Opal Hobsons Bay

Performance Report

28-30 Rymill Court
ALTONA NORTH VIC 3025
Phone number: 03 8325 7600

**Commission ID:** 3536

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Desk date:** 30 September 2020 to 9 October 2020

**Date of Performance Report:** 9 November 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Desk report received 30 October 2020.

# STANDARD 2 NON-COMPLIANTOngoing 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team reviewed care files for four consumers and identified assessment and care planning processes were not always completed in accordance with the Service’s relevant policies and procedures. Wound assessments completed for consumers did not always have wound characteristics identified such as location, sizing, colouration and general appearance. Pressure injuries documented on the wound log and wound care plans were found to not always recorded as staged pressure injuries as required by the service’s policies and procedures.

One consumer representative interviewed was generally satisfied with the provision of care, but did raise concerns around the initial identification of a wound

The response submitted by the approved provider, while refuting some of the detail of the Assessment Team’s findings, acknowledges the identified gaps in documentation of the assessment and care plans for wounds noted by the Assessment Team. The response documents plans to provide staff education on the requirements of skin and wound assessment and care planning and associated documentation.

Having considered all the information available I find this requirement is Non-compliant as the service was unable to demonstrate that assessment and care planning, as evidenced through associated documentation, consistently considers the risks to consumers’ health and well being and informs the delivery of safe and effective care and services, particularly in relation to the assessment and care of wounds.

# 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.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team identified that where one consumer had a fall and sustained a fractured neck of femur, the Service did not demonstrate timely and effective pain management interventions for the consumer. The Service could not demonstrate that they adequately assessed the consumer immediately post fall for injuries, pain and the need to transfer to hospital. Assessment and care planning documentation for the consumer’s falls risk pre and post fall also did not identify and consider all critical falls risks and when the Service was provided feedback about this, they undertook a further falls risk assessment and still did not factor the relevant risks raised to inform safe and effective care delivery for that consumer.

The response submitted the approved provider while refuting that an initial assessment was not undertaken for the consumer immediately post fall, acknowledges that there were gaps in documentation and that this deficit has been actioned through internal human resource processes. The response also refutes that the consumer did not get adequate pain relief, noting that the consumer had an icepack applied to hip and knee and they received their regular paracetamol analgesia at 8:10am. The incident occurred at 6:45am and the consumer was transferred to hospital at 11:45am where a fractured hip was identified. The response asserts that the consumer’s pain was monitored through this time but acknowledges inadequate recording of this monitoring through a pain assessment and charting. The response also acknowledges inadequate documentation on the consumer’s falls risk assessments and care plan documents. The response documents plans for staff education in a number of areas including incident management including post falls management and falls risk assessments and prevention.

Having considered all the information available, I find this requirement is Non-compliant as the service was unable to demonstrate an adequate falls risk assessment process. The services was also unable to demonstrate effective post fall management for the consumer, including an initial clinical assessment, appropriate pain monitoring and timely transfer to hospital.

# 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.

* Ensure all consumers have wound assessments and care plans consistently completed in accordance with the organisation’s policies and procedures based on current best practice.
* Ensure the effective management of high impact/high prevalence risks, in particular consumer falls, through the implementation of effective falls risk assessments and prevention strategies and the effective management of consumers post falls including timely clinical assessment and decision making, and pain assessment and monitoring.