Claremont Terrace

Performance Report

231-253 McKinnon Road
McKINNON VIC 3204
Phone number: 03 9964 9000

**Commission ID:** 3592

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 1 February 2022 to 3 February 2022

**Date of Performance Report:** 23 February 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 |

# Detailed assessment

This performance report details the Commissioner’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
* Also considered was the:
* Site Audit Report conducted from 07 April to 09 April 2021 and
* The Aged Care Quality and Safety Commission (the Commission) Performance Report, dated 22 October 2021 following an assessment contact (desk) undertaken 7 September to 14 September 2021 (the Performance Report).
* The Commission’s Assessment Contact Report relating to an assessment contact (desk) conducted from 2 September to 17 September 2021 (Assessment Contact Report).
* Non-Compliance Notice issued 21 November 2021

# 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 service was originally found non-compliant in one of the specific requirements under this Quality Standard at a Site Audit conducted from 07 April to 09 April 2021 and also subsequently at a desk assessment conducted in September 2021.

The focus of this performance assessment was to assess the service’s progress in returning to full compliance with this Quality Standard.

The Assessment Team reviewed the files of consumers who were included in the previous reports. The Assessment Team tested improvements made in relation to restrictive practices, pain and skin integrity.

The Assessment Team found the care and service provision for consumers had significantly improved due to ongoing education and training for staff and the use of effective assessment tools to monitor pain, medication effectiveness, wounds and behavioural support plans. Training included a person-centred approach and pain management.

The service has implemented strategies to assist consumers to communicate their needs through an electronic pain identification tool. Pain charting was consistently completed, post incidents of either a fall or skin tear, with verbal and electronic pain identification tools used by staff to measure pain. Wound charts were completed consistently and reviewed.

The organisation has reviewed the requirements for the use of chemical restraint in consultation with a pharmaceutical consultancy service. A review of behavioural support plans showed the service is accurately identifying and reporting triggers. Clinical documentation demonstrated the use of non-pharmacological strategies for managing challenging behaviours as the first line of management is documented consistently. Consumers subject to chemical restraint had authorisations in place from their substitute decision-makers.

The service demonstrated regular assessment of clinical monitoring for effectiveness had resulted in improved care and service provision. Referrals were made as required in a timely manner. Consumers and their representatives stated that they are happy with the care and services being provided and that pain and wound management was effective.

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)(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.*

# 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.