Performance

Report

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| Name of service: | Orange Grove Care Community |
| Service address: | 152 Sieben Drive ORANGE NSW 2800 |
| Commission ID: | 2809 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 1 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Orange Grove Care Community (**the service**) has been considered by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit, the site audit 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 team’s report received 12 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* Regarding Requirement 2(3)(e) – the Approved Provider ensures 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 including effective pressure injury management.
* Regarding Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care that is best practice, tailored and optimises their health and well-being, including miss medication management.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect and are valued as individuals. Staff said they check care plans to ensure they understand consumer backgrounds and preferences. Care planning documents included information on what is relevant to consumers to maintain their identity.

Consumers said staff respect their culture and religion. Staff described that information relating to cultural, religious, and personal preferences are collected during admission, and consumers’ individual values and cultural wishes are recorded in their care plans, with further information included over time.

Consumers said they are supported to make choices and preferences about the way care and services are delivered, who is involved in their care, and to maintain relationships. Staff provided examples of how they help consumers to make choices and assist them to be as independent as possible.

Consumers said they are supported to take risks which enabled them to live their best lives. Staff are aware of consumers who wish to partake in risk activities, and described how consumers are supported to understand the benefits and possible harm when they make decisions about taking a risk, and how consumers are involved in problem-solving solutions to reduce risk where possible. Care planning documents evidenced assessments of risks and mitigation measures.

Consumers said they are provided with timely information that is accurate, easy to understand and enables them to exercise choice. Staff described ways in which information is provided to consumers. Schedules of upcoming activities were observed on noticeboards throughout the service.

Consumers said their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. Staff were observed maintaining consumers’ dignity, conducting handover privately and storing consumers’ confidential information securely.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. 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 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

The Assessment Team recommended Requirement 2(3)(e) was not met.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(e), the Site Audit Report brought forward the following deficiencies:

* One named consumer lost significant weight which did not lead to review of their care plan. The consumer also had wounds identified however this did not lead to review of pain. No pain charts were recorded for 2022 and the last pain review occurred in March 2022 which showed the consumer has pain and requires weekly massage. Although a pain chart was generated on 27 August 2022, no records were documented.
* One named consumer required medication for pain several times and, in line with service’s policy, was not reviewed. Pain management has not been assessed and monitored.
* One named consumer missed several medications and no review, including referral to a medical officer and specialist, was undertaken to address this and the impacts the missed medication may have had on the consumer.

The provider’s response included clarifying information:

* In relation to the consumer who lost significant weight, the response evidenced upon identification of the weight loss; a review by a dietitian was arranged and recommendations were updated in the consumers care planning documents. In relation to the consumer’s pain, the response did not address whether the consumer’s pain was monitored and reviewed prior to the Site Audit however, evidenced that since the Site Audit the consumer’s pain is regularly monitored and pain relief medication provided when necessary. The response also evidenced the consumer’s wound is overseen by a wound consultant and was healing and decreasing in size.
* For the consumer who required medication for pain several times and was not reviewed in line with the service’s policy, the response evidenced that prior to the Site Audit the consumer was reviewed by a medical officer but this did not occur within the 7-day period required by the service’s policy. Review by the medical officer resulted in changes to the consumer’s medication dosages which has been evaluated for effectiveness.
* In relation to the consumer who missed several medications, the response stated that this is due to the last evening dose being missed when the consumer is asleep. The consumer was referred to a medical officer for review, resulting in changed to medication times. Since the review, the consumer has only missed one round of medications, and this was not due to the fault of the service. However, the response does not address if the consumer was referred to a specialist to review and assess the impacts the missed medications may have had on the consumer.

The response also outlined education provided to staff to address the deficiencies identified in the Site Audit report.

I acknowledge that the response evidenced the service has taken appropriate action in relation to most of the named consumers, and an action for continuous improvement including staff education. However, not all deficiencies were addressed. I am not satisfied that the actions taken by the service demonstrate systematic effectiveness and time is required to demonstrate effectiveness. Overall, care and services are not reviewed regularly, when circumstances change or when incidents impact on the needs, goals or preferences of consumers. Therefore, I find Requirement 2(3)(e) non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Care planning documents evidenced assessment and planning considered risks and interventions, such as falls risks, responding to challenging behaviours, psychotropic medications, and wound management. The service had care planning and assessment policies in place to guide staff and staff practice was observed to be in accordance with this.

Consumers said, and representatives agreed, they are consulted in relation to the needs, goals and preferences of the consumers’ care and staff have spoken with them about advance care and end of life planning. Care planning documents detailed the needs, goals, and preferences, including advance care planning, of consumers.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives confirmed they are involved in the assessment and planning process. Staff and management described involvement of others in consumers’ assessment and planning from entry to the service and on an ongoing basis.

Consumers and representatives said outcomes of assessment and planning are effectively communicated and documented and is accessible to them.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The Assessment Team recommended Requirement 3(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit report brought forward several deficiencies. I consider the following deficiencies relevant to Requirement 3(3)(a):

* For one named consumer:
  + with a pressure injury, they were repositioned every 4 hours with pressure relieving cushion and pressure relief boots. The service’s policy and procedures require consumers with pressure injuries to be repositioned every 2 hours and have air relieving devices.
  + who had pain, was not monitored and pain management strategies was not included in care planning documents.
  + who did not have regular bowel movement, care planning documents showed no action was recorded or strategies implemented to address this.
  + who had significant weight loss, no strategies were implemented to mitigate further weight loss.
* For one named consumer who complains of pain frequently, their care planning documents do not include effective pain management strategies and no pain assessment was undertaken to assess the consumer’s pain.
* For one named consumer who has missed several medications and an increase in fall incidents during this time, the consumer’s falls is not being managed to determine if the consumer missing several medications has contributed to increase in falls.

The provider’s response:

* In relation to the first mentioned consumer:
  + evidenced appropriate pressure reliving device has been provided to the consumer and their care planning document states they are repositioned frequently but does not clarify if this occurs every 2 hours in line with the service’s policy and procedures.
  + evidenced since the Site Audit the service now monitors and reviews the consumer’s pain.
  + does not address the consumer’s irregular bowel movement and actions taken to address this.
  + evidenced review by a dietician to address weight loss and recommendations have been reflected in the consumer’s care planning documents. However, there is no evidence to show that this has resulted in improvements to the consumers weight thus far.
* In relation to the consumer with frequent pain, as addressed under Requirement 2(3)(e), the response evidenced the consumer’s pain is assessed. Care planning documents also included pain management strategies however it is unclear from the evidence provided in the Site Audit report and the response if these strategies are implemented and consistently evaluated for effectiveness.
* In relation to the consumer who missed several medications and had an increase in fall incidents, the response evidenced that the consumer was reviewed by a medical officer, resulting in changed to their medication times. The response also evidenced that the consumer’s mobility was reviewed regularly with new strategies trialed and monitored.

The response also outlined education provided to staff to address the deficiencies identified in the Site Audit report.

I acknowledge that the response evidenced the service has taken appropriate action in relation to most of the named consumers, and an action for continuous improvement including staff education. However not all deficiencies were addressed. I am not satisfied that the actions taken by the service demonstrate systematic effectiveness and time is required to demonstrate effectiveness. Overall, the service could not demonstrate each consumer gets safe and effective clinical care that is best practice, is tailored to the consumer’s needs, and optimises their health and well-being. Therefore, I find Requirement 3(3)(a) non-compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 3 are compliant.

Care planning documents demonstrated high impact/high prevalence risks had been identified and effectively managed. The service had policies and procedures available to guide staff practice, associated with high impact and high prevalent risks to each consumer, including falls prevention and management, wound care, pain and skin care however these were not always followed by staff.

A representative described the exemplary care provided by all staff to a consumer who had recently passed. Staff described the way care delivery changes for consumers nearing end of life. Care planning documents evidenced the use of the external palliative care providers.

Consumer and representatives provided positive feedback in relation to the responsiveness of the service when there is a deterioration in condition, health, or ability of the consumer. Care planning documents evidenced identification of, and response to, deterioration or changes in condition. Staff and management explained the process for identifying and reporting changes and deterioration in a consumer’s condition.

Care planning documents demonstrated progress notes, care and service plans and handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information about consumers’ needs, conditions, and preferences are documented and communicated to ensure consumers get care in line with their needs and preferences.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidenced referrals to other health professionals such as physiotherapists, speech pathologists and geriatricians.

Consumers and representatives confirmed staff perform standard and transmission-based precautions to prevent and control infection. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers felt supported to do the things of interest to them, including participating in activities as part of the service’s lifestyle program and/or spending time on independent activities of choice. Care planning documents identified the needs and preferences of consumers in relation to their supports for daily living. Consumers were observed engaging in a variety of group and independent activities.

Consumers said their emotional, spiritual, and psychological needs are supported. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and supporting them to communicate with their families. Care planning documents included information about consumers’ spiritual, social, and emotional needs.

Consumers said they are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships. Staff described this support which aligned with information in care planning documents.

Consumers felt information about their condition was effectively communicated, and staff who provide daily care, understand their needs and can describe their conditions and any changes. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support effective and safe sharing of consumers’ care.

Care planning documents evidenced timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Consumers confirmed this and staff described the referral process. A variety of brochures and resources available to support referral to external organisations as required was observed.

Consumers said they were happy with the variety, quality and quantity of food being provided. Staff said consumers are offered a choice of meal, and if they want something different, they can request this. The kitchen was observed to be clean and tidy, and staff were practising general food safety, work health and safety protocols.

Equipment which supports consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Maintenance records demonstrated regular servicing and repair occurs. Consumers said that the service provides equipment that is safe, clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel at home and are encouraged to decorate their rooms with personal belongings, photos, and artwork. Staff described how the layout compliments the service, with various courtyards and gardens, as well as plenty of common areas for consumers to socialise and relax throughout the day.

Consumers said they can easily find their way around, move freely and independently both indoors and outdoors, and cleaning at the service is good. Areas of the service were observed to be safe, clean, and the external service environment, walkways and gardens well maintained. Consumers were observed moving between the different areas of the service.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers said they feel safe when staff are providing care using mobility or transfer equipment with them, and those who require mobility aids were observed using them freely. Staff described how shared equipment is cleaned and maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives stated they are encouraged and supported to make complaints and to give feedback. Staff described the feedback and complaints mechanisms, and how they support consumers who are cognitively impaired to complete specifically adapted surveys designed to cater for their capabilities.

Consumers and representatives said they receive a monthly newsletter that describes how to provide feedback, lodge complaints and provides contact details for advocacy services. Staff were aware of other advocacy and language services available for consumers to access.

Consumers and representatives felt that the service responds to complaints appropriately. Staff and management described the process that is followed when feedback or a complaint is received and knew what open disclosure was.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and services. Staff described how service improvements have been made in response to feedback and how the service’s complaints management process states that complaints data is analysed and used for continuous improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said there was enough staff and call bells are answered promptly. Call bell data demonstrated almost all call bells were answered in under 10 minutes. Review of staff rosters demonstrate adequate number of staff every shift.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. Staff were observed greeting consumers in a friendly manner, and said the service is very much consumer driven.

Management described the process to ensure that staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Consumers and representatives said that staff are effective in their roles.

Consumers or representatives did not identify any additional training that staff needed and confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe quality care and services. A review of completion rates for mandatory education demonstrated that most staff had completed their education requirements. Staff said they are encouraged and supported to undertake training they require to enhance their knowledge and performance.

Documents demonstrated staff performance appraisals are up to date and conducted regularly on an annual basis where their performance is assessed, monitored, and reviewed. Staff described the performance appraisal process and said it is a positive experience.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they are engaged in the development, delivery and evaluation of care and services through resident and relative meetings. Regular consumer surveys undertaken by the service and case conference records demonstrated input from consumer and representatives into the design and delivery of care and services.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the board is kept informed by the service. This is achieved through analysis of site-based audits, monitoring of clinical indicators and bench marking across all services in the organisation to identify and address wider trends.

The service had an effective organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, this is monitored by the board via monthly reports and an annual budget is set. Management had delegated authority of local expenses.

The service had an effective risk management systems and practices for identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The service had a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and provided examples of how it applied to their day-to-day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)