Eldercare Trowbridge House

Performance Report

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**Commission ID:** 6103

**Provider name:** Eldercare Inc

**Assessment Contact - Site date:** 1 June 2021

**Date of Performance Report:** 2 July 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.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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 - 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.

# 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 and have recommended the Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### 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 were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers and representatives interviewed were able to describe how staff address their individual high impact or high prevalence risks.

Care planning documents sampled by the Assessment Team showed the service is effectively identifying and addressing high impact or high prevalence risks associated with the care for each consumer. This included risks in relation to managing nutrition and hydration, choking, falls, pain and medication management.

Staff sampled demonstrated an understanding of clinical risks impacting the care of consumers and described management strategies to minimise these risks.

The service has a range of policies and clinical procedures to guide staff which are available electronically.

Monitoring processes include incident analysis reports, monthly trending and analysis of incident data within the service and organisation and regular multi-disciplinary meetings. This ensures effective oversight for the provision of personal and clinical care for individual consumers within the service that is safe and right for them.

Based on the information detailed above, I find Eldercare Inc, in relation to Eldercare Trowbridge House, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 and have recommended the Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(d) and find the service Compliant with Requirement (3)(d). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team were satisfied the service demonstrated effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The organisation has an overarching risk management strategy detailing how the organisation responds to risk. The clinical governance framework, including policies and procedures sampled by the Assessment Team, shows the organisation is considering risk when developing organisational policies and procedures to deliver safe and quality care and services.

Staff interviewed were able to describe how they manage high impact or high prevalence risks associated with the care of consumers, identify incidents of abuse and neglect of consumers and how they use the incident reporting system.

Monitoring processes included a range of audits to ensure high impact or high prevalence risks associated with the care of consumers are being identified, planned for and addressed. This includes when incidents occur impacting on the care and service needs of consumers.

The organisation has an incident management system and a flow chart to guide staff in the event of an incident. A range of incidents sampled showed the service is identifying, recording and responding to incidents in line with legislative requirements. Incidents involving consumers are communicated to representatives where required. Incidents are analysed, trended and communicated through a range of forums, meetings and reports.

The service was able demonstrate they effectively manage risks associated with supporting consumers to live the best life they can. The service conducts risk assessments for consumers to support their choice and independence. Sampled risk assessments showed the service was supporting consumers to maintain their independence and is considering risk when delivering care and services.

Based on the information detailed above, I find Eldercare Inc, in relation to Eldercare Trowbridge House, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.