



Opal Annandale

Performance Report

76 Johnston Street
ANNANDALE NSW 2038
Phone number: 02 8585 1900

Commission ID: 2516

Provider name: DPG Services Pty Ltd

Assessment Contact - Site date: 12 August 2020 to 13 August 2020

Date of Performance Report: 9 October 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 2 Ongoing assessment and planning with consumers	Non-compliant
Requirement 2(3)(e)	Non-compliant
Standard 3 Personal care and clinical care	Non-compliant
Requirement 3(3)(a)	Non-compliant
Requirement 3(3)(b)	Compliant
Standard 4 Services and supports for daily living	Non-compliant
Requirement 4(3)(d)	Non-compliant
Standard 7 Human resources	Non-compliant
Requirement 7(3)(b)	Non-compliant
Standard 8 Organisational Governance	Non-compliant
Requirement 8(3)(d)	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 Approved Provider's response to the Assessment Contact - Site report received 4 September 2020.



STANDARD 2

NON-COMPLIANT

Ongoing assessment and planning with consumers

Consumer outcome:

1. 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:

2. 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

While care and services are reviewed regularly according to a schedule, the process was seen not to be effective in relation to behaviour management. When changes occur, effective reassessment has not occurred for the consumers sampled.

The Assessment Team assessed one of the five requirements.

A decision of non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

Assessment of Standard 2 Requirements

Requirement 2(3)(e)

Non-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 Assessment Team has provided information that the service is unable to demonstrate the care and services for consumers is reviewed for effectiveness when circumstances change and when incidents impact on the needs, goals and preferences of the consumer.

I have considered the Assessment Team's report and the Approved Provider's response including the comprehensive range of documentation in their submission.

STANDARD 2 NON-COMPLIANT

Ongoing assessment and planning with consumers

I acknowledge the Approved Provider strongly disagrees with the Assessment Team's findings. However, I am not persuaded that in their response that they adequately addressed the key issues raised in the report. I find there were deficiencies in the review of consumers following incidents which impacted on their ongoing needs, preferences and goals. This included the development of a shared plan of care with a service jointly providing support to a consumer. In my view this resulted in a lack of cohesion in the review and ongoing care of an identified consumer.

I find that the Approved Provider is non-compliant with this requirement.



STANDARD 3 NON-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:

2. 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 found most consumers (or representatives on their behalf) said they get the care they need. They also identified where care was not best practice, meeting the needs of some consumers and therefore does not optimise their health and well-being.

The Assessment Team assessed two of the seven requirements under this Standard.

A decision of non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

Assessment of Standard 3 Requirements

Requirement 3(3)(a)

Non-compliant

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) *is best practice; and*
- (ii) *is tailored to their needs; and*
- (iii) *optimises their health and well-being.*

The Assessment Team found not all clinical care was best practice for the consumers sampled and did not consistently optimise their health and wellbeing, including in relation to behaviour management. They also raised issues regarding wound care, the use of chemical restraints, pain management and behaviour management.

STANDARD 3 NON-COMPLIANT

Personal and clinical care

I am satisfied with the Approved Provider's response in relation to the issues identified regarding wound management, pain management and chemical restraint and I have not identified concerns in relation to these matters.

However, I am not satisfied the management of a consumer's behaviour, as recorded in the report and responded to by the Approved Provider, is best practice. There was sufficient evidence to show there was a change in this consumer's behaviour prior to a major incident involving them. An allied health report, dated approximately 5 weeks prior to this event and submitted in the Approved Provider's response, identified this consumer presented a risk to himself and others. I am not persuaded information in the report was adequately followed up or sufficient actions taken by the service to address the matters raised. In addition, there was information provided to the Assessment Team that other consumers were concerned about this consumer's behaviour, including a consumer alleging they were followed and hit by this consumer within the service.

I find this demonstrated a gap in the timely and appropriate implementation of strategies to manage the behaviours of consumers living with dementia, where their condition is deteriorating and including timely actions to minimise the risk of behaviours escalating or reoccurring.

I find that the Approved Provider is non-compliant with this requirement.

Requirement 3(3)(b)

Compliant

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

The Assessment Team found some key high impact or high prevalence risks were being identified in care planning documentation. However, they found this was not being consistently or effectively managed in practice. For example, in regard to monitoring one consumer's weight loss and managing their nutritional requirements.

The Approved Provider's response indicated that an identified consumer makes their own choices in regard to when and what they eat. It provided information to support the consumer had not, when reviewed over 2020, significantly lost weight and that their weight was being monitored.

I find that the Approved Provider is compliant with this requirement.



STANDARD 4 NON-COMPLIANT

Services and support for daily living

Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Assessment of Standard 4

The Assessment Team sampled the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Information about the consumer's condition, needs and preferences is not communicated effectively within the organisation, and with external service providers that also have responsibility for care.

The Assessment Team assessed one of the seven requirements under this Standard.

A decision of non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

Assessment of Standard 4 Requirements

Requirement 4(3)(d)

Non-compliant

Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team provided evidence where the service did not adequately demonstrate the needs and preferences of a consumer were communicated within the organisation and with others where responsibility for care is shared.

STANDARD 4 NON-COMPLIANT

Services and support for daily living

I acknowledge the submission from the Approved Provider detailing how the service attempted to access a support plan from an external body for an identified consumer. In my view this was insufficient in ensuring a joint approach to addressing the needs of this consumer. In their response the Approved Provider did not sufficiently demonstrate that the sharing of information was adequate to support the ongoing care of the consumer concerned.

I find that the Approved Provider is non-compliant with this requirement.



STANDARD 7

Human resources

NON-COMPLIANT

Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Assessment of Standard 7

The Assessment Team sampled the experience of consumer's and how the organisation understands and applies the individual requirements within this Standard. The Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

While there was some positive feedback about staff members and recent improvements, feedback was received that not all staff interactions are kind, respectful or caring.

The Assessment Team assessed one of the five requirements under this Standard.

A decision of non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

Assessment of Standard 7 Requirements

Requirement 7(3)(b)

Non-compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

The Assessment Team received feedback from consumers (or representatives on their behalf) that staff are not always supportive and at times are unkind and disrespectful. The Assessment Team identified incidents involving staff and consumers. Although the service dealt with these incidents, and in the Approved

STANDARD 7 NON-COMPLIANT

Human resources

Provider response it gave further evidence of actions taken, I am not satisfied this adequately addressed the issues raised by the Assessment Team.

I acknowledge the Approved Provider's evidence that the service's general manager, from their commencement earlier in 2020, identified some behaviours and the performance by staff was unacceptable and has made efforts to address these. The Approved Provider has acknowledged the need to provide repeated education around mandatory reporting to ensure staff are aware of their responsibilities. At the time of the visit, consumers were still raising issues regarding staff behaviour and practices. In my view the service needs time to demonstrate the changes implemented to address this are effective and can be sustained.

I find that the Approved Provider is non-compliant with this requirement.



STANDARD 8 Organisational governance

NON-COMPLIANT

Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

2. The organisation's governing body is accountable for the delivery of safe and quality care and services.

Assessment of Standard 8

The organisation has policies and procedures to direct staff and management in identifying and responding to abuse and neglect of consumers. These policies and procedures are not consistently followed by staff and management including in relation to responding to allegations of consumer assault. The organisation has not demonstrated it took adequate actions sufficient to address the issues raised by the Assessment Team.

The Assessment Team assessed one of the five requirements under this Standard.

A decision of non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

Assessment of Standard 8 Requirements

Requirement 8(3)(d)

Non-compliant

Effective risk management systems and practices, including but not limited to the following:

- (i) *managing high impact or high prevalence risks associated with the care of consumers;*
- (ii) *identifying and responding to abuse and neglect of consumers;*
- (iii) *supporting consumers to live the best life they can.*

The Assessment Team found deficiencies in the staff and management of the service's application of policy and procedure in how they addressed areas such as elder abuse and mandatory reporting. They also identified deficiencies in the

STANDARD 8 NON-COMPLIANT

Organisational governance

recording of information in these areas. I acknowledge in their response the Approved Provider does not agree with the Assessment Team's findings on these matters. The Approved provider believes appropriate actions were taken to address the matters raised. However, I am not satisfied that the management and staff at the service demonstrated sufficient understanding of their roles and responsibilities in managing elder abuse or mandatory reporting. Although the organisation has taken actions to address this, I believe it needs further time to demonstrate the actions taken are timely, effective and can be sustained. In particular the organisation's ongoing monitoring and review of education and practices of staff and management in these areas.

I find that the Approved Provider is non-compliant with this requirement.



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.

Standard 2

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.

- Ensure that 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 but not limited to behavioural management
- Ensure processes are developed to monitor the sustainability of improvement activities.

Standard 3

Requirement 3(3)(a)

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) optimises their health and well-being.*

- Ensure each consumer gets safe and effective clinical care that is best practice, is tailored to their needs optimises their health and well-being, including but not limited to behavioural management
- Ensure processes are developed to monitor the sustainability of improvement activities.



Standard 4

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.

- Ensure that Information about the consumer's condition, needs and preferences is communicated within the organisation and particularly with others where responsibility for care is shared
- Ensure processes are developed to monitor the sustainability of improvement activities.

Standard 7

Requirement 7(3)(b)

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

- Demonstrate, through support to the workforce, that their interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity
- Ensure processes to monitor improvement activities are developed and implemented.

Standard 8

Requirement 8(3)(d)

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high impact or high prevalence risks associated with the care of consumers;*
- (ii) identifying and responding to abuse and neglect of consumers;*
- (iii) supporting consumers to live the best life they can.*
- Ensure that risk management systems are effective, particularly in relation to identifying and responding to abuse and neglect of consumers, including monitoring and ensuring staff receive appropriate training and that such training is effective, supports best practice and is timely.
- Ensure processes are developed to monitor the sustainability of improvement activities.