Deloraine Private Nursing Home

Performance Report

18 Adeline Street   
GREENSBOROUGH VIC 3088  
Phone number: 03 9433 3444

**Commission ID:** 4043

**Provider name:** Ejaz Nominees Pty Ltd

**Assessment Contact - Site date:** 20 January 2021

**Date of Performance Report:** 10 March 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 provider’s response to the Assessment Contact - Site report received 17 February 2021

# STANDARD 3 Personal 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, consumers and representatives interviewed described satisfaction with the care and services consumers receive. Consumers’ care files evidence their personal care and the clinical care is delivered in a way that is safe, effective and tailored to the specific needs of each consumer. The service is effectively managing high impact or high prevalence risks, specifically behaviours of concern associated with living with dementia and weight loss.

An overall compliance finding for the Standard is not provided as not all Requirements were assessed at this visit.

The Requirements assessed, and the relevant compliance finding is outlined below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

The Assessment Team found the majority of clinical care is safe, effective and tailored to the specific needs of each consumer. However, the team also noted a lack of evidence in relation to the resolution of consumers’ wounds and a lack of consent documentation for two consumers in relation to the use of psychotropic medication. The team made a recommendation that the service did not comply with this Requirement.

The approved provider submitted a written response with further evidence.

Documents submitted included photographic evidence which indicated staff generally measure the wound as a way of monitoring if it is resolving. These documents also demonstrate there is more room for improvement in meeting best practice documentation in relation to wound management.

The approved provider’s response states that the consent documentation for the use of psychotropic medication for the consumers named in the Assessment Team’s report is now in place.

The approved provider has accepted that there have been deficits in documentation and outlined how this is being addressed in consultation with specialists, general practitioners, and through committees including the medication advisory committee.

Based on the evidence (summarised above) the service complies with this Requirement. The failure to maintain documentation has not resulted in a failure deliver wound care or support consumers who are prescribed psychotropic medications to receive safe and effective care.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# STANDARD 7 Human 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 Assessment Team received feedback from consumers and representatives stating the service is sufficiently staffed and provides quality care. Representatives gave examples of how the staff take time to communicate and how the care provided meets the consumer’s needs. Consumers reported receiving care promptly and being able to trust in the care they receive. Management were able to demonstrate how workforce is planned to meet consumer’s needs.

Staff interviewed reported feeling supported to perform their roles in a way that meets consumer needs and expectations.

An overall compliance finding for the Standard is not provided as only one Requirement was assessed at this visit.

The Requirement assessed, and the relevant compliance finding is outlined below

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

# 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.