Grace of Mary Greek Cypriot Elderly Hostel

Performance Report

190-200 McDonalds Road   
EPPING VIC 3076  
Phone number: 03 9408 8169

**Commission ID:** 3527

**Provider name:** The Community of Cypriots of the Northern Suburbs of Melbourne Inc

**Assessment Contact - Site date:** 27 April 2021 to 28 April 2021

**Date of Performance Report:** 25 May 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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.
* The provider’s response to the Assessment Contact - Site report received on 14 May 2021.

# STANDARD 2 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

An overall rating for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Care plan development is timely and includes comprehensive consumer assessments, including consideration of risks to the consumer's health and well‑being. Staff understand consumer risks and described strategies to ensure safe and effective care.

A comprehensive range of assessments are available to staff. These include standardised validated assessments for pain, falls risks, skin integrity, nutrition and hydration, and psychological and cognitive assessments.

Care plans are individualised and specific to each consumer's health and well-being. For example, risks such as allergies, sensitivities, falls and wandering behaviours are identified, assessed and documented.

### 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.*

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

All care plans sampled showed evidence of review on a regular basis and following any incident occurring. Changes to assessments and care planning are made as required.

Representatives said they are contacted frequently and kept informed of all incidents or changes in consumer care needs. They advised they are involved in reviewing care.

Nursing staff described how they commence charting for consumers following an incident such as pain or responsive behaviours. They described how the charting is completed and evaluated, and how the information is used to update assessments and care plans.

# 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

An overall rating for this 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.*

Care documentation generally informs best practice management of care. Progress notes include assessments by allied health professionals, and inform individualised care that is safe, effective and tailored to specific consumer needs and preferences. All consumer files reviewed included validated risk assessments, monthly care plan reviews and records of multidisciplinary care conferences.

Staff described individual clinical and personal care needs for consumers and how care is tailored to meet these needs. Nursing staff said they know that care is safe and effective as they review individualised assessments regularly and following any incidents. All representatives interviewed said consumers receive the care they need.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumer representatives said consumers feel safe, and risks relating to their care are well managed. Staff interviews and documentation reviewed indicate management of high impact or high prevalence risks associated with the care of each consumer is well managed.

Key risks identified in care planning documentation include falls, behaviours including wandering, nutrition, skin integrity, bed poles and furniture. Risks associated with diagnoses or decline are documented in care plans. Care plans reference specialists and allied health assessments, and recommendations from other services.

The organisation trends, analyses and responds to high impact or high prevalence risks by analysing clinical data.

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

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

Consumers, representatives and staff are satisfied referrals occur to health professionals when required and are completed in a timely manner. There are a range of services available, and referrals occur as needed. All sampled consumer files, where the consumer has experienced a recent fall, were referred to the medical practitioner and physiotherapist for review.

Consumers are referred to health professionals such as their medical practitioner and other allied health professionals according to their needs and preferences.

Allied health staff and medical practitioners were observed at the service throughout the visit.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

An overall rating for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Representatives said staff are capable, trained and equipped to undertake their roles, and supported to deliver quality outcomes for consumers. The identification and monitoring of staff training needs and education is effective.

Management explained how they identify training needs through monthly audits, and by reviewing feedback from consumers and representatives.

The service undertakes routine training needs analysis following identification of trends through monthly auditing. Identified staff training needs are included in the training schedule.

# 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

An overall rating for this Quality Standard is not provided.

## 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 service has a risk framework identifying high impact and high prevalence risks and abuse or neglect of consumers. There are processes in place to ensure action is taken and consumers are supported to live the best life they can. Risks are reported, escalated and reviewed at a service level and by the organisation's senior management team, including the Board. The service demonstrated components of the risk management system which includes incident reports, monthly audits, and meetings with consumers, representatives and staff. Feedback is communicated through the service, and Board meetings leading to improvements to consumer care. Clinical data is reviewed regularly to identify any clinical trends.

The organisation has an incident system for the escalation of high impact risks as required. Management described incident reporting includes bruises, skin integrity, weight loss, medication discrepancies, aspiration due to fluids and food, psychotropic medication administration, falls, and open disclosure.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

A clinical governance framework is in place and reports are generated monthly on areas including but not limited to falls, medication incidents, infections, wounds and restraint. Management follow up outstanding information and seek additional information as needed. Reports on national quality indicators are reported to the organisation's Board each month. Monitoring of antimicrobial stewardship occurs. The use of physical and chemical restraint is monitored and minimised.

Management described how they apply open disclosure principles. Observations of the service’s complaints register demonstrates open disclosure is followed.

# 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.