Paynesville Gardens Care Community

Performance Report

3-5 Fort King Road
PAYNESVILLE VIC 3880
Phone number: 03 5153 7200

**Commission ID:** 4526

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Desk date:** 22 December 2021

**Date of Performance Report:** 4 February 2022

# Performance report prepared by

L Glass, 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** | **Non-compliant** |
| Requirement 2(3)(a) |  Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) |  Non-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 - 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 27 January 2022.

# 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 Assessment Team found the service demonstrated consumers are weighed monthly, as per the weight management policy. However, documentation did not always evidence effective assessment, monitoring or evaluation of a consumer’s weight gain or loss.

The service did not demonstrate an effective system to monitor administration of psychotropic medication. Clinical staff were able to describe non-pharmacological strategies used prior to administration of an ‘as required’ psychotropic medication. However, documentation did not always evidence this has been applied.

The service did not demonstrate an effective system to monitor wound management and inconsistent documentation has been identified.

The response submitted by the Approved provider disputes the Assessment Team’s finding for this requirement and provided further information in relation to the individual consumers reviewed.

I have reviewed all the information available and find this requirement is Non-compliant. The Approved provider was unable to demonstrate that assessment and care planning in relation to consumers’ weight management, wounds, and behaviour management informs the delivery of safe and effective care and services.

The Quality Standard is assessed as Non-compliant as two 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 found the service has not demonstrated effective assessment and planning informs the delivery of safe and effective care and services. Care planning documents do not capture individual risks for all consumers including weight changes and behaviour management. Ongoing monitoring and medical directives are not always consistently completed by a medical practitioner.

I have considered all the information provided and find this requirement is Non-compliant. I acknowledge the response from the Approved provider and that it refutes some of the Assessment Team’s findings. I also acknowledge the improvement and follow up actions taken in response to the Assessment Team’s report. However, I consider that at the time of the site visit care planning documents did not always capture individual risks for sampled consumers including weight changes and behaviour management.

### Requirement 2(3)(e) Non-compliant

*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.*

The service has systems and processes to review consumer care and services on a scheduled basis and when changes occur. However, the service did not adequately demonstrate management of behaviours, wounds and pain are reviewed regularly for effectiveness, and when circumstances change for three consumers sampled.

The response submitted by the Approved provider notes Plans for Continuous Improvement are in place to allow comprehensive, systematic and timely monitoring. The service has also mentored staff about expected improvements.

I have considered all the information provided and find this requirement is Non-compliant. I acknowledge the actions taken by the Approved provider in response to the Assessment Team report and further information supplied. However, the evidence provided by the Assessment Team demonstrates that consumers’ care needs in relation to wound management and pain and behaviour and appropriate interventions were not recorded and implemented. These deficits impacted negatively on the consumers’ health and wellbeing.

# 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 service was able to demonstrate improvements have been made and the deficits previously identified have been addressed. The service has successfully implemented effective strategies to minimise and control infection related risks.

Overall, consumers and representatives interviewed expressed the service has adequate supply of hand sanitiser and disinfectant wipes to minimise infection related risks.

Staff were able to describe how they identify infections and promote appropriate antibiotic prescribing. The service has a suite of policies, procedures and processes to record, analysis and minimise infection related risks.

The overall Quality Standard was not assessed as only one of the seven specific requirements has been assessed.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team found the service has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service level. However, the service did not consistently identify and report upon consumer’s individual risks such as weight changes, challenging behaviours, wound management and pain management.

The Quality Standard is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service did not consistently identify and manage risks for example, pain, diabetes, skin integrity and aggressive behaviour. While the service has an action plan and has commenced process improvements, the available evidence is insufficient to demonstrate effective application of these improvements.

The response submitted by the Approved provider refutes the Assessment Team findings. It states that it has strengthened the leadership in the home to further support the well-established processes and systems in place for identifying high impact high prevalence risks to residents and for eliminating or reducing the risk of harm to residents with these identified risks. The Approved provider has created continuous improvement plans, provided additional education and mentoring about identifying consumer risk and enhanced the use of other measurement and oversight tools to manage and mitigate risks to consumers

I have reviewed all the information provided and find that the requirement is Non-compliant. I acknowledge the improvements put in place. However, the outcomes of the improvements are yet to be evaluated to ensure effective risk management systems and practices manage high impact or high prevalence risks associated with the care of consumers; in particular the risks associated with weight changes, challenging behaviours, wound management and pain management.

# 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 timely and effective assessment and care planning for consumers
* Ensure records of all reviews are accurately maintained and changes in consumers’ wounds, weight and behaviour are acted on appropriately by updating care plan interventions in a timely manner
* Review and evaluate outcomes of risk management systems and processes related to managing high impact or high prevalence risks, particularly in relation to the risk and management of wounds and behaviour management to ensure that data review leads to appropriate actions to mitigate risk and harm to consumers.