Opal Armadale

Performance Report

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**Commission ID:** 7856

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 8 October 2020

**Date of Performance Report:** 6 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Assessment Contact - Site report received 26 October 2020.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(c) within this Standard and recommended it met. No other Requirements within this Standard have been assessed therefore an overall decision of Compliance has not been made.

The Approved Provider’s response made no reference to this Requirement. Based on the Assessment Team’s report I find this Requirement Compliant. The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Specific feedback provided by consumers and representatives included:

* Consumers stated the common areas are nicely furnished and comfortable. They commented on being able to access a range of good-quality equipment and furnishings, fittings and equipment that meet their needs and preferences.
* Consumers reported they feel safe when staff are using equipment with them and commented the staff support them to move through internal areas and to external areas if requested.
* Consumers reported the service is clean and well maintained, and their families enjoy visiting.

The Assessment Team reviewed policies and procedures in place to guide staff in meeting this Requirement.

The Assessment Team reviewed documentation relevant to this Requirement. Cleaning and maintenance schedules confirmed cleaning and maintenance were consistently completed in accordance with the schedules, including communal area, fittings and equipment. Maintenance officer records confirmed routine maintenance is identified, reported and attended in a timely manner. Fire and emergency resources and documentation showed monthly and annual planned maintenance checks.

Fire service personnel were onsite conducting their annual check of the fire and emergency systems and process during this assessment contact visit. They reported knowing about reduced and fluctuating water pressure to the fire hydrant at the front of the service, due to leaking Water Corporation water pipes that need replacing. They indicated the fire hydrant located at the rear of the service should sufficiently cover the building. Additional information about the fire service system is included below under Standard 8 Requirements (3)(c) and (3)(d).

During interviews with the Assessment Team staff confirmed they report maintenance issues, and these are followed up promptly. Staff said they complete hazard forms and report all incidents to management and the occupational safety and health representative, who then respond to safety incidents, hazards and emergencies promptly.

The Assessment Team observed the four wings of the service, including a secure area accommodating consumers living with dementia. The internal and external areas of the service are well maintained. All consumers are free to move outside and can access an internal courtyard with assistance. A recent furniture replacement program and painting has been completed. The internal atmosphere is bright and airy. Upgrades to paths and walkways has improved access to the outside garden courtyard, making it easier for all consumers, including those in wheelchairs, to access the garden and emergency evacuation area at the rear of the home. Entry doors are coded. Consumers and visitors sign in and out when entering and leaving the service.

The Assessment Team reviewed processes in place to monitor staff compliance with the organisation’s policies and procedures and work practices including feedback from staff and consumers, hazard and incident reports and monthly workplace inspections.

For the reasons detailed above I find the service Compliant with Standard 5 Requirement (3)(c).

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(c) and (3)(d) within this Standard and recommended them both met. No other Requirements within this Standard have been assessed therefore an overall decision of Compliance has not been made.

The Approved Provider’s response made no reference to Requirement 8(3)(c). Based on the Assessment Team’s report I find Requirement 8(3)(c) Compliant.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Requirement 8(3)(d).

The reasons for my decisions are detailed under the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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 organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In relation to information management a controlled documentation system, including an intranet, is managed centrally by the organisation. The intranet has templates, forms, policies and procedures (including those relating to privacy and information management) and other information accessible to staff. Electronic care and medication management systems, including staff rostering and education systems, are password protected. All staff have access to the computerised consumer care documentation throughout the service. Dashboards are used to monitor performance – to look for trends and view all key performance metrics at a glance, including occupancy rates, supported ratio, timesheets tracker, safety issues, consumer mix, clinical risk rating, wages and agency staff usage.

The service has continuous improvement systems and processes to assess, monitor and improve the quality and safety of the care and services provided. This includes collecting information from consumers through the feedback and complaints process and surveys, and systematically evaluating services using audits to identify where quality and safety could be improved. The service’s plan for continuous improvement is used to monitor progress against improvement initiatives. A quality committee oversees continuous improvement activities.

In relation to financial governance the organisation has systems in place to support monthly financial reporting and annual audits. Service and regional management meet monthly to review the service’s financial status, and funding for additional items can be requested when consumer needs are identified. Additional funding has been approved for a bed replacement program, upgrade of the rear garden and installation of a ceiling hoist in a double room.

In relation to workforce governance the Assessment Team found the service has systems and processes in place to ensure workforce arrangements are consistent with regulatory requirements. Personnel files for recently engaged staff confirm a formal recruitment process is following including interviews, reference and qualification checks, probationary periods and a working agreement. Records confirm new staff are orientated, provided with job descriptions and duty statements, and mandatory training is completed. Roster and allocation sheets for the three days prior to the assessment contact confirm all shifts were filled with regular staff.

In relation to regulatory compliance the organisation tracks changes to the aged care law and communicates these to staff. The organisation has policies and instruments of delegation, and the service runs a quality committee and an auditing program to ensure regulatory compliance and other obligations are met. Records confirm the service actively works to minimise the use of physical and chemical restraint. Mandatory reporting records confirm appropriate reporting and actioning of reportable events. A vaccination program is promoted, and all staff have received the influenza vaccine in 2020. The local shire has completed an inspection confirming the service maintains the required food safety standards.

Specifically, in relation to compliance with fire safety regulations and known issues with fluctuating water pressure to one of the two fire hydrants in close proximity to the service, the organisation has engaged a fire engineering company to investigate and report on the issue. The Department of Fire and Emergency Services is involved in ensuring sufficient processes are in place to meet legislative requirements. Additional information is detailed below under Requirement (3)(d).

In relation to feedback and complaints systems and processes actively encourage and support consumers, their representatives, staff and others to give feedback verbally or in writing, and through surveys and opportunities for discussion. A register incorporates details of feedback and complaints, and action taken to address them, including progress towards resolution including providing updates to complainants. Feedback is incorporated into the service’s continuous improvement plan as relevant. A quality committee meets monthly to discuss feedback and complaint management.

The Assessment Team found the service has processes in place to monitor compliance with this Requirement.

For the reasons detailed above I find the service Compliant with Standard 8 Requirement (3)(c).

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found the organisation demonstrated effective risk management systems and practices, including how it manages high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and how it supports consumers to live the best life they can. The organisation has systems in place to mitigate known risks.

The Assessment Team reviewed the service’s risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how the abuse and neglect of consumers is identified and responded to and how consumers are supported to live the best life they can. Staff confirmed they had been educated about these policies and were able to provide examples of how they related to their day-to-day work.

The service has an effective compulsory reporting process. Incident reports completed by staff are reviewed and analysed by management who enter details on a register of incidents. Incident reports provide details of the nature of the incident, including who was involved, investigations completed, strategies implemented to address the incident and whether the incident was reported as a compulsory report. If the incident was not reported as a compulsory report, the reason for not reporting is included in the incident report and register.

The Assessment Team reviewed documentation relating to the only physical restraint being used at the service, a low-low bed. Documentation confirmed a restraint assessment had been completed, consent from the consumer’s representative had been received, and monitoring of the restraint was occurring. The Assessment Team noted records did not clearly detail the specific risks of using the restraint, and the associated mitigation strategies, to assist the decision-maker to give informed consent, and did not specifically record when the restraint was being applied and released The Approved Provider’s response received on 26 October 2020 acknowledged the specific details of discussions with the consumer’s representative were not detailed as the consent statement indicates that risks have been outlined specific to the use of the restrictive practice specified on the document. A dignity of risk form has since been completed following consultation with the consumer’s representative, outlining the risks and mitigations strategies associated with the use of the low-low bed.

Specifically, in relation to risk-mitigation strategies associated with a fire, the service’s risk register includes information about low water pressure to one of the two fire hydrants near the service. As referred to above in Requirement 8(3)(c), the service has engaged a fire engineering company to investigate and report on the issue. Management confirmed they are awaiting this report and recommendations and advised the fire hydrant at the rear of the service has been assessed as sufficient to meet the needs of the fire service if required. The Approved Provider’s response received on 26 October 2020 provided additional details of a three-stage plan to address the fluctuating water pressure to one of the two fire hydrants near the service, based on the recommendations from the fire engineering company. While this plan is implemented the Approved Provider has advised the service’s sprinkler system is compliant and will continue to be inspected and tested monthly and the Department of Fire and Emergency Services have documented strategies in place to ensure sufficient fire-fighting capability at the site should they be required. The risk register has been updated to reflect the most recent information.

In relation to responding to fire alarms, staff confirmed they are provided with fire safety training annually. The clinical manager indicated they or the general manager are the fire wardens when onsite, and the registered nurse in charge is the fire warden at other times.

The Assessment Team reviewed processes in place to monitor compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 8 Requirement (3)(d).

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.