Marten Residential Care Centre

Performance Report

110 Strathfield Terrace   
LARGS NORTH SA 5016  
Phone number: 08 8248 9555

**Commission ID:** 6964

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 22 July 2020

**Date of Performance Report:** 14 August 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| 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 consumers, representatives, staff and others.

# STANDARD 3 COMPLIANT 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 Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

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).

Most consumers sampled considered they receive personal and clinical care that is safe and right for them and confirmed they get the care they need. All consumers and representatives said care and services provided meet consumers’ needs and preferences, consumers feel safe in the environment and most staff are kind and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer stated they access Falls prevention sessions conducted by the Physiotherapist twice a week. They stated call bells are generally responded to in a timely manner. However, the consumer was not satisfied with the care provided to them on the morning of the Assessment Contact. Management were informed of the consumer’s feedback.
* One representative was not satisfied they had been kept informed of the consumer’s wound status during COVID-19 visitor restrictions and was not satisfied with the service’s communication processes in relation to their relative’s health status.
* Progress notes viewed by the Assessment Team demonstrated discussions between the service and the representative in relation to the consumer’s status had occurred.

The service demonstrated initial and ongoing assessment processes which included risk-based assessment tools. Information gathered is used to develop a care plan based on each consumer’s assessed needs and preferences and include consideration of high impact or high prevalence risks and management strategies.

Documentation, including consumer files, viewed by the Assessment Team demonstrated appropriate assessment, management and monitoring processes had been implemented for incidents relating to falls, behaviours, weight loss, pressure injuries and infections.

Staff interviewed demonstrated awareness of high impact or high prevalence risks for consumers. Additionally, staff described risk management strategies they implement for individual consumers which were in line with the consumer’s care plans.

There are processes to report and monitor high impact or high prevalence risks, including an incident management process. High impact or high prevalence risk data relating to consumers is reviewed and reported on a monthly basis; individual consumer’s management strategies are reviewed, and actions are implemented where increased risks are identified.

### 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.*

# STANDARD 8 COMPLIANT 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 Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. The Assessment Team assessed Requirement (3)(d) in relation to Standard 8. All other Requirements in this Standard were not assessed.

The Assessment Team recommended Requirement (3)(d) in Standard 8 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 8 and find the service is Compliant with Requirement (3)(d).

The organisation demonstrated they have effective risk management systems relating to high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

Staff interviewed said they have access to policies relating to risk mitigation, including falls, skin, nutrition and hydration. Additionally, they stated they have received training in these areas. Staff also provided examples of how they support consumers to live the best life they can and described how they would respond if they observed consumer abuse and neglect.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 Requirement (3)(d) to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## 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.*

# 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.