Katherine Hostel

Performance Report

31 Harrod Street
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**Commission ID:** 6990

**Provider name:** Australian Regional and Remote Community Services Limited

**Assessment Contact - Site date:** 9 September 2020

**Date of Performance Report:** 6 October 2020

# Publication of report

This Performance Report **may 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 |

# 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 consumers, staff 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. An overall assessment of all Requirements in this Standard was not completed.

The Assessment Team recommended Requirement (3)(b) in Standard 3 as met. 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 and find the service is Compliant with Requirement (3)(b).

Overall, consumers sampled considered they receive personal and clinical care that is safe and right for them. Consumers stated they were satisfied with the care provided and reported no concerns with the delivery or management of their care.

The service utilises and regularly reviews assessments, care plans and charting to identify, assess and monitor risks to consumers. For consumers sampled, care planning documentation demonstrated all consumers are assessed for high impact or high prevalence risks on entry, six monthly and as health needs change. Validated risk assessments are used to inform service delivery and were reflected in care plans.

The Assessment Team noted where high impact or high prevalence risks are identified, staff have implemented strategies, initiated charting, evaluated effectiveness of interventions and instigated referrals to Medical officers and allied health professionals where appropriate. Examples of high impact or high prevalence risks being managed by the service for consumers included challenging behaviours, diabetes, weight loss, falls, wounds, swallowing difficulties and chemical restraint.

In relation to post falls management, staff could describe the frequency of neurological observations in line with organisation policy. However, the Assessment Team identified this had not consistently occurred in practice for two consumer files sampled. The Assessment Team noted no impact for the consumers.

Clinical and care staff interviewed by the Assessment Team demonstrated knowledge of high impact or high prevalence risks for consumers sampled and described how they identify, assess and manage such risks.

High impact or high prevalence risks are monitored and analysed, with trends used to inform and improve practice. Incidents and trends related to high impact or high prevalence risks are captured in monthly reports and discussed, analysed and responded to through monthly clinical governance meetings. Risks discussed through these forums include pressure injuries, wounds, falls, behaviours, weight, medication incidents, pain and psychotropic medication.

Based on the information detailed above, I find the approved provider, in relation to Katherine Hostel does comply with Requirement (3)(b) in Standard 3.

### 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.*

# 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.