Lucy Chieng Aged Care Centre

Performance Report

8-14 Romani Avenue   
Hurstville NSW 2220  
Phone number: 0428 494908

**Commission ID:** 0932

**Provider name:** Australian Nursing Home Foundation Limited

**Assessment Contact - Desk date:** 30 September 2021 to 5 October 2021

**Date of Performance Report:** 21 October 2021

# Performance report prepared by

Pat Yin Lai, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers (or representatives on their behalf) were happy with the care that is being provided by the service.
* Consumers (or representatives on their behalf) said they were able to access the doctor when they required it.
* Representatives confirmed they are contacted when there is a change in the condition of their relative.

Staff are able to recognise deterioration or a change in a consumer’s condition and it is responded to in a timely manner.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided

### Assessment of Standard 3 Requirements

### 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 service demonstrated systems and processes to support their workforce to recognise and respond to a consumer’s deterioration or change in mental health, cognitive or physical function, capacity or condition.

The Assessment Team reviewed a sample of care plans and identified that all consumers sampled had documentation that reflected appropriate identification and response to deterioration or changes in condition. The team supported this finding with identified examples of the service managing changes in behaviour and deterioration in physical condition.

The Assessment Team interviewed a sample of consumers and they described staff as competent, whom are able to identify when they are not well and escalate if necessary. They also stated that nursing staff are always available at the service to monitor their health.

The Assessment Team interviewed a sample of staff who could describe the process they undertook when they identified a change in a consumer’s health, including the process for escalation or referrals. It was also noted that the organisation has a clinical assessment policy to assist staff in managing deterioration, and clinical audits are conducted to identify changes with outcomes addressed at clinical leadership meetings.

The team also noted further improvements that had been implemented to address concerns from the previous performance assessment at the service. This included further education for staff, reviews of the process for monitoring wounds, the conducting of audits, and the translation of instructions to better support staff. The team reviewed consumers of concern from the previous assessment contact and noted that their care has since been improved with appropriate management strategies implemented and recorded.

Based on the evidence available at the time of assessment, I 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.