Serene Residential Care Services

Performance Report

1 Myzantha Street   
LOCKLEYS SA 5032  
Phone number: 08 8443 7733

**Commission ID:** 6820

**Provider name:** Blu Dawn Pty Ltd

**Assessment Contact - Site date:** 9 July 2020

**Date of Performance Report:** 4 August 2020

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-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; 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 provider’s response to the Assessment Contact - Site report received 21 July 2020.

# STANDARD 3 COMPLIANT 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 Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant.

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed. The following examples were provided by the consumers and/or representatives during interviews with the Assessment Team:

* the care and services are very good, and the staff are supportive.
* their relatives are seen by medical officers regularly and referred to allied health services when needed.
* that the staff are good and support their care and service requirements.

The Assessment Team found the service has policies and processes to effectively manage high impact or high prevalence risks associated with the care of each consumer.

Clinical staff interviewed by the Assessment Team demonstrated how risks associated with the care of consumers, such as falls, challenging behaviours and diabetic management are identified, assessed and managed.

The staff interviewed by the Assessment Team showed they were knowledgeable about their role in relation to specific consumer’s risks and could describe the care and monitoring processes in place.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

# STANDARD 8 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(c) in Standard 8 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 8 and find the service does not comply with Requirement (3)(c). I have provided my reasons for my decision in the specific Requirement.

The Assessment Team found the Facility manager was not able to demonstrate required processes for mandatory reporting of allegations were followed. While the management investigated and identified the allegation was not founded, the allegation was not reported.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The Assessment Team found the service did not meet this Requirement. The Assessment Team evidenced that while the service provider has policies and procedures in place to identify and report allegations of unreasonable use of force, a complaint alleging a staff member was rough and pushed a consumer was not reported, as per the reportable assault requirements. Staff were aware of and demonstrated the correct processes for reporting and escalating allegations, however, the Facility manager did not report the allegation in accordance with compulsory reporting requirements. The Facility manager interviewed by the Assessment Team said they had investigated the allegation and found the allegation was not substantiated and therefore did not need reporting.

The approved provider’s response indicated they do not dispute the issues and subject matter and provided further clarifying information inrelation to the issues in the Assessment Team’s report. The approved provider stated the Assessment Team’s finding is not systematic and is an isolated case. The service has developed an action plan that addresses the deficiencies from the Assessment Contact. Any future allegation or suspension of physical or sexual assault on a reasonable ground will be reported to the local police and the Commission as soon as practicable with 24 hours as per the organisation’s policy and legislation requirement regardless of whether the allegation was true or false. The Facility manager and Clinical nurse will have the responsibility to submit compulsory reports.

Based on my review of the Assessment Team’s report and approved provider’s response, I am satisfied the service does not comply with this Requirement. I acknowledge the approved provider’s commitment to address the issues in the Assessment Team’s findings, however, the processes and systems to monitor compulsory reporting did not identify the incident that occurred on 26 May 2020 and hence was identified by the Assessment Team on the day of the Assessment Contact on 9 July 2020, two months after the incident. The service then did not report the incident until 20 July, 11 days after the visit.

# 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.

### 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.

The organisation must demonstrate effective organisation wide governance systems relating to regulatory compliance in relation to compulsory reporting.