City of Port Phillip

Performance Report

Brighton Rd   
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**Commission ID:** 300525

**Provider name:** City of Port Phillip

**Assessment Contact - Desk date:** 28 August 2020

**Date of Performance Report:** 10 September 2020

# 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** | **Compliant** |
| Requirement 2(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff.

# STANDARD 2 COMPLIANT 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 service was assessed as Non-Compliant in one of the five requirements under this Standard at the Quality Review conducted on 25 and 26 February 2020. This Assessment Contact – Desk reviewed the service’s progress in addressing the Non-Compliance.

Management have reviewed assessment and planning processes. Staff have received education on the new processes. Consumer risks are identified through the assessment, planning and risk assessment processes. Consumer support plans sampled by the Assessment Team demonstrate ongoing and/or as required review. Documentation demonstrates an audit process has been developed to monitor consumer review processes.

The Quality Standard is assessed as Compliant as the requirement assessed at this performance assessment has been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 8 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

The service was assessed as Non-Compliant in one of the five requirements under this Standard at the Quality Review conducted on 25 and 26 February 2020. This Assessment Contact – Desk reviewed the service’s progress in addressing the Non-Compliance.

Management have reviewed human resource recruitment processes. Policies and procedures have been updated in line with the review. Documentation demonstrated all staff and executive decision makers of the service have current criminal history checks.

The Quality Standard is assessed as Compliant as the requirement assessed at this performance assessment has been assessed as Compliant.

## 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;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *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.