Drysdale Grove

Performance Report

33-37 Wyndham Street
DRYSDALE VIC 3222
Phone number: 03 5251 1230

**Commission ID:** 3780

**Provider name:** Drysdale Aged Care Pty Ltd

**Assessment Contact - Site date:** 27 April 2021 to 28 April 2021

**Date of Performance Report:** 01 June 2021

# Overall assessment of this Service

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| Standard 3 Personal care and clinical care |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(g) | Compliant |
| Standard 7 Human resources |  |
| Requirement 7(3)(a) | Compliant |
| Standard 8 Organisational governance | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 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 13 May 2021

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Care planning documents provided evidence of assessment and care planning information for consumers. Care documents contained consumers goals, preferences, health risks and individual preferences.

Consumers and representatives said they have access to care plans as preferred. Care plans are used as the basis of care consultation and are easy to understand and are accessible to staff.

Care and services are mostly reviewed regularly for effectiveness or when circumstances change.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found the service did not meet this requirement based on their reporting and management of two incidents involving consumers and resulting in injury to one of the consumers. The Assessment Team found that there were no documented behaviour charting or reassessments completed for the consumers involved in the incidents. Both consumers were considered to have cognitive impairments. They did not believe that the consumers were assessed adequately for changes required for their needs to be met following the incidents.

The approved provider in their response was able to provide evidence that reviews were conducted at the time and behaviours were monitored, behaviour care plans updated and referrals made to medical practitioners for one of the consumers for the first incident. There were progress notes documenting behaviour following the incidents and changes made to behaviour care plans for both consumers as required. Incident reports were completed for one of the incidents. The other incident was not recorded as the service felt the incident was caused by a staff member startling the consumer when they woke them. The consumer was located asleep in another consumer’s room at the time and an incident should have been documented for this wandering behaviour. Review of the consumer’s behaviour plan and consultation with their medical practitioner was conducted. No further investigation took place.

Based on the information I find the service is overall compliant with this requirement. The consumers’ behaviours were reviewed and updates made to behaviour care plans after both incidents. However further review should have been undertaken following the second incident in regard to reasons for and prevention of wandering behaviours.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most consumers considered they receive personal care and clinical care that is safe and right for them however, the Assessment Team found that the service did not adequately report and review behaviour incidents involving one consumer placing staff and other consumers at increased risk.

Consumer files reviewed, demonstrate that most consumers receive safe and effective personal and clinical care, that is tailored to their individual needs, is best practice and optimises their health and well-being.

For the consumers whose file were reviewed, clinical processes were observed for most clinical areas. The service was able to demonstrate that on most occasions that behaviours of concern are well managed for consumers.

The service has effective processes to document and communicate information about consumers’ condition, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need. The service has an infection control policy including an antimicrobial stewardship policy. Information has been circulated to clinical staff in relation to antibiotic resistance, ideal use of antibiotics and importance of the right antibiotic to treat a confirmed condition. Antimicrobial stewardship education has been provided and staff demonstrated a good understanding of infection prevention measures.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

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

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

The Assessment Team found this requirement was not met based on the management of incidents involving one consumer. They felt others were put at risk by the service not identifying and investigating the incidents and the behaviours of concern. At the time clinical staff were unable to provide any evidence to suggest that any review or reassessment had been completed, or that further assessment of behaviours and implementation of risk management strategies to minimise potential harm to other consumers, staff and visitors.

As previously discussed in Requirement 2(3)(e), the service was able to provide evidence that there was an incident report completed for one of the incidents involving this consumer, however the other incident was not recorded as it was deemed to be a reflex action by the consumer when, awoken unexpectedly by staff. However, an incident report should have been recorded as the consumer was located asleep in another consumer’s room. Risk management strategies were not put in place by the service following the second incident. The service did assess the consumers and update behaviour care plans and made referrals to medical practitioners following the first incident. Monitoring of the consumer occurred with comments made in progress notes, however formal behaviour charting did not occur. The consumer’s behaviour care plan was updated to ensure the consumer was approached calmly.

Based on the information provided, overall, I find the service compliant with this requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(g) Compliant

*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.*

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Mixed feedback was provided by consumers and representatives in relation to the level and mix of staff at the service.

Management indicated they are actively working to recruit additional staff to ensure that the needs of consumers can be met. Review of rosters indicated that the service tends to be fully staffed. They have access to staff from other facilities within the organisation as well as to agency staff. Call bell data indicated that only a small number of call bells had a long response time.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

# STANDARD 8 NON-COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The service has an incident management system in place and are in the process of developing a more formalised risk management system. It includes reporting the incident internally, investigating the incident, documenting the incident, incident review by management, staff undertaking remedial actions and engaging in open disclosure, as well as reporting externally as required. This is supported by the Incident Reports policy.

Management indicated that an overarching risk management system is in the process of being implemented. A risk register template has been created however this has yet to be completed by the service.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 service has an incident management system in place and are in the process of developing a more formalised risk management system. They however failed to follow this process in the case of one incident involving a consumer with wandering behaviours found sleeping in another consumer’s room. This consumer also had an aggressive episode when awoken suddenly by a staff member.

Although the Assessment Team felt the service failed to document all incidents and report them to the relevant Government authorities. Due to both consumers being cognitively impaired, the service was within their right to use their discretion not to report them.

While the service has demonstrated some individual risks have been managed, the evidence submitted does not demonstrate that correct evaluation of high impact high prevalent risks is occurring to minimise the risk of other consumers being similarly impacted. The provider in their response states, a risk management register has now been created and completed for the overarching organisational governance.

An incident report should have been documented for the wandering and aggressive behaviour shown by one consumer as there was a risk to other consumers and staff should it reoccur. All incidents of this nature should be documented so they can subsequently be reviewed by a suitably qualified staff member and steps put in place to support the consumer(s) involved. Documenting all incidents ensures trends can be identified and risks to other consumers better managed. If incidents are not recorded or incorrectly recorded, false data is created, leading to risks not being adequately managed.

Based on the information provided, I am not satisfied the services has fully embedded its incident management system and find its risk management processes are not yet effective. The service does not comply with this requirement.

### Requirement 8(3)(e) Compliant

*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.*

# 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.

### Requirement 8(3)(d) Non-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.*
* Ensure all incident management system and risk management framework is fully embedded including Serious Incident Response Scheme (SIRS) is incorporated.
* Ensure all incidents are recorded and investigated by appropriately qualified staff.
* Ensure behaviour charting and monitoring is appropriately undertaken and documented following all incidents.