Morayfield Grove Care Community

Performance Report

69-71 Caboolture River Road
MORAYFIELD QLD 4506
Phone number: 07 5495 9000

**Commission ID:** 5346

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 3 March 2022

**Date of Performance Report:** 28 March 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 |

# Detailed assessment

This performance report details the Commissioner’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
* other intelligence and information held by the Commission in relation to the service.

# 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance decision or summary 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.*

Consumers received safe and effective personal and clinical needs which optimised their health and well-being. Consumers’ care documentation reflected consumers were receiving individualised care that was safe, effective and tailored to their specific needs and preferences. Consumers and representatives confirmed consumers received care and treatment which met their needs and preferences, was safe and optimised their ability to live the best life they can. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs and how they met these.

The organisation had policies, procedures and tools in place to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporates ongoing pain assessment to guide staff practice.

Actions had been taken to address the Non-compliance identified at the Assessment contact on 14 November 2021. The service’s psychotropic drug register evidenced restraint assessments, authorisations and consents had been gained from consumers or their representatives. Ongoing monitoring processes had been established whereby each consumer with a restrictive practice in place is reviewed every three months. For consumers who were subject to a restrictive practice, the service demonstrated compliance with current legislative requirements including demonstrating that each consumer that had a restrictive practice had a Behavioural Support Plan in place that included alternatives to be used prior to the implementation of the restrictive practice and that consumers had been assessed by a medical professional with day-to-day knowledge of the consumer. The Behaviour support plan documents contained the required information including Medical officers’ prescription with the reason why the restrictive practice was required, consumers’ or substitute decision makers’ informed consent, authorisation and regular restraint usage monitoring and evaluation by registered staff.

The service had policies and work instructions on minimising restrictive practices available to guide staff practice. Restrictive practice policies and processes had been updated in line with the *Quality of Care Principles 2014* restrictive practice amendments which began on 1 September 2021. Restrictive practices were a standing agenda item at each clinical handover, monthly staff meetings and the services Medication advisory meetings.

All registered staff were provided with a ‘Restricted Practice resource kit’. The resource kit included guidance for registered staff including ‘5 tips on restrictive practices’, a copy of the *Quality of Care Principles 2014* and frequently asked questions on types of restraints that had been developed by the organisation.

Education had been provided relating to Restrictive practices and the *Quality of Care Principles 2014*.

Registered staff demonstrated they understood the different types of restrictive practices and the processes required for assessment of needs and risks, consultation with relevant parties, approval by the consumer or representative and subsequent

Based on the information recorded above, it is my decision this Requirement is now Compliant.

# 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.