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:** 14 November 2021

**Date of Performance Report:** 07 December 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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
* the provider’s response to the Assessment Contact - Site report received 06 December 2021
* other information and intelligence held by the Commission in relation to the service.

# 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating and summary 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.*

Assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. Risks for consumers were considered when completing assessments in accordance with their individual risk.

The service undertook a comprehensive assessment and care planning process when a consumer entered the service to identify their needs, goals and preferences. Consumers’ changing needs were reviewed regularly and when changes to consumers’ care needs occurred. Registered nurses completed initial assessments to identify consumers' needs, choices and preferences. Consumers, Medical officers and other allied health professionals were involved where necessary during assessment and planning processes.

For consumers who had a mechanical or environmental restrictive practice in place, their Behaviour support plan demonstrated the service had identified and assessed any risk that the restrictive practice posed to the consumer and trialled alternative solutions prior to the commencement of the restrictive practice. Consumers’ care planning documents reflected individual consumer’s current needs, goals and preferences; required assistance and interventions including the management of personal or clinical risks; preferred person to be involved in care planning and evaluation process and advance care planning information as appropriate.

Consumers expressed satisfaction with the assessment and care planning processes and the care and services received. Consumers confirmed they were involved in the assessment and care planning processes upon entry to the service and on an ongoing basis. Consumers confirmed the service involved Medical officers and other allied health professionals in the assessment process as required.

Registered staff described their role in the assessment and planning process when a consumer entered the service and the care plan review process. Staff reported the outcomes of assessments are documented in care and service plans and discussed with the consumer and their representative. Staff described their understanding of consumers’ assessed needs, goals and preferences in relation to delivering safe and effective care and also described how they used assessment, planning and handover information to inform the delivery of safe and effective care.

The service had a suite of evidence-based assessment tools available for staff to use. The service had clinical guidelines, policies and procedures to guide staff in their practice. Incidents and accidents were recorded and investigated, care plans were reviewed and changed whenever a risk was identified, and interventions had been identified.

Based on the information contained above, it is my decision this Requirement is compliant.

# STANDARD 3 NON-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 Assessment Team did not assess all Requirements in this Standard; therefore, a summary is not provided. A decision of Non-compliance in one Requirement results in a Non-compliant rating for the Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Consent had not been documented as obtained prior to the use of psychotropic medications identified as chemical restraint. Documentation did not support nominated representatives for consumers had been informed prior to the use of chemical restraint. This is not in accordance with the *Quality of Care Principles 2014* Part 4A, section 15G. The service’s monitoring processes including audits, clinical indicator reports, and the provision of policies, procedures and guidelines were not effective in identifying systemic deficiencies in the management of chemical restraint.

Care planning documentation for 19 of 28 consumers identified as receiving either a regular or as required prescribed psychotropic medication identified as chemical restraint, did not contain a signed authorisation or consent form by the Medical officer and the consumers’ decision maker and information was not recorded to indicate the decision maker was informed of the use of chemical restraint.

Information was not recorded to demonstrate the service had discussed with the consumers’ decision makers about the options, risks and benefits of prescribing a psychotropic medication and that the information was understood.

While policies dictate a review of authorisation documents relating to chemical restraint usage is to be undertaken every three months, care documentation reviewed demonstrated that the service had not aligned their practices with their organisational policy.

The Approved provider in its written response to the Assessment contact report has accepted the information in relation to the use of chemical restraint practices and have acted to address the documentation deficits identified in the report. The Approved provider accepted that several chemical restrictive practice documents were incomplete and not reviewed in a timely manner. The Approved provider has note that while conversations with substitute decision makers regarding consent to chemical restraint usage were not documented they had occurred to inform consent of the medication, which was administered as per Medical officer’s orders.

Following the Assessment contact, a review of restrictive practices was undertaken which identified fewer consumers than originally recorded were prescribed a chemical restraint. An action plan has been developed to guide the rectification actions and all incomplete or outdated restrictive practice assessments and authorisations have been completed and updated. Monitoring processes had been reviewed to include a monthly report being generated to identify restrictive practice documents which were due for review and a tracker to identify the completed assessment, consultation and authorisation process for each consumer. The tracking tool is reviewed monthly by the Care Manager and General Manager.

The findings of the Assessment contact were discussed with registered staff and refresher education in relation to restrictive practices occurred, training included modules and toolbox sessions.

I have also considered other aspects of this Requirement and note consumers with pain, falls prevention, skin integrity and complex nursing care needs were effectively managed. Feedback from consumers and representative was complimentary towards staff at the service.

In coming to my decision regarding compliance in this Requirement, I have taken into account the Assessment contact report and the Approved provider’s response. While I acknowledge the actions the Approved provider has taken in relation to the deficits in restrictive practices, these actions will take time to be tested for their effectiveness and were not in place at the time of the Assessment contact. It is therefore my decision this Requirement is Non-compliant.

# 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating and summary 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.*

#### Consumers and representatives provided positive feedback regarding the sufficiency of the workforce, to deliver safe and effective care that met consumers’ needs and preferences. Staff confirmed there were sufficient staff to provide care and services in accordance with consumer needs and they had sufficient time to undertake their allocated tasks.

Staff confirmed they were able to respond to calls for assistance in a timely manner. The service had a supplier arrangement for engagement of agency staff if required. Management conduct ongoing recruitment processes to assist with the filling of vacancies as they arise.

The service operated from a base roster and staffing allocations identify the number and location of the service where staff were required to work on each shift. The service utilises a mix of registered staff and personal carers to provide care. Registered nurses were allocated to work across a 24-hour period.

The roster confirmed strategies to replace staff on planned and unplanned leave included extension of hours, approaches to existing staff for additional shifts and the engagement of agency staff.

Staff were observed to be attending to their daily routines without rushing. Staff were taking time to talk to consumers and representatives as required.

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

# 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.

* Consumers are to receive safe and effective clinical care including the management of restrictive practices.