumers and representatives to assess, plan and review care and services, including case conferences with the clinical team, medical officers and allied health professionals. Care planning documentation was observed to be readily available to staff delivering care, and staff were observed accessing consumers’ care and service plans and information electronically.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 were receiving safe and effective care to optimise their health and well-being. The service had effective assessment, management and evaluation processes to ensure care provided was best practice and optimised the needs of consumers. Consumers provided positive feedback in relation to the delivery of care and services. Care documentation supported effective care delivery in relation to but not exclusive of wound care, pain management and restrictive practices.

Consumers who had high prevalence or high impact risks were effectively managed. This was supported by care planning documentation which identified the individual risks to consumers and monitoring documentation which evidenced effective care delivery. Care planning was reflective of consumer choice in relation to end of life care, these directives were in alignment with consumers’ advanced health directives and statements of choice.

Care planning documentation and clinical records reflected the identification of, and response to, deterioration or changes in consumers’ condition. Registered staff explained the assessment process following changes to a consumer’s condition, which may include referral to a medical officer or transfer to hospital. Consumers’ files demonstrated staff notified the consumer’s medical officer and the consumers’ representatives when the consumer experienced a change in condition, a clinical incident, transferred to or returned from hospital, or ordered a change in medication. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information to provide appropriate care. Staff confirmed they received up to date information about consumers at shift handover.

Consumers provided positive feedback in relation to the timeliness and appropriateness of referrals. Care planning documentation demonstrated the input from other health services in the care of consumers. The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management and prevention of a COVID-19 outbreak. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 confirmed the service’s lifestyle program supported consumers’ lifestyle needs and staff assisted them to be as independent as possible. Consumers could continue cultural and religious practices at the service and were provided emotional and spiritual support when needed. Feedback was provided including emotional support was provided following a recent bereavement. Consumers were supported to take part in community activities outside of the service, to visit family, go shopping or pursue a previous interest. Consumers confirmed their services and supports were consistent and staff knew their individual preferences and other organisations that may be involved in their care and services. Consumers were provided with timely and appropriate referrals to other individuals, organisation or providers to meet their diverse needs. Consumers and representatives provided feedback relating to meals, noting the meals were varied and of suitable quality and quantity. Consumers and representatives had opportunities to provide feedback in relation to the meals provided through consumers meetings, the service newsletters, feedback forms and annual food focus surveys. Consumers felt safe when using equipment and knew how to report any concerns they may have about safety.

Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Staff described consumers who had personal relationships or developed a close friendship. Staff explained they were updated on the changing condition, needs or preferences of consumers as they related to services and supports for daily living.

Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 were supported to decorate consumers’ rooms as they chose, bring some furnishings from their home and choose the layout of their room to create a home-like environment and familiar sense of belonging. Consumers’ rooms were observed to be decorated with personal items and photographs. Consumers who shared accommodation stated they enjoyed the companionship. Consumers were observed to be moving freely through the indoor and outdoor aspects of the service. Consumers confirmed staff were competent in the use of equipment and felt safe when staff used equipment to provide care and services.

The service was fitted with wide spacious corridors, a cafe where consumers could socialise together or enjoy a drink or meal with their visitor. A large television in the main lounge area allowed consumers to enjoy listening to music or watch television shows and movies of their choice. The service environment was observed to be clean and all outdoor garden areas were well maintained, easily accessible with new outdoor seating and tables available. The service’s Memory support unit had a large outdoor area with trees, a variety of colourful shrubs and bushes, wide pathways, was free of traffic noise and reflected dementia enabling principles of design.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt encouraged, safe and supported to make a complaint or provide feedback to the service and consistently described management as approachable. Consumers and representatives described the internal and external avenues available to them for raising a complaint, including through the Aged Care Quality and Safety Commission and the Older Persons Advocacy Network. Consumers provided positive feedback in relation to the handling of complaints raised including the provision of an apology when things went wrong.

Management and staff described mechanisms available to consumers and representatives within the service should they wish to provide feedback or raise a complaint. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Staff described how they acted as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Management and staff demonstrated a shared understanding of the process that was followed when feedback or a complaint was received. Staff confirmed if consumers or representatives were to raise an issue with them directly, they would promptly inform management for investigation and remedial actions. Management advised the service trended and analysed complaints, feedback and concerns raised by consumers or representatives and used this information to inform continuous improvement activities across the service which were documented under the Plan for continuous improvement.

Minutes of consumer meetings, food focus group meetings and the complaints register which capture compliments and complaints demonstrating consumers are encouraged and supported to provide feedback and raise any issues or concerns. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

**Standard 7**

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| Human resources | | Compliant |
| 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 demonstrated staffing allocations adequately met consumer needs and ensured the delivery of safe and quality care and services. Feedback received from consumers and representatives was positive in relation to staffing levels and the kindness and respectfulness of staff. Staff felt that staff allocations to each area of the service was sufficient to meet consumer needs and preferences. Staff advised that management worked hard to fill vacant shifts when required.

Staff were observed to treat consumers in a kind and caring manner. Management advised staff undertake training on dignity and respect on employment and on an annual basis. Policies, procedures and education attendance records support staff received education relating to the provision of dignity and respect when providing care and services to consumers.

Consumers and representatives provided positive feedback in relation to the competency and knowledge of staff. Staff competencies were monitored on an annual basis dependant on the staff members’ role or more frequently if performance issues are identified. New staff were engaged in a comprehensive induction program including supernumerary shifts. Consumer feedback was taken into account for the delivery of additional training to staff. Performance appraisals were undertaken on a regular basis, including more frequently for new staff.

Feedback about staff performance was captured in different ways, including through audits, consumer and representative feedback, staff feedback and observations. The service’s disciplinary process and stated policies and procedures were available to guide management through performance management processes where required.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 were supported and encouraged to be involved in the development, delivery and evaluation of their care and services, for example, through focus groups, meetings, surveys and verbal feedback.

The organisation had a Board that met on a regular basis containing members with a variety of skills and qualifications. The Board was supported by several sub committees, for example, a clinical governance committee and audit and risk committee who monitored and implemented changes, such as changes to policies and procedures to align with new legislative requirements. The service’s governing body promoted a culture of safe, inclusive and quality care and services. The organisation’s governance structure and framework identified a leadership structure which held accountability for the quality and safety of care provided to consumers.

The service had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Policies and procedures were available electronically to staff. Opportunities for continuous improvement were identified at an organisational level through consumer and representative feedback.

Evidence was provided to demonstrate the organisation had effective risk management systems and practices to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best life they can. The service’s incident management system demonstrated how the service effectively managed and acted to prevent future incidents. The service’s incident reporting documentation supported the service reported incidents in line with legislative requirements within specified timeframes.

Information on changes to legislative requirements and changes to policies and procedures were delivered to the service through the organisation’s management system. Management met weekly to discuss any changes to legislative requirements or compliance obligations.

The service had a documented Risk Management Framework in place to guide staff in the identification and management of high impact and high prevalence risks. Staff provided examples of consumers who were high risk, and how they managed risks involving these consumers.

The service had a Clinical Governance Framework that was underpinned by policies and procedures to guide staff. Policies relating to open disclosure, antimicrobial stewardship and restrictive practices were observed, utilised and understood by staff and management.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)