Treeby Parklands Care Community

Performance Report

5 Abelia Road
TREEBY WA 6164
Phone number: 08 6172 2400

**Commission ID:** 7424

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 21 January 2021

**Date of Performance Report:** 15 March 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | 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 Report; 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.

# STANDARD 2 Ongoing 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 assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found overall, most consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives:

* All consumers interviewed said they are involved in the planning and assessment of their care needs.
* One consumer explained that on entry to the service he was referred to the dietician and was happy with the new arrangements.
* One representative advised how the staff discuss and involve them in their consumers care preferences. The staff also lets the representative know how the consumer likes care delivered and how they employ strategies to ensure needs are met.

Consumer care planning documentation was reviewed by the Assessment Team. The information indicated the initial assessment of each consumer’s health and well-being is undertaken on entry to the service. This aligns with the service’s Resident Admission Pathway process and is completed in accordance with the organisations policies and procedures (within 24 hours of entry). This assessment is managed by the Clinical Nurse and reviewed by the Registered Nurse.

The assessment focuses on the initial clinical assessment, pain and would management and complex health assessments (cognitive impairments, Dementia, Diabetes).

Staff advised the Assessment Team that when changes to the consumer needs are observed they are referred to the Registered Nurse and as required the consumer may be referred to other health professionals. All consumer assessments are reviewed and monitored for effectiveness by the Clinical Nurse Manager. The staff could provide examples of where a consumer has been reassessed due to a change in their care needs.

To support the staff to deliver safe and effective care that meets the consumer needs the service has developed a Resource Folder that provides guidance material (referral forms, risk escalation charts) to assist the staff in the assessment and planning process. The Assessment Team reviewed the service’s Clinical Care Assessment Chart that guides staff to determine needs of consumers’ and identifies the urgency.

The Assessment Team found the organisation has monitoring processes (valid assessment tools, care planning systems) in relation to Standard 2 (3)(a) to ensure initial and ongoing assessment and planning is undertaken in partnership with the consumer to deliver safe and effective care and services.

## Assessment of Standard 2 Requirements

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

# 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 Human resources. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found that overall, sampled consumers and representatives considered they receive safe and quality care and services from a workforce that is planned, competent and have a range of skills. The following examples were provided:

* One consumer said the staff “know what I like” they are very friendly and help all consumers to do what they want to do.
* Consumers said the staff are kind and caring and there are enough to meet their needs.
* Representatives consider the staff are providing safe and quality care.
* One representative said the staff are very responsive to the consumers’ needs.

The service started welcoming consumers in September 2020 and Management closely monitored the numbers, decreasing as required, to ensure all staff had time to complete the mandatory training. Management explained how the leadership team was engaged well before the opening and the staff rosters were developed prior to welcoming any consumers. The roster was established with fifty percent of staff transferred from the organisation’s other service and fifty percent new and a ‘buddy system’ was initiated. Staffing shortfalls are initially managed through the organisation’s casual staff listing and where required agency staff are engaged.

The Assessment Team spoke with staff who felt the workforce was adequate and said that during periods of high demand they have the right blend of skills to deliver safe quality care to the consumers. The staff were observed during a quiet period sitting and taking to the consumers.

Processes are implemented to ensure the workforce is planned and the skill mix enables the delivery of quality care and services. The service has an effective call bell system installed and response times are reviewed monthly by the management team. The January 2021 report was sited indicating response times were approximately four minutes.

The Assessment Team considers the organisation has monitoring processes in place in relation to Standard 7 (3)(a) to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## 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

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.