Raymond Terrace Gardens Care Community

Performance Report

15 Sturgeon Street   
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**Commission ID:** 2800

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 9 December 2020

**Date of Performance Report:** 29 January 2021

# 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** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 8 January 2021

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers and their representatives said they receive good clinical and personal care by staff. Representatives said they were regularly updated on consumers clinical and personal needs.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 that the service does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.

The Assessment Team provided information that the service does not demonstrate best practices in relation to pain management, bowel management, falls management and behavioural management. Strategies and instructions for care recorded in care plans, and other clinical documentation, is not being implemented for consumers and as a result the care provided is not tailored to the consumer’s needs.

Issue 1: Care strategies and instructions not being followed – Visitation and Blood Pressure monitoring.

The approved provider submitted in their response additional information and evidence that was available at the time of the performance review which the Assessment Team did not view. The approved provider explained that this information is held in different places know to staff. This information clarifies the situation regarding visitation and demonstrates the service’s concerns for the consumer and their approach to managing risk whilst seeking to achieve a positive outcome for the consumer and their family. I have reviewed and accept this information. Also provided was information regarding blood pressure monitoring; which appears to have been missed a few times, with the approved provider acknowledging some minor improvements are required. These improvements have been completed, with no negative impact as a result on the consumer.

Issue 2: Bowel management

The approved provider submitted in their response progress notes that included additional detail concerning consumers bowel management that was not immediately evident in the bowel charts that the Assessment Team reviewed. It can be seen from this additional information that both consumers were being managed appropriately.

Issue 3: Behaviour management

The evidence supplied from the approved provider included Physical behaviour assessment and geriatrician review, along with further clarification regarding this consumer’s aggressive episodes. It is clear from this information that the service is aware of their responsibilities in regard to this requirement and towards the consumer and has endeavoured to use various tools and outside assistance to provide a safe environment for consumers, and staff.

Issue 4: Restraint authorisation:

The approved provider submitted a response containing additional information regarding restraint authorisations for two consumers. The information and evidence supplied for both consumers has been reviewed and accepted.

Issue 5: Pain management

The approved providers response included pain charts, physiotherapist assessments, general practitioners’ notes explaining steps the service has taken in monitoring pain for consumers. Included also is further clarification of individual consumers circumstances which show the service know their consumers.

Issue 6: Falls management

The approved providers response included further information clarifying and adding to the information concerning consumers that have fallen at the service. The response also provided evidence concerning a consumer who had a fall which resulted in her breaking her tail bone. It includes progress notes, diagnoses, post fall documentation, physiotherapist notes, general practitioner review and equipment lists. I have reviewed this information and accept the service has responded appropriately for these consumers.

I have considered the Assessment Team’s report and approved providers response, and I am satisfied the approved provider demonstrates that each consumer gets safe and effective personal and clinical care. The approved provider has accepted implemented some minor improvements as a result of the Assessment Team’s feedback and the approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I find this requirement is compliant as the approved provider demonstrates that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

# STANDARD 8 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall management and staff said that the organisation is well run and that they partner with consumers in improving the delivery of care and services.

For example:  
Management and staff described the systems in place to effectively manage high impact and high prevalence risks, how the service ensures they appropriately identify and respond to abuse and neglect of consumers and how they support consumers to live their best life. However, the assessment of requirement 3(3)a found that these systems have not always been effectively implemented for sampled consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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.*

The Assessment Team found that the service does not demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can.

The Assessment Team provided information that while the organisation has systems in place to manage high impact and high prevalence risks, support the identification and response to abuse and neglect and support consumers to live their best life, the consumer outcomes described in 3(3)a show these practices are not always effectively implemented.

The approved provider in their response, acknowledged their responsibilities for this requirement. They have clarified some information from the report and have refuted the findings of the Assessment Team. On review of the information the service submitted in relation to Requirement 3(3)(a), I have determined that this requirement is compliant.

The Assessment Team’s report provided information that relied on Requirement 3(3)(a) being non-compliant as the rationale for this requirement also being non-compliant. As I find Requirement 3(3)(a) compliant I also find this requirement compliant. The approved provider demonstrates that they have effective risk management systems and practices in reletion to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.