Allawah Lodge

Performance Report

Cnr Mirrool St & Stinson Streets
COOLAMON NSW 2701
Phone number: 02 6927 3477

**Commission ID:** 0306

**Provider name:** Coolamon Shire Council

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

**Date of Performance Report:** 28 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 December 2020

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

The Assessment Team found that the service demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer. The service had previously been non-compliant with this requirement.

The Assessment Team provided information that care planning documents and staff interviews generally demonstrated the service identifies and manages the high impact and high prevalent risks associated with consumer’s care. This includes consumer risks of falls, pain, pressure injuries, diabetes management, and behaviour management. The service refers consumers to their medical officer or specialists for clinical review and recommendation to assist in managing these risks associated with their care. Management demonstrated organisational processes to monitor, analyse and respond to high impact and high prevalence risks for consumers.

I am of the view that the approved provider complies with this requirement as the service adequately demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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.