Braemar Cooinda

Performance Report

31 Moorhouse Street
WILLAGEE WA 6156
Phone number: 08 6279 3600

**Commission ID:** 7450

**Provider name:** The Commissioners of the Presbyterian Church in WA

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

**Date of Performance Report:** 1 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **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 November 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers, which was found Non-compliant following an Assessment Contact conducted on 27 May 2020. The Assessment Team found the service now meets Requirement (3)(a), based on the Assessment Team’s report I find the service Compliant with Requirement (3)(a) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service was found Non-compliant with this Requirement following an Assessment Contact conducted on 27 May 2020 as the service did not demonstrate effective assessment and planning, including consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. The service has implemented appropriate actions to address the deficits, including:

* Education and training for staff including clinical documentation, review and record keeping.
* Additional clinical staff support and oversight.
* Ongoing assessment and planning completed in consultation with consumers.
* Review and updates of relevant policies, procedures and guidelines.
* Increased monitoring through audits of clinical documentation and assessments and through multidisciplinary meetings and handovers.

The Assessment Team found the improvements and actions implemented by the service have been effective at addressing the deficits. All consumer assessments and plans viewed were completed and reflective of consumers’ current needs including identifying and recording strategies to manage risks. Consumers and their representatives interviewed confirmed staff involve them in assessments and planning of care, including on entry to the service and when a change occurs. Staff interviewed confirmed the assessment process including the involvement of other health professionals in assessing and planning consumers’ care and services.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

# 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

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care, which was found Non-compliant following an Assessment Contact conducted on 27 May 2020. The Assessment Team found the service now meets Requirement (3)(b), based on the Assessment Team’s report I find the service Compliant with Requirement (3)(b) and have provided reasons form my decision below.

All Requirements in this Standard were not assessed and therefore an overall rating of the 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 service was found Non-compliant with this Requirement following an Assessment Contact conducted on 27 May 2020 as the service did not demonstrate effective management of consumers’ high impact and high prevalence risks, specifically associated with consumers living with dementia aggressive behaviours and falls. The service has implemented appropriate actions to address the deficits, including:

* Education and training for staff including on dementia and managing behaviours.
* Review of consumers’ psychotropic medications prescribed and used in the management of behaviours.
* Additional clinical oversight and monitoring including through supervision, auditing of care plans including review of effectiveness of behaviour management strategies and discussion of consumers with high impact risks and changed needs at handovers and meetings.

The Assessment Team found the improvements and actions implemented by the service have been effective at addressing the deficits. Consumers’ representatives interviewed confirmed they are satisfied the service provides safe and quality personal and clinical care and effectively manages risks associated with consumer care. Staff interviewed confirmed the additional training and demonstrated examples of strategies used to manage individual consumer’s care including known risks. Consumers’ clinical assessments and plans showed current strategies are in place to direct staff in managing consumers with known risks including behaviours, falls and weight loss.

Based on the summarised evidence above, I find the service Compliant 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.