Albany Community Care Centre

Performance Report

73 Hardie Road   
ALBANY WA 6330  
Phone number: 08 9841 8668

**Commission ID:** 500090

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

**Assessment Contact - Site date:** 27 May 2021

**Date of Performance Report:** 8 August 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 18 June 2021

# 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 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 was unable to demonstrate they provide each consumer with safe and effective clinical care that is tailored to consumers’ needs. The service does not use assessment tools to identify consumers’ clinical care needs when they enter the service or when their condition changes or deteriorates. This includes in relation to the safe and effective management of skin care, pain management, deterioration of condition, and management of consumers at risk of a fall. Consumers do not have a support plan to guide staff in personal and clinical care that is based on best practice or tailored to optimise consumers’ health and well-being. Consumers and representatives were satisfied and reported positively regarding care provided by the service, but the Assessment Team identified that support plans for safe and effective personal and clinical care, tailored to consumers’ needs are not provided to support workers. One consumer said they had not discussed having regular skin checks, or staff noting and reporting their increase in pain. Coordinating staff said they had not discussed using any clinical tools such as checklists or assessments to alert registered staff of consumers at clinical risk.

The approved provider in their response has provided corrective actions taken and planned to be taken to address the issues. I acknowledge the response from the provider but I find that at the time of the visit the service did not meet this requirement.

# 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 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 service was unable to demonstrate it has addressed all deficits identified from the Assessment Contact in November 2020. While the service has begun consolidating its policies and procedures and has introduced a wound management procedure, the service was unable to demonstrate effective oversight of staff in relation to the correct completion of incident reports. Further, the service was unable to demonstrate it has clinical assessment tools available for staff to use to address consumer needs; that assessments of consumer needs are completed in a timely manner.

The approved provider in their response has provided corrective actions taken and planned to be taken to address the issues. I acknowledge the response from the provider but I find that at the time of the visit the service did not meet 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.

* Ensure that each consumer is provided with safe and effective clinical care that is tailored to the consumers’ needs.
* Implement effective organisation wide governance systems relating to continuous improvement and workforce governance, including the assignment of clear responsibilities and accountabilities;