Opal Bunbury

Performance Report

39 Hayes Street
BUNBURY WA 6230
Phone number: 08 9721 5333

**Commission ID:** 7886

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 8 September 2020

**Date of Performance Report:** 21 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 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 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 1 October 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(a) in relation to Standard 3 Personal care and clinical care and recommended the service did not meet this Requirement. I agree with the Assessment Team and find the service Non-compliant in Requirement (3)(a) and have provided reasons for my decision below.

The service does not consistently complete or document clinical assessment and monitoring charts to ensure delivery of care is in line with best practice and the consumers’ documented directives.

All other Requirements in this Standard were not assessed for the purposes of the Assessment Contact and an overall assessment of the Standard not conducted.

### 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.*

The Assessment Team found the service has best practice assessments, plans and charts to assess, manage and monitor the delivery of personal and clinical care. However, the service did not demonstrate staff were consistently using and completing charts and assessments to guide and monitor the delivery of consumers’ clinical care needs. Five consumers’ files viewed had incomplete or inconsistent assessment, charting and care plans. Staff interviewed were able to describe appropriate strategies they use to meet the consumers’ needs in line with the consumers’ preferences.

The approved provider’s response disagrees with the findings of the Assessment Team the Requirement is not met and has provided evidence to show some information in the Assessment Team’s report was inaccurate including while some charts and assessments were incomplete the care plans did contain current strategies reflective of consumer needs. The approved provider’s response did demonstrate one of the consumers with recent weight loss did have intake charts accurately completed and a summary and analysis of the intake was documented in the progress notes and resulted in nutritional supplements being implemented which were effective at stabilising the consumer’s weight. The response does acknowledge some of the documentation deficits the Assessment Team identified in four of the consumer files and indicated the service has taken actions to address the deficits.

The following evidence is where the deficits identified by the Assessment Team have been acknowledged by the approved provider and I find the evidence relevant to my decision:

* One consumer with a diagnosis of blindness did not have all areas on the vision assessment completed, however there were strategies on the care plan including sensory, mobility and nutrition care plan to guide the delivery of care. Pain assessment was incomplete, however the strategies on the pain care plans were reflective of the consumer’s identified pain management needs. The behaviour charting has not been completed to inform and update the behaviour care plan on current behaviours and strategies to manage.
* One consumer receiving nutrition and hydration through enteral feeding tube had an enteral feeding plan documented, however staff were not consistently completing the enteral feeding chart to show feeds had been provided in line with directions. Charting to record repositioning was indicated on the clinical file to be completed, however the repositioning chart was not consistently or accurately completed.
* One consumer with a current fluid restriction in place did not have the fluid restriction documented in all required areas of the care plan including the extended care plan. The fluid intake charting used to monitor and record the fluid intake in relation to the restriction is not consistently completed or accurate including days where no intake was recorded at all.
* One consumer with current verbal behaviours being monitored through behaviour charting did not have the behaviour charting completed consistently with strategies used or the effectiveness of strategies used.

The service has a system to identify, assess and plan the delivery of consumers’ clinical and personal care which is based on best practice tools and completed in consultation with specialists where required. However, evidence at the time of the Assessment Contact showed staff practice was not consistent in following the best practice assessment tools and charts and not in line with the organisation’s expectations. The deficits identified indicate there is actual potential to negatively impact consumers’ health as the deficits were identified in multiple consumers’ assessments and charts, including where complex health needs are being delivered and high impact risks are associated with consumer care. The deficits show the service is not consistently completing documentation in line with best practice to identify and feed into the delivery of consumers’ clinical care. The service’s monitoring systems were not effective in identifying the deficits.

Based on the summarised evidence above I find the service non-compliant in this requirement.

# 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

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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 Human resources and recommended the service met this Requirement. While the evidence in the Assessment Team’s report indicates feedback from some staff and consumers and one representative there has been an increase in staff workload and staff being busy, on the day of the Assessment Contact the service demonstrated it has a planned approach, and there were sufficient numbers and mix of staff to provide care and services. I agree with the Assessment Team’s recommendation and find on the day of the Assessment Contact the service was compliant in this Requirement.

The service demonstrated through rosters and allocations there is a planned approach which ensures sufficient numbers and mix of staff including registered and enrolled nursing staff to provided care and services to consumers.

Majority of consumers and representatives interviewed were satisfied there were enough staff and consumers were receiving adequate care and services. However, five consumers indicated staff are busy and one representative indicated there was not enough staff.

Staff interviewed stated their workload had increased due to additional duties in relation to COVID-19 such as additional cleaning and screening processes for visitors and consumers. Some staff indicated this has resulted in staff being busier and unable to spend as much quality time with consumers.

## 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.*

# 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.

* Standard 3 Requirement (3)(a): Ensure staff consistently and accurately complete all required areas of consumers’ clinical assessments and charting to ensure current needs of consumers are identified on the care plans. Ensure staff practice in completing assessments and charts is effectively monitored to identify and address deficits in staff practice.