Performance

Report

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| Name of service: | Varsity Views Care Community |
| Service address: | 12 Lake Street Varsity Lakes QLD 4227 |
| Commission ID: | 5598 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 16 November 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 Varsity Views Care Community (**the service**) has been prepared by Kathryn 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, and others.
* the provider’s response to the assessment team’s report received 28 October 2022.
* 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 and representatives confirmed that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered, and maintain relationships of choice. Consumers and representatives confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural traditions and preferences.

Consumers felt supported to take risks to enable them to live the best life they can. Staff explained how they support consumer decision making when they make decisions about taking risks. The service has a risk assessment process to identify elements of risks that may be associated with individual consumer’s activities.

Consumers and representatives stated they are given choice about when care is provided, and felt their choices are respected. Care planning documents identify the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Consumers said staff maintained the personal privacy, always knock on the door, announce themselves and ask permission before providing any care. The Assessment Team observed the service has protocols in place to protect consumer privacy.

# 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 said they receive the care and services they need and explained how they are involved in care planning processes through regular conversations with clinical staff or management either in person, by telephone or at case conferences. They said clinical staff regularly discuss their care needs with them and any changes requested are addressed in a timely manner

Staff described the care planning process in detail and explained how it informs the delivery of care and services through the initial assessment and ongoing care planning processes. The Assessment Team observed resources in place to support staff, such as the admission pathway guidance checklist for new consumers.

Care planning documentation demonstrated the consideration of individual risks that determined the delivery of care and services. It also identified and addressed consumers current needs, goals, and preferences, including advance care planning and end of life planning as per consumers wish. Care plans are reviewed on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds. Care documentation demonstrated a diverse range of external providers and services such as physiotherapists, dietitians and speech pathologists.

The service uses an electronic management system to record all care planning documentation and progress notes with care plans being available to consumers and representatives if they wish to have a copy of their information.

# 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 felt they receive safe and effective care that is tailored to meet individual needs and optimises their health and well-being Care planning documentation demonstrated that restrictive practices are used in limited circumstances as a last resort, with informed consent and only when alternative strategies have been considered and/or trialled. Management confirmed that high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending, reporting, and the implementation of suitable risk mitigation strategies for individual consumers.

Consumers nearing the end of life have their dignity preserved and their needs, goals, and preferences are recognised and addressed. Care planning documentation included an advanced care plan detailing consumer’s needs, goals, and preferences. Staff and the service demonstrated the needs, goals, and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Staff described how they monitor signs, changes or deterioration from consumers. These are discussed during handovers, staff meetings, with follow up medical officer review or hospital transfer if needed and a subsequent review of care planning documentation.

Staff described how they provide safe and quality care to meet the needs of individual consumers. Staff utilise a range strategies to manage risks such as falls, aggressive behaviours, and weight loss which aligned with what was seen within the care plans by the Assessment Team. Clinical staff described how incidents are reviewed and follow-up actions are initiated, consistent with the organisations policies and procedures on managing risks and reportable incidents.

The service has readily accessible policies, procedures, and work instructions for key areas of care, including but not limited to restrictive practices, pressure injury, medication management and pain management, all of which are in line with better practice. The Assessment Team observed clinical incidents are recorded, and the data is used to trend, investigate, and reduce incidents.

The service demonstrated infection risks are adequately managed by the service. Staff described how they apply best practice infection control practices in their routine work. The Assessment Team observed these practices while on site, such as antimicrobial stewardship through close monitoring of infections and working with the medical officer for the safe prescription of antibiotics. Consumers and representatives also expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# 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 to them and are supported to do so. Consumers and representatives said they are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being.

The service demonstrated consumers gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences. It also identified the people important to individual consumers and the activities of interest to that consumer. Consumer care planning documentation also identified referrals to other organisations and services such as volunteers.

Staff said changes to a consumer's needs are communicated verbally and through a documented handover process, information is available in the service's electronic care management system and dietary folders.

Consumers said they were satisfied with the variety, quality and quantity of food currently being provided at the service, and felt the meals met their unique needs and preferences. Consumers at the service with special dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms for consumers to have a say in the performance of the kitchen.

The service was able to demonstrate that equipment is provided to consumers and that it is safe, suitable, clean and well 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

The Assessment Team observed the service to be welcoming and with an environment that reflects dementia-enabling principles of design and sufficient light and handrails to support consumers to move around easily. Consumers' rooms were personalised with photographs, decorations, and items of importance on display in their room.

Management and staff said that consumers are supported to independently navigate within the service with features such as wide, flat pathways, open design layout for consumers to access and use communal areas, and handrails and sufficient lighting to support safe mobilisation throughout the service.

The service was observed to be safe, clean and well-maintained and consumers confirmed staff clean their room, including their bathroom, daily. Staff explained the equipment maintenance and cleaning responsibilities. Maintenance staff described the preventative maintenance schedule, which demonstrated routine maintenance related to a variety of areas.

# 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 knew how to provide feedback or make a complaint via the various avenues that are available to them, including feedback forms, consumer meetings and an open-door policy. Consumers were comfortable raising concerns within the service and were also aware of advocacy services they can use.

Management and staff described the processes in place to encourage and support feedback and complaints. The Assessment Team observed a range of flyers, brochures and instructional documents related to various avenues for raising complaints around the service. The service's complaint register showed feedback submissions gathered through feedback forms, verbal conversations, consumer meetings and food focus meetings.

Staff described the complaints and feedback management procedure which includes a timely acknowledgement, escalation and investigation. Depending on the nature of the complaint, relevant heads of departments are engaged to resolve the concerns. Feedback and complaints are lodged within the service's online complaint management system to document investigations and follow up information.

Management said the service is setting a culture of appreciating feedback, consistently encourages and seeks feedback and described the training staff receive on the feedback and complaints process. Management explained the advocacy services available to consumers and described how they make consumers aware of advocacy through regular reminders via consumer meetings and newsletters.

All complaint reports reviewed by the Assessment Team demonstrated suitable and timely actions taken in response to feedback, whilst practicing open disclosure during complaint. resolution. The service’s continuous improvement plan showed that consumer feedback gathered through meetings, feedback forms and verbal discussions are being used to drive improvements within the broader service.

# 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

Consumers and representatives said the service had a sufficient number of staff to deliver quality care and said staff are kind, caring and gentle when providing care. Consumers and representatives felt staff are competent, supported and sufficiently skilled to meet their care needs.

Management and staff described how the rostering of staff is done to ensure consumer care needs are met, and additional staff are rostered above standard demand. Management described how unplanned leave is filled by absorbing additional shifts to the core roster, rearranging shift times, offering staff additional shifts through calls and messages. Agency staff are utilised when necessary and management advised that extra carers are rostered for the wing with higher care needs.

Staff demonstrated that that they were familiar with each consumer's individual needs and identity and were observed interacting with consumers in a gentle and friendly manner. The code of conduct and charter of consumer rights are part of mandatory education and discussed in staff meetings. Management stated the service has documented policies to direct staff practice, which outline that care and services are to be delivered in a respectful and kind manner.

Management stated staff are required to go through an orientation process, complete role based mandatory competencies and do annual mandatory online training. Training due dates are monitored by the clinical nurse educator weekly with verbal and electronic reminders. Position descriptions include values, key competencies and qualifications that are either desired or essential for each role. Mandatory education topics include serious incident response scheme, hand hygiene, infection control, privacy and dignity, open disclosure, manual handling and fire safety.

Targeted education is provided face-to-face per the service's education calendar, and staff said the service supports their training needs.

A review of the services performance appraisal management matrix showed that all active staff were up to date with their appraisals and demonstrated a comprehensive performance evaluation process with staff goals, showing input from both the staff member and management.

# 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

The Assessment Team recommended that the following requirement was not met:

* 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.

The Assessment Team found the service has processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice.

However, the Assessment Team identified one staff member with lapsed vaccination exemption documentation. The documentation had lapsed at the end of the financial year and had not been updated by the staff member. Whilst management was not aware of this expired exemption until it was raised by the Assessment Team, they presented a corrective action plan to address the deficit, which included a consultation with the Medical Officer for a renewal of the exemption by the end of the day.

The Approved Provider’s written response of 28 October 2022 further reiterated the governance frameworks in place across the service and supported by the wider organisation. The Approved Provider explained the robust systems in place in relation to compliance, infection prevention and control and risk management and provided further context in relation to the staff member and confirmed the staff member has not returned to shift since the Site Audit.

I have considered the evidence brought forward by the Assessment Team, including the positive examples of effective governance systems in place across the service and the additional information provided by the Approved Provider in its response that demonstrates appropriate response to the isolated incident. Based on the totality of evidence available to me, I am satisfied that the service has demonstrated effective organisational governance. I therefore find Requirement 8(3)(c) is compliant.

I am satisfied the remaining four requirements of Quality Standard 8 are compliant

Consumers and representatives actively engage in the development, delivery and evaluation of care and services in a variety of ways such as online reviews, forums, and feedback systems in place to ensure consumers provide input and make their own decisions about the care and services provided to them.

The service has policies and procedures that promote a culture of safe, inclusive, and quality care and services and accountability in the delivery of care and services. Management described an organisational structure which facilitates the oversight and governance of the delivery of quality care and services across the service. The Board has visibility of the service's clinical data through regional quality meetings and risk rating systems. The service's management meets with the regional quality advisor, where incidents, complaints, survey results, clinical indicators, and risks are discussed.

The service was able to provide frameworks, policies, guidelines, and tools to support the management of various risks. The organisation provided relevant documentation including a Clinical Governance Framework, policies on antimicrobial stewardship, minimising restraint, and open disclosure. Management and staff were asked whether these policies had been discussed with them and what they meant for them in a practical way.

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-1)