Durham Green Lodge Memory Care

Performance Report

153 Menangle Road
Menangle NSW 2568
Phone number: 02 4634 8000

**Commission ID:** 0835

**Provider name:** Durham Green Manor Pty Ltd

**Assessment Contact - Site date:** 18 September 2020

**Date of Performance Report:** 2 October 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 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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 – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team did not review all requirements and therefore an overall rating for this Quality Standard is not provided.

The Assessment Team found that one of one specific requirement was met. The one requirement that was assessed was found to be compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service demonstrates that appropriate action is taken in a timely manner in response to complaints, an open disclosure process is used when things go wrong. During the last Performance Assessment report, it was identified a complaint was made and the follow up didn’t adhere to the services complaints and open disclosure process. Since the Performance Assessment, the service has not had a complaint that warranted a full response of the open disclosure process. However, the Assessment Team was able to see the service offering apologies and multiple discussions and follow up, if the resolutions to the complaints are still satisfactory. Staff demonstrated they have a basic understanding of open disclosure and how it is relevant to complaints. Staff said management have an open conversation with all parties involved in the complaint and say they are sorry. Comments and complaints are discussed during the service’s monthly continuous quality improvement committee meetings. The minutes to these meetings are printed and displayed in the staff room for all staff to read.

I am of the view that the approved provider complies with this requirement as they have demonstrated that they take appropriate action following complaints and apply an open disclosure process when necessary.

# 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

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).

The Assessment Team did not review all requirements and therefore an overall rating for this Quality Standard is not provided.

The Assessment Team found that one of one specific requirement was met.

The one of five specific requirements which has been assessed was assessed as compliant.

## 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.*

Overall the service demonstrated they have governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff can access information where and when needed. The service provided examples of improvements that have occurred at the service and how critical incidents are used to drive continuous improvement. The service provided examples of budget changes to support changing needs of consumers. The service demonstrated that they adequately track changes to Aged Care related legislation and communicates this to staff. Feedback and complaints processes were found to be effective.

I am of the view that the approved provider complies with this requirement as they have demonstrated that the service has effective governance systems in place.

# 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.