Carine Parkside Care Community

Performance Report

29 Silica Road
CARINE WA 6020
Phone number: 08 9378 5500

**Commission ID:** 7466

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 12 August 2021

**Date of Performance Report:** 24 September 2021

# Publication of report

This Performance Report **will 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 dated 12 August 2021; which 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 Contact - Site report received 31 August 2021
* information received by the Commission from a consumers and representatives

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall, sampled consumers and representatives expressed satisfaction with care provided however the service was unable to demonstrate care and services are tailored to consumers’ needs, clinical care is aligned with best practice methods and care provided optimises consumers’ health and well-being. This is in relation to the management of consumers needs and outcomes post fall; including timely referral to medical officer, allied health professional and/or admission to hospital.

The approved provider’s response detailed the implementation of responsive actions to ensure all clinical team members are education and aware of the process to follow, including appropriate and timely referral to the general practitioner when a consumer’s needs change, including post fall.

I acknowledge the organisation’s post fall documentation guides clinical staff to notify the general practitioner and consider transfer to hospital following review of advance health directives however evidence bought forward by the Assessment Team demonstrates clinical staff are not consistently adhering to these practices.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

Overall, sampled consumers and representatives expressed satisfaction with care provided however the service was unable to demonstrate safe and effective clinical care management for consumers who experienced falls.

The service was unable to demonstrate consumers receive effective clinical care tailored to their needs and optimises their health and well-being specifically in relation to the management of consumers’ needs and outcomes post fall; including timely referral to medical officer, allied health professional and/or admission to hospital.

Documentation review identified lack of consistent and appropriate practices by clinical staff resulted in inappropriate outcomes and lack of timely clinical response for consumers who experienced a deterioration to their condition post fall.

The approved provider’s response included a copy of the Post Fall Management documentation to guide clinical staff in the management of consumers post fall, however the Assessment Team identified clinical staff did not follow these directives in a timely manner for all consumers.

* One consumer was not reviewed by their general practitioner after experiencing a fall and their pain chart detailed complaining of lower back pain for a four-day period. The consumer was transferred to hospital and diagnosed with a fractured thoracic spine. The consumer was not reviewed by a general practitioner until four days post fall.
* One consumer was diagnosed with a fractured lumber spine after hospitalisation two days post fall. The service did not refer them to a general practitioner until after the consumer’s return from hospital.

The approved provider’s response detailed responsive actions to be implemented to ensure the nursing team receive education on the importance of communicating with the general practitioner in a timely and appropriate manner should a resident’s condition change including when experiencing a fall.

The Assessment Team bought forward evidence the service did not appropriately manage pain for two consumers post fall. I have considered the evidence detailed by the approved provider in their response and consider processes in place to manage these consumer’s pain post fall was as per medical directives and appropriate to the consumer’s needs.

However, the weight of the evidence regarding the lack of timely and appropriate referral to general practitioners and/or transfer to hospital when a consumer’s conditions deteriorates post fall has resulted in my decision this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service was unable to demonstrate an effective process to ensure enough numbers of staff with appropriate skill mix are accessible to manage and deliver safe and quality care to consumers on a consistent basis.

Concerns were expressed by five consumer representatives regarding the inability of the service to deliver to consumers safe, quality care and services due to insufficient staffing levels and lack of consistency of management and care staff. This resulted in representatives attending the service (most daily) to directly deliver consumer’s care as they do not have confidence the service can address consumer’s needs and maintain their well-being.

Documentation review identified not all care worker shifts are filled, management advised they have strategies to fill the majority of unplanned vacant shifts and care staff advised when shifts are not filled extra pressure is placed on staff who do not take their allocated breaks due to the need to respond to consumers’ care.

The approved provider’s response detailed actions in progress to stabilise resourcing against the roster and replacing of unfilled positions. However, I have placed weight on the feedback received from 62 percent of representatives interviewed.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

Concerns were expressed by five consumer representatives regarding the inability of the service to deliver safe, quality care and services to consumers due to insufficient staffing levels and lack of consistency of management and care staff. This resulted in representatives attending the service (most daily) to directly deliver consumer’s care as they do not have confidence the service can address consumer’s needs and maintain their well-being.

Management personal advised of recent strategies such as a review and modification of skill mix within the Memory Support Unit in order to improve the delivery of safe, quality care following an identified increase in behavioural incidents; plus a plan to commence monthly trending of call bell response times as this process is not currently occurring.

In their response the approved provided acknowledged changes had occurred to both the leadership team and the Care Communities team throughout 2021 and advised of actions recently implemented. These include supporting the service’s management team to focus on stabilising resourcing against the staff roster by locating the regional recruitment consultant at the service and providing them with recruitment guidance tools. In addition, a new onboarding and orientation process has been introduced for new staff and recent changes to the lifestyle roster within the memory care area.

I acknowledge the strategies recently implemented however I have placed weight on the feedback received from five of eight consumer representatives interviewed expressing concerns their relatives are not receiving safe, quality care and services. As a result, representatives attend the service to ensure their relatives receive the required care. For example, working with staff to develop a care plan limiting the number of times the consumer requires hoisting due to care staff availability; ensuring changing of clothes and showering occurs as the consumer has previously not been showered on a consistent basis; ensuring consumer interaction with others to maintain emotional well-being and, monitoring of staff responding to call bells in a timely manner to prevent the consumer self-mobilising without staff support.

I find this requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 3 - Requirement 3(3)(a)
* Standard 7 – Requirement 7(3)(a)