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:** 22 March 2021

**Date of Performance Report:** 28 April 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)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 12 April 2021
* the infection control monitoring checklist.

# 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

Overall consumers and representatives provided positive feedback about the various ways they get personal and clinical care. They said it is tailored to their needs, safe and effective. Consumers are satisfied with their wound care and pain management which evidence use of best practice principles.

Documentation shows collaboration with medical practitioners, allied health and other specialist services.

The use of chemical restraint is assessed and monitored and reviewed however the service did not clearly document consumer or representative involvement. An action plan submitted in response to the Assessment Team report demonstrates a review has been undertaken and appropriate consultation has taken place.

The service identifies consumers who may experience high impact and high prevalence risks such weight loss and falls. They are assessed and strategies to reduce risk to the consumer are initiated and reviewed.

The service identifies consumers who may experience high impact and high prevalence risks such falls, weight loss, swallowing problems, diabetes management and oxygen usage. Consumers are assessed and strategies to reduce risk to the consumer are initiated and reviewed.

The overall Quality Standard is not assessed as only two of the seven specific requirements have been assessed.

# STANDARD 3 Personal care and clinical care

### 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.*

### Requirement 3(3)(b) Compliant

### *Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall sampled consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives interviewed described being confident that staff are skilled and the number of staff sufficient to meet their care needs. A small proportion of consumers provided feedback in relation to staff being busy during the morning meal service.

Staff provided feedback that vacant shifts are generally filled by permanent staff willing to work additional shifts. Agency staff are utilised if permanent staff are not able to be sourced. A review of the rosters demonstrated all vacant shifts in the previous week were filled with permanent staff.

Most consumers said they receive care and services when required and don’t have to wait long for responses to the call bell. The Assessment Team found the service does not have the infrastructure enabling the recording of response times to call bells and sensor mat alarms. In response to the Assessment Team report a records system has been implemented.

The overall Quality Standard is not assessed as only one of the five specific requirements have been assessed.

# STANDARD 7 Human resource

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

# 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

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The governance system is led by the Chief Executive Officer. The Chief Executive Officer has oversight of the organisation’s operations and finance. The facility manager has accountabilities for clinical governance and is responsible for the continuous improvement management system.

The service demonstrated processes in place to mitigate risks to consumers. The governance framework includes clinical care with clearly defined roles and reporting structures. Committees include a medication management committee and residents and representative’s committee. Meeting minutes evidence the committees meet regularly, and relevant information is tabled, considered and actions taken.

The overall Quality Standard is not assessed as only one of the five specific requirements have been assessed.

## 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;*

# STANDARD 8 Organisational governance

1. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
2. *regulatory compliance;*
3. *feedback and complaints.*

# 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.