Geraldton Shore Care Community

Performance Report

159-161 Fitzgerald Street
GERALDTON WA 6530
Phone number: 08 9921 5010

**Commission ID:** 7892

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 31 May 2022

**Date of Performance Report:** 27 June 2022

# Performance report prepared by

Michelle Glenn, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 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 consumers, representatives, staff and management; and
* the provider’s response to the Assessment Contact - Site report received 17 June 2022.

# 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 Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended the Requirements met. All other Requirements in this Standard were not assessed therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find DPG Services Pty Ltd, in relation to Geraldton Shore Care Community, Compliant with Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

**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 provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being and is in line with best practice, where evidence is available.
* Assessments, including use of validated assessment tools, are used to identify each consumer’s care and service needs and drive interventions based on best practice care.
* Care files sampled for consumers with complex issues demonstrated proactive clinical management, in line with best practice, including in relation to specialised nursing care needs, sensory deficits, clinical observations, skin integrity and pain.
* Seven representatives and two consumers sampled stated they were satisfied the personal and clinical care consumers receive is right for them and meets their needs.
* Staff sampled described how the clinical and personal care they provide is tailored to the needs of the consumer, optimising their health and well-being.
* Management stated there were no consumers receiving psychotropic medications that met the definition of a chemical restrictive practice. However, the psychotropic medication register included several consumers listed as being prescribed regular and as required antipsychotic medications to manage behaviours associated with dementia.
* For the three consumers sampled, evidence indicates use of psychotropic medications had been discussed with representatives. Frequency of use was only noted for one consumer. Medication for this consumer had been changed from a regular to an as required dose in July 2021, with the medication not required to be administered since this time.
* All consumers prescribed psychotropic medication had Behaviour support plans in place which included non-pharmalogical interventions, monitoring, regular review and consultation with representatives.

The provider’s response provided further clarification on evidence presented in the Assessment Team’s report, as well as supporting documentation. I have considered the provider’s response in coming to a finding of compliance for this Requirement.

I have considered that while the Assessment Team’s report indicates management stated there were no consumers receiving psychotropic medications that met the definition of a chemical restrictive practice, evidence presented demonstrates Behaviour support plans, reflective of legislative requirements, were in place for use of the medication and representatives were aware of use of the medication. I have also considered that there was no indication that behaviours were not being managed nor that the medications were being regularly used. In fact, for one consumer, medications had been changed from a regular to an as required order and had not been administered for nearly 12 months.

For the reasons detailed above, I find DPG Services Pty Ltd, in relation to Geraldton Shore Care Community, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

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

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated systems and processes to manage risks to consumers, and strategies are identified and implemented to minimise the number and impact of risks for consumers.
* Five representatives indicated they were satisfied with the way consumers’ known risks are managed, including risks relating to hearing and falls.
* Care files sampled demonstrated high impact or high prevalence risks are identified through assessment processes, and individualised management strategies are developed and outlined in care plans ensuring care and services are delivered in line with consumers’ assessed needs and preferences.
* Care files sampled demonstrated appropriate management of high impact or high prevalence risks relating to falls, pain, behaviours. Where high impact or high prevalence risks had been identified, additional monitoring had been implemented referrals to allied health professionals initiated.
* Care staff described risks for individual consumer and actions they implement to minimise impact of these risks.

The provider’s response provided further clarification on evidence presented in the Assessment Team’s report, as well as supporting documentation. I have considered the provider’s response in coming to a finding of compliance for this Requirement.

For the reasons detailed above, I find DPG Services Pty Ltd, in relation to Geraldton Shore Care Community, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.