Albany Community Care Centre

Performance Report

73 Hardie Road   
ALBANY WA 6330  
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**Commission ID:** 500090

**Provider name:** Albany Community Care Centre Inc

**Assessment Contact - Site date:** 4 November 2020 to 5 November 2020

**Date of Performance Report:** 5 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | 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 1 December 2020.

# 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:

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 Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not meet Requirement (3)(a) in relation to Standard 3 Personal care and clinical care. All other Requirements in relation to this Standard were not assessed. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) and have provided reasons below in the relevant Requirement.

### 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:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found the service does not have effective systems to ensure each consumer is delivered safe and effective personal care and clinical care in line with best practice and to optimise the consumers’ health and well-being. Relevant evidence included:

* The service does not have appropriate policies and procedures available to staff to guide them in the assessment, delivery and management of consumers’ personal care and clinical care needs.
* One consumer did not have their existing wound monitored, reviewed or documented appropriately or consistently to identify change and inform safe and effective wound care in line with best practice. The consumer’s wound deteriorated requiring hospitalisation and the service did not review, monitor and record the changes in the wound care. The consumer had pain assessment completed, however the result of the pain assessment was not communicated or used to inform the delivery of care.
* One consumer did not have their continence managed in line with their preferences and needs and the consumer and their representatives were not satisfied with how the service managed the consumer’s continence needs. The service did not complete an incident form following staff identifying a significant bruise requiring further medical investigation.
* Clinical staff responsible for assessment and monitoring of consumer care confirmed they have had increased workloads.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and are committed to implementing improvements to address the deficits including review of clinical staff workloads and clinical resources and support.

At the time of the Assessment Contact the service did not have effective systems including the provision of appropriate policies and procedures to guide staff in the management and delivery of personal and clinical care. One consumer did not have appropriate monitoring and management of an existing wound for a significant period of months including while the wound deteriorated and became infected. One consumer was not satisfied the service provided continence care which was tailored to their needs to optimise their health and well-being.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

# STANDARD 4 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:

1. 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 assessed Requirement (3)(f) in relation to Standard 4 Services and supports for daily living and found the service meets this Requirement. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(f).

The Assessment Team found consumers interviewed were satisfied with the meals they receive including the supports from the service to shop, prepare and eat meals which are of good quality and suitable to their needs. The service identifies and records the dietary and meal requirements and required supports of the consumer in the care plan.

All Requirements in this Standard were not assessed therefore an overall assessment of this Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

# 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 found the service did not meet Requirement (3)(c) in relation to Standard 8 Organisational governance. All other Requirements in relation to this Standard were not assessed. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(c) and have provided reasons below in the relevant Requirement.

## 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 has effective organisational governance systems in relation to continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the service did not demonstrate it has effective information management systems or workforce governance systems. Relevant evidence included:

* In relation to information management, staff do not have access to policies and procedures to guide them in performing their roles. There is no documented guidance on completing incident reports. Consumer information including incidents of bruising, wound monitoring and preferences in relation to continence are not effectively documented or communicated.
* In relation to workforce governance the service does not have effective monitoring processes to monitor staff performance in completing their roles resulting in deficits in staff practice not being identified. The service has had an increase in workload, however, has not effectively identified or actioned the impact to the existing workforce.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team and are committed to implementing improvements and actions to address the deficits. The service is reviewing resources, staffing and supports they can access to address the increase in staff workload and provide guidance for staff on performing their roles.

At the time of the Assessment Contact the service did not have effective information management systems as there were no documented policies and procedures to guide staff and information relating to consumers’ care was not effectively documented or communicated. The service did not have effective processes to monitor their workforce including identifying deficits in staff practice or implementing actions when staff workloads increase.

Based on the summarised evidence above, I find the service Non-compliant in 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 3 Requirement (3)(a): Ensure staff have clear guidance and procedures on delivering safe and effective personal and clinical care including access to best practice guidelines on the management of wounds, reporting of incidents and delivering continence care in line with consumers’ preferences.
* Standard 8 Requirement (3)(c): Ensure the service has appropriate and accessible policies, procedures and guidance tools to direct the delivery of care and services including the recording and management of incidents and consumer information. Ensure the service implements monitoring processes to identify deficits in staff practice and reviews and actions increases in staff workloads.