Maitland Grange Care Community

Performance Report

Broughton Street
RUTHERFORD NSW 2320
Phone number: 02 4932 6688

**Commission ID:** 2711

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 10 December 2020

**Date of Performance Report:** 3 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(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 6 January 2021

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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 the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers said they are supported to exercise choice and make decisions about their own care, they are able to communicate these decisions to staff and maintain relationships and connections that are important to them. Staff were able to describe ways they support consumers to exercise choice and independence and this was consistent with consumer feedback.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

# 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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and the representative sampled said they are satisfied with the personal and clinical care consumers receive, including the information they receive about their care and their ability to make choices about their care.

The service demonstrated they can deliver care that is best practice, tailored to a consumer’s needs, and optimises a consumer’s wellbeing. Where care is delayed, the service demonstrates they have the capacity to take alternative measures to ensure the consumer still receives adequate care.

The Assessment Team did not assess all requirements 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.*

The Assessment Team identified gaps in the service’s ability to deliver safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice to consumers; is tailored to their needs; and optimises their health and well-being.

For example, the Assessment Team reviewed care documentation and identified that the service does not have an effective system in place to ensure schedule eight medication, including analgesia is available to consumers when required. The service has not implemented preventative strategies for consumers at high risk of pressure injury. Also, a consumer’s high blood glucose results had not been escalated to her doctor as required.

The service has since provided a response that demonstrates that adequate care was delivered to the consumers mentioned by the Assessment Team. The service has demonstrated that they are already in the process of improving their system for schedule eight medications, and although some delays of delivering these medicines to consumers have occurred in the meantime, the service has utilised alternative pain management strategies that were effective for the consumers. The service has also submitted further evidence to demonstrate they have implemented preventative strategies for consumers at high risk of pressure injury. Furthermore, the service has provided evidence to demonstrate that the consumer’s high blood glucose results were escalated to the doctor and there was no harm to the consumer, although they acknowledge their documentation could be improved and they will organise relevant staff training in this aspect.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# 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.