AdventCare Whitehorse

Performance Report

163-165 Central Road
NUNAWADING VIC 3131
Phone number: 03 9259 2000

**Commission ID:** 3044

**Provider name:** Seventh-day Adventist Aged Care (Victoria) Ltd

**Assessment Contact - Site date:** 8 December 2020

**Date of Performance Report:** 24 January 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 14 January 2021.

# STANDARD 3 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 Assessment team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The service has effective processes to minimise infection related risks.

The Requirement 3(3)(g) is assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team recommended the service as non-compliant in this requirement and included evidence that some staff practices did not align with infection control guidelines specifically in relation to the wearing of face masks. The assessment team also noted no separation in one of the donning/doffing areas and wipes not available in an equipment area. The provider’s response provided additional information in relation to the Assessment Team’s observations during the assessment contact. Taking this information into consideration, I find on balance the service complies with this requirement.

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The service has an overarching risk management framework. Risks are reported, escalated and reviewed by management and reported to the Board. The service has a mandatory reporting procedure, maintains a mandatory reporting register and staff have education in reporting requirements. Management discussed improvements to consumers’ care resulting from consumer/representative feedback to support consumers to live the best life they can.

The additional information provided by the service demonstrated processes to ensure effective workforce governance.

The Requirements 8(3)(c) and 8(3)(d) are assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 recommended the service as non-compliant in this requirement and included evidence that the service was unable to demonstrate effective workforce governance in relation to staff infection control practices and health advice followed by management. The provider’s response supplied additional information in relation to the service’s workforce governance. Taking the information into consideration, I find on balance the service complies with this requirement.

### 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.*

# 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.