Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Opal Seahaven |
| **RACS ID:** | 3580 |
| **Name of approved provider:** | DPG Services Pty Ltd |
| **Address details:**  | 119 Cashin Street INVERLOCH VIC 3996 |
| **Date of site audit:** | 25 November 2019 to 27 November 2019 |

**Summary of decision**

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| **Decision made on:** | 24 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 06 February 2020 to 06 February 2023 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit Performance report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit Performance report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Opal Seahaven (the Service) conducted from 25 November 2019 to 27 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Administration officer | 1 |
| Care staff  | 6 |
| Cleaning and laundry staff | 3 |
| Clinical manager and acting clinical manager  | 2 |
| Consumers | 17 |
| General manager | 1 |
| Head chef | 1 |
| Lifestyle staff  | 2 |
| Maintenance officer | 1 |
| Regional general manager  | 1 |
| Regional quality advisor | 1 |
| Registered nurse | 2 |
| Representatives | 6 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met all six requirements under Standard one.

Consumer and representative interviews reflected that dignity and respect for identity, culture and diversity is maintained.

Consumer preferences in relation to this requirement are documented and used to inform care and they have input into their daily care needs or that staff listen to their concerns. Consumers and representatives interviewed described in various ways how their privacy is respected by staff.

Staff said they understand consumers’ rights to choose even if the choice may have a degree of risk. The service has a risk management process to manage risks, monitor strategies and guide decision-making to minimise harm.

Consumers are provided with an information pack on entry to the service and described in various ways how their personal information is kept confidential.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met four of five requirements under Standard two.

Of consumers and representatives randomly sampled, 87% said they have a say in their daily activities most of the time or always, while 13% said never. Most consumers and representatives related this question to lifestyle activities and provided various examples of what this meant to them.

While the organisation has a suite of comprehensive assessments and validated risk assessment tools that are used by qualified staff to assess consumer’s needs, preferences and risks and care plans are generally completed in line with the organisation procedure. Care plans sampled did not always contain current detailed information to inform the delivery of safe and effective care and services.

The service has a process in place to review consumers care needs every four months or as needs and preferences change. Staff described how they access consumers’ care plans and how changes in consumers care is communicated via service’s handover process.

Staff describe how consumers and others contribute to the consumer’s care including representatives, medical practitioners and allied health professionals.

#### Requirements:

##### Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has met six of seven requirements under Standard three.

While most consumers and representatives randomly and purposefully sampled expressed satisfaction with the care they receive.

The service did not adequately demonstrate understanding, application and monitoring of consumers who are prescribed psychotropic medications. While the service has completed a psychotropic medication register this has not identified consumers who may be subject to chemical restraint. The service was unable to demonstrate they understood when antipsychotic medications are considered restraint or review of these medications as per best practice guidelines.

Consumers and representatives randomly and purposefully interviewed, and documentation reviewed confirmed timely and appropriate referrals to other organisations and providers of other care and services. Staff described the organisation’s system to refer consumers to specialists including dietitian, physiotherapist and palliative care specialists.

Staff described how they communicate changes in consumers’ health and wellbeing which is reviewed by the registered nurse and how they are informed of changes via handover.

The organisation monitors their practices via their care plan review process, feedback mechanisms, surveys, audits and results are discussed at relevant meetings.

The organisation promotes and offers staff annual influenza vaccinations.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met all seven requirements under Standard four.

Of consumers and representatives randomly sampled, 87% said they are encouraged to do as much as possible for themselves always or most of the time. Consumers said they were satisfied their emotional and spiritual needs are met. Consumers were satisfied that they are supported to participate within their community, do things of interest to them and have social and personal relationships.

Of consumers and representatives randomly sampled, 81% of consumers liked the meals always or most of the time.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their goals and preferences. Care and lifestyle staff adapt ways to support consumers to live the life they want. Staff were observed to provide positive interactions to consumers and when interviewed were able to identify consumers who needed additional support. Consumers confirmed that staff provided additional support when needed.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met all three requirements under Standard five.

Of consumers and representatives randomly and sampled, 67% said they feel at home here most of the time or always. While 33% said some of the time or never and provided various examples of what this meant to them. For example: A consumers described how they feel comfortable and described how the service is homely while another consumer said, “I am not unhappy, just no place like home.”

The service environment was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumers expressed satisfaction they can move around freely within the home and in the external living areas.

Staff and consumers said that the cleaning is satisfactory, and maintenance is performed in a timely manner. Cleaning schedules and preventative and corrective maintenance systems are in place. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. Management demonstrated that feedback and monitoring processes drive improvements.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has met all five requirements under Standard six.

The organisation demonstrated that consumers are encouraged and supported to provide feedback and make complaints and appropriate action is taken in response to their complaints.

Of consumers and representatives randomly sampled, 93% said staff follow up when they raise things with staff most of the time or always, while 7% said some of the time and provided various examples of what this meant to them. For example: A consumer described how they get everything they want, nothing is a problem if you need something, how they have had no need to raise a complaint, how they can go straight to the manager and if they raise anything they get a response. While another consumer described how their suggestion was implemented and how although it was not exactly as they expected they were happy with the outcome.

Staff interviewed demonstrated an understanding of the services feedback process, how they would support a consumer to raise a complaint. Staff demonstrated an understanding of open disclosure and confirmed they had received training on this subject.

Management demonstrated how feedback and complaints are reviewed and used to improve services and reported to the organisation’s board.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met all five requirements under Standard seven.

The organisation demonstrated that the workforce is planned to enable and the number and mix of members of the workforce deployed enables, the delivery and management of safe, respectful and quality care and services.

Of consumers and representatives randomly sampled, 88% said they get the care they need most of the time or always, while 12% said some of the time. Consumers described how staff know what they want, that they get more than enough, how staff help them with their shower and are very much respectful and confirmed they get good care.

Of consumers and representatives randomly sampled, 100% said staff are kind and caring most of the time or always. Consumers described how staff are good, kind and caring, with one consumer saying they had “No complaints at all.” while another said, “They defiantly are [kind and caring], no two ways about it.”

Of consumers and representatives randomly sampled, 93% said staff know what they are doing most of the time or always, while 7% said some of the time. Consumers described how the staff are very accommodating and described how the old [experienced] staff certainly know what they are they are doing while some new ones are still learning.

Management explained, and documentation confirmed the service has processes in place for rostering of staff and replacing planned and unplanned leave.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge, qualifications and skills to deliver services. The organisation monitors staff compliance including nursing registrations and police checks.

Management explained how six training modules about the new aged care quality standards were offered to staff via their online learning portal along with face to face training session by the organisations nurse educator.

Staff interviewed described the services appraisal process and confirmed they had completed their annual appraisal.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has met four of five requirements under Standard eight.

Of consumers and representatives randomly sampled, 93% said this place is well run most of the time or always, while 7% said some of the time. Consumers and representatives described the manager as good, approachable and genuinely interested.

Management demonstrate how consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. For example: A consumer recently participated in two staff recruitment interviews and regularly attends staff meetings to offer their insights to staff on consumer experience and fire safety. Consumers were engaged in the selection of new furniture.

Management explained how the service’s quality data is reported to the board monthly. Information outside of the organisation’s key performance indicators is tabled for discussion. Management described how information flows up to the board via the national quality team and back down the same way and then disseminated to services.

Management advised various ways the service identifies opportunities for continuous improvement for example, self-assessment against the new aged care quality standards, feedback, consumer experience surveys, incident data, quality indicators, audits and organisational initiatives.

While the organisation has policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The service did not adequately demonstrate understanding, application and monitoring of consumers who are prescribed psychotropic medications.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure