Future Life Care Services

Performance Report

7/93 Rokewood Crescent   
MEADOW HEIGHTS VIC 3048  
Phone number: 1800 352 273

**Commission ID:** 301025

**Provider name:** Future Life Care Pty Ltd

**Assessment Contact - Desk date:** 16 August 2021 to 23 August 2021

**Date of Performance Report:** 28 September 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:**

* HCP diverse services, 27026, 7/93 Rokewood Crescent, MEADOW HEIGHTS VIC 3048

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(f) | 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 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 did not assess all requirements and therefore an overall rating for the Quality Standrard is not provided.

The focus of this Assessment Contact – Desk was to assess compliance with Standard 3 Requirements (3)(b) and (3)(f). Both Requirements are assessed as compliant.

The service has strengthened processes to manage high impact high prevalence risk, specifically in relation to falls management.

The service has strengthened processes to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### 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:

* The service identifies potential high impact and or high prevalence clinical risk for their consumers including falls risk, infection related issues around COVID-19, and how falls could diminish the quality of life for the consumer.
* The service has also identified individual risk for specific consumers and these are recorded on risk assessments.
* Consumers/representatives provided positive feedback about action taken to mitigate falls risk.
* Management and staff described the risk assessment and review processes and involvement of other individuals/providers of services.
* Management demonstrated improvements implemented at the service since the previous assessment contact. This included a risk management policy, monitoring processes, and, education for staff, consumers and representatives.

The provider did not submit a response to the Assessment Team’s report.

Based in the information provided, I find the provider has addressed deficits in relation to the management of falls risk identified in an assessment contact conducted prior to this desk assessment. I therefore find this requirement compliant.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found:

* The service is affiliated with several specialist services.
* Documentation for consumers sampled reflected timely and appropriate referrals.
* Specialist recommendations were reflected in consumers’ care documentation.
* Consumers/representatives confirmed they have access to their medical practitioner and/or other health professionals when needed.
* Clinical staff were able to describe how they refer consumers to appropriate specialist services.

The provider did not submit a response to the Assessment Team’s report.

Based in the information provided, I find the provider has addressed deficits in referrals to individuals, other organisations and providers of other care and services identified in an assessment contact conducted prior to this desk assessment. I therefore find this requirement compliant.

# 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.