Disability SA Northgate

Performance Report

78-96 Dumfries Avenue   
NORTHGATE SA 5085  
Phone number: 08 8266 8000

**Commission ID:** 6203

**Provider name:** Department of Human Services

**Assessment Contact - Site date:** 11 June 2020

**Date of Performance Report:** 14 July 2020

# 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** | **Compliant** |
| Requirement 3(3)(b) | 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 consumers, representatives, staff and others.

# STANDARD 3 COMPLIANT 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

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact - Site conducted 13 January 2020.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 and find the service is Compliant with Requirement (3)(b).

At an Assessment Contact - Site 13 January 2020, in relation to Standard 3 Requirement (3)(b), the Decision Maker found the service did not adequately assess or support consumers’ high impact or high prevalence risks associated with the care of each consumer, specifically in relation to consumers who are at risk of wandering. The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the last Assessment Contact – Site, including:

* To ensure the safety of all consumers, the organisation has made the decision to permanently secure all external doors and gates. Consumers are able to access all internal and external areas within their houses. However, to exit the facility, consumers can only exit through the main entrance.
* A risk management process has been implemented which includes a risk assessment tool and register. Risks relating to wandering behaviour, wounds, palliative care, infections, diabetes, falls, pain and specialised care are identified through the process.
* Consumers identified as at risk have been recorded on the register and their care plans have been updated.
* The risk register is reviewed and discussed weekly at Clinical management meetings.
* All consumers identified as at risk of exit seeking, wandering or leaving the facility have been assessed. Care plans have been updated to include management strategies according to individual needs.
* An Independent outing dignity of risk/choice and Risk assessment tool for consumers who wish to go on outings independently has been implemented. The assessment identified potential risks and mitigation/management strategies which have been developed in consultation with the consumer and/or their representative.
* New processes have been implemented for new admissions, including identification of potential or existing risk. A pre-admission checklist has been created and a new interim care plan identifying risk and management strategies has been implemented.
* Documentation relating to reporting risks and/or near miss events has been reviewed.
* A new Please let us know form has been implemented to report issues related to consumers, incidents and equipment.
* Staff have received training in relation to Dignity of risk and consumer choice and Consumer independence and choice.
* Scheduled audits and spot checks have been implemented and include monitoring of doors and auditing of care files in relation to risk.

In relation to Standard 3 Requirement (3)(b), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumer representatives interviewed considered that consumers receive personal and clinical care that is safe and right for them.
* Initial and ongoing assessment processes incorporate risk identification, analysis, assessment and monitoring. Individualised strategies to mitigate/manage risks are incorporated into consumer care plans.
* Clinical and care staff interviewed by the Assessment Team demonstrated an understanding of high impact or high prevalence risks. Additionally, staff provided examples of strategies to reduce identified risks for individual consumers in line with documented care plans.
* There are processes to report and monitor high impact or high prevalence risks, including an incident management process. Incident data is monitored, collated and analysed to identify trends.

For the reasons detailed above, I find the approved provider, in relation to Disability SA Northgate, does comply with requirement (3)(b) in Standard 3.

# 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.

# Other relevant matters

In response to the Assessment Team’s report from the Assessment Contact – Site conducted 13 January 2020, the Decision Maker highlighted areas for improvement relating to Standard 1 Requirement (3)(d), specifically for a consumer who chooses to go on outings independently and who smokes.

* An Independent outing dignity of risk/choice and Risk assessment tool for consumers who wish to go on outings independently has been implemented. The assessment identifies potential risks and mitigation/management strategies which are developed in consultation with the consumer and/or their representative. The assessment has been completed for the consumer identified in the last assessment report.
* A risk management process has been implemented which includes a risk assessment tool and register. Risks relating to consumers who choose to smoke or go out on outings independently are identified through the process.
* A monitoring log has been implemented for consumers leaving the service independently. Information, such as the date, time, consumer’s outfit and expected return are recorded by staff. There are processes for staff to follow where a consumer does not return at the time indicated.
* The smoking risk assessment has been reviewed to include assessment of risks, such as oxygen therapy, cognition, behaviours, dexterity, previous incidents and risks to other consumers. The assessment is to be reviewed annually.
* The smoking risk assessment has been completed for the consumer identified in the last assessment report.