Alphington Aged Care

Performance Report

9-11 Old Heidelberg Road
ALPHINGTON VIC 3078
Phone number: 03 9499 8522

**Commission ID:** 3242

**Provider name:** Mali Nominees Pty Ltd

**Assessment Contact - Site date:** 15 December 2020

**Date of Performance Report:** 6 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 dated 5 January 2021.

# STANDARD 3 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

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.

The Assessment Team provided evidence that consumers consider they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed expressed satisfaction with the personal and clinical care provided for consumers and are satisfied that referrals to general practitioners and allied health practitioners occur and any hospital transfer required is promptly actioned.

Documentation review evidenced clinical oversight of care delivery and actions being taken in response to any deterioration in the consumer’s health or wellbeing, including taking specialist advice as needed.

Staff provided examples of tailored care and how they consider and manage risks to the consumer’s health and wellbeing in line with the decisions of the consumer and/or their representative. Staff described the service’s palliative care approach and how they are made aware of and support the consumer’s end of life wishes.

Information is appropriately shared with others involved in the consumer’s care.

The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate prescribing of antibiotics.

The Assessment noted the service is actively reducing the use of psychotropic medication noting a 10% decline in the months preceding the visit. However, it was also noted that staff do not always document non-pharmaceutical strategies for consumers prior to the administration of psychotropic medication. The provider submitted evidence outlining how they are strengthening the service’s approach.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 noted that staff do not always document non-pharmaceutical strategies trialled by staff, prior to the administration of psychotropic medication and an opportunity to improve this aspect of Requirement (3)(3)(a).

The provider submitted evidence outlining how they are strengthening the service’s management approach in this regard and are committed to a best practice approach.

The provider’s response notes an evidence-based staff education program, increased clinical oversight and increased auditing to monitor staff practice aligns with best practice.

The provider has advised of adjustments to the service’s medication monitoring tool making it more effective for monitoring the use of psychotropic medication.

The service has demonstrated it has used the feedback of the Assessment Team to improve this aspect of medication management. This improvement supports the work already undertaken by the service in reducing the use of psychotropic medication as demonstrated by a 10% reduction in use in two months.

Based on the evidence summarised above the service complies 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’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

### Requirement 3(3)(e) Compliant

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

The Assessment Team’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

### 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’s report and provider’s response provides evidence through interview, documentation review and/or observation that the service complies with this requirement.

# 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.