Performance

Report

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| Name: | Orange Grove Care Community |
| Commission ID: | 2809 |
| Address: | 152 Sieben Drive, ORANGE, New South Wales, 2800 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1164 Orange Grove Care Community |

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 prepared by Therese Solomon, 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 Assessment contact (performance assessment) – 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 team’s report received 31 October 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |

Findings

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents occur. Review of care documentation demonstrated evidence of comprehensive care plan evaluation and review processes. The Assessment Team found care and services are regularly reviewed for effectiveness during the scheduled care plan evaluation process and when care needs, preferences, and circumstances change.

Consumers and/or representatives were complimentary of the care and services provided by the service, and stated they are informed when incidents occur and when changes to care and services are required due to a change in their circumstances or preferences.

# 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. | Compliant |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that consumers get safe and effective personal care, clinical care, and that care delivered is best practice and tailored to consumer needs.

Consumers and/or representatives reported their satisfaction with personal and clinical care provided by the service, and felt the care was safe and personalised for their needs. The Assessment Team identified that the service is currently providing effective care and follow-up assessments to consumers who experience incidents such as falls and changed behaviours.

The service has processes and procedures in place to monitor restrictive practices including three monthly reviews of consumers on psychotropic medications by their general practitioner in line with the service policy, discussion with consumers and/or representatives to gain informed consent to use restrictive practices and behaviour charting. The service uses a psychotropic monitoring tool to ensure clinical oversight of consumers whose care involves the use of psychotropic medications and the effectiveness of these medications. A review of care notes of sampled consumers with changed behaviours reflects behaviour support plans are in place to manage changed behaviours and behaviour charting is used to monitor changing behaviours.

Staff demonstrated knowledge of consumer’s personal and clinical care needs and was able to explain how they tailor care and services to support individual consumers’ health and wellbeing.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)