Colbrow Homecare

Performance Report

Unit 15, 634 - 644 Mitcham Road   
VERMONT VIC 3133  
Phone number: 1300 331 103

**Commission ID:** 300967

**Provider name:** Collins & Brown Pty Ltd

**Assessment Contact - Desk date:** 17 August 2021 to 31 August 2021

**Date of Performance Report:** 12 October 2021

# 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.

**Services included in this assessment**

**Home Care:**

* Colbrow Homecare, 26435, Unit 15, 634 - 644 Mitcham Road, VERMONT VIC 3133

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | 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, consumers/representatives and others.

# 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 found Non-complaint in two of the specific requirements under this Quality Standard at the last visit.

The focus of this desk assessment was to assess the service’s progress in returning to compliance in the non-compliant requirement/s.

The service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The Assessment Team found that two specific requirements assessed are Compliant

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

### 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 Assessment Team found that consumers and representatives interviewed said they feel risks related to their care are effectively managed. A consumer riks policy has been developed, risk assessment forms have been updated and data collection and reporting processes have been implemented. Staff interviews and documentation indicate management of high impact or high prevalence risks associated with the care of each consumer sampled are effective.

Care documentation generally reflected the delivery of care in line with the risks identified in care planning documentation. These included aspects of the consumer’s care needs such as pressure injury prevention strategies, falls, personal care, nutrition, medication management and strategies to manage behaviour and cognitive impairment. Risks associated with diagnoses or decline are documented as alerts in care plans in the service’s electronic system. These are reflected in care delivery and are responded to and managed effectively.

The Approved provider did not submit a response.

I have reviewed all the information provided and find that this requirement is Compliant. The Approved provider demonstrated actions have been taken to ensure effective consideration of high impact, high prevalence risks associated with consumers’ care, particularly consumers with complex health care needs.

### 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 found consumers, representatives are satisfied that staff recgonise and respond to deterioration or changes in consumers’ condition. Staff described how changes in consumers’ health are identified and responded to. Documentation indicates identification and appropriate care when changes occur. The Assessment Team provided examples of specific consumers and how staff responded to changes in consumers’ condition.

The Approved provider did not submit a response.

I have reviewed all the information provided and find that this requirement is Compliant. The Approved provider demonstrated that actions taken including implementation of a risk procedure including review of consumers, education to staff, implementation of a referral register and improved induction for staff have addressed previous deficits in 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.