Paynesville Gardens Care Community

Performance Report

3-5 Fort King Road   
PAYNESVILLE VIC 3880  
Phone number: 03 5156 7634

**Commission ID:** 4526

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 30 August 2022

**Date of Performance Report:** 20 September 2022

# Performance report prepared by

L Glass, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 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 service was found non-complaint in Requirements 2(3)(a) and 2(3)(e) at a Site Audit conducted in July 2021.
* An Assessment Contact – Desk dated 22 December 2021 that found the service had not returned to compliance in Requirements 2(3)(a), 2(3)(e) and 8(3)(d). 2(3)(a), 2(3)(e) and 8(3)(d) as non-complaint. The service was issued with a non-compliance notice on 3 March 2022 following the findings.

# 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 two Requirements of this Quality Standard and provided evidence the service meets Requirements 2(3)(a) and 2(3)(e).

An overall rating for this Quality Standard is not given as only two of the five specific Requirements have been assessed.

## 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.*

The service was previously found to have ongoing Non-compliance in this Requirement at the last assessment contact. The service has demonstrated effective actions have been undertaken to address the previously identified deficits.

The service demonstrated improvements in the assessment and planning for consumers' care and services, including consideration of risks. The Assessment Team found while care planning documentation was not always personalised to the individual consumer and was at times generic, staff were knowledgeable of sampled consumers' risks and their care needs. They could describe strategies to prevent incidents from occurring and ensure the delivery of safe and effective care to consumers sampled for review.

The Assessment Team sighted the service’s ‘resident admission pathway’ document and various policies and procedures about assessment of consumer care needs and risks. Clinical staff and management could explain the assessment and care planning process for new residents and when consumers’ care, needs and preferences change. Care planning documentation sighted confirmed the policies, procedures and processes were being followed.

Based on the information outlined above I find the service is Compliant with Requirement 2(3)(a)

### Requirement 2(3)(e) Compliant

*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.*

The service was previously found to have ongoing Non-compliance in this Requirement at the last assessment contact. The service has demonstrated effective actions have been undertaken to address the previously identified deficits.

The Assessment Team found the service demonstrated improvements in processes to ensure consumers’ care needs are reviewed regularly for effectiveness, following change and when incidents occur. The review of incident data and care documentation reflected incidents were promptly recorded and, consumers' care needs and preferences were updated following a change or an incident.

Consumers and representatives interviewed reported satisfaction with the effectiveness of the care and services and the responsiveness of staff to needs, goals and preferences. Staff could describe and explain the needs and preferences for identified consumers.

Based on the information outlined above I find the service is Compliant with Requirement 2(3)(e).

# 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

The Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service meets Requirement 8(3)(d).

An overall rating for this Quality Standard is not given as only one of the five specific Requirements have been assessed.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was previously found to have ongoing Non-compliance in this Requirement at the last assessment contact. The service has demonstrated effective actions have been undertaken to address the deficits identified previously.

The Assessment Team found the service demonstrated it has improved components of its risk management system, including incident and clinical governance reporting, and is effectively monitoring high impact and high prevalence risks associated with all consumer’s care.

Management provided a documented risk management framework, including policies describing how high impact or high prevalence risks are managed and how the abuse and neglect of consumers is identified, reported and investigated. The Assessment Team reviewed incident data, and management described how they review incidents, including an evaluation of the outcome and; how immediate action is taken.

Staff could explain the process of reporting incidents, their role in reporting of serious incidents risk scheme (SIRS) to clinical staff or management, where to find related policies, and provided examples of relevance to their work. Staff also described how they would report an incident to clinical staff, for example, when a consumer has a fall.

Consumers described how they felt safe, informed, and supported after an incident.

Management said incidents involving consumers are discussed with the consumer or their nominated representative as soon as possible after they occur, including an apology and discussion on how to prevent a recurrence. Review incident documentation demonstrates that an open disclosure approach is applied.

Based on the information outlined above I find the service is Compliant with Requirement 8(3)(d).

# 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.