Mount Clear Aged Care

Performance Report

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MOUNT CLEAR VIC 3350  
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**Commission ID:** 3703

**Provider name:** OC Health Ballarat Pty Ltd

**Assessment Contact - Desk date:** 30 September 2021 to 9 October 2021

**Date of Performance Report:** 4 November 2021

# Performance report prepared by

Vanessa Stephens, 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(d) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | 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 a desk assessment, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Desk report received on 28 October 2021.

# STANDARD 2 NON-COMPLIANT 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

A non-compliant finding in one or more requirements results in the Quality Standard being assessed as non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found that risk assessment is not always comprehensive for all consumers, nor did it always inform the delivery of safe and effective care. For example:

* The service did not effectively monitor hydration requirements for one consumer. Medication and fluid intake charts did not include information about fluid and when queried staff provided conflicting responses regarding the fluid amount. Clinical management acknowledged the deficits in this consumer’s risk assessment and planning and stated they would be rectified.
* The service did not effectively manage the risk posed to a consumer with diabetes. Assessment and care planning information showed that risk based assessment information and medical directives were not consistent across all elements of the electronic documentation system. Clinical staff acknowledged that this conflicting information increased the overall risk of medical directives not being followed.

The approved provider’s response to the Assessment Team’s report advised the following:

* Fluid amount information is recorded in a number of places and the consumer’s medication chart has now been updated with this information.
* A medication assessment and care plan has been updated for the consumer with diabetes.
* Training has been provided to staff on a number of topics including monitoring fluid, care planning and assessments, and summary care plans.

I note the remedial action taken by the provider. However, the service was non‑compliant at the time of the assessment, I therefore find the service is non‑compliant with this requirement.

# 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

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)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

This assessment was desk-based and the Assessment Team was unable to observe staff practice in relation to standard and transmission based precautions, including hand hygiene and use of personal protective equipment.

Three representatives for consumers who had completed treatment for an infection were satisfied with the overall management of those infections by the service.

Clinical staff were able to accurately describe ways that antimicrobial stewardship is promoted at the service, including that all infections are monitored via an infection register within the electronic documentation system. While care staff interviewed had a limited understanding of antimicrobial stewardship, the service provided infection control evidence including antibiotic usage reports. The organisation has written procedures to guide staff in minimising the use of antibiotics as well as resources to manage infectious outbreaks.

Based on the evidence summarised above, I find the service is compliant with this requirement.

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

A non-compliant finding in one or more requirements results in the Quality Standard being assessed as non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(d) Non-compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found that whist the service had improved overall practices for this requirement, not all processes were embedded. This resulted in some details regarding consumer condition, needs and preferences not always being available to staff within the organisation. Not all information expressed verbally by staff regarding lifestyle preferences for consumers was available within the assessments or care plan to guide staff practice. For two sampled consumers, their activity and leisure preferences are not reflected in their care plan or Lifestyle and Wellbeing Assessment.

The approved provider’s response to the Assessment Team’s report included the following information:

* Lifestyle and Wellbeing Assessments for the two sampled consumers have been updated.
* Training has been provided to leisure and lifestyle staff.

I note the corrective action taken by the provider. However, the service was non‑compliant at the time of the assessment, I therefore find the service is non‑compliant with this requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Not all consumer representatives and staff were aware of external agencies who would assist consumers with complaints where the complaint has not been resolved to their satisfaction.

The service provider has demonstrated through actions on their continuous improvement plan, resident’s meeting minutes, resident’s handbook and printed material relating to external services, that they are working to improve consumer awareness of access to advocacy and language services, and other methods for raising a complaint.

Relevant staff members interviewed were aware of advocates, language services and other methods of raising and resolving complaints. There is a notice board in the service with information relating to consumer access to external organisations to assist them with complaints.

Overall, consumer representatives confirmed that consumers received a handbook when entering the service. A review of the handbook by the Assessment Team demonstrates that this contains the necessary information to meet requirement 6(3)(b).

Based on the evidence summarised above, I find the service is compliant with this requirement.

# 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

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Staff can readily access the information they need, through the electronic database management system. Information is also available through handovers, by referring to care plans and discussions with clinical management. Any policy changes or updates are communicated to staff and updated copies are available in the staff room.

Management stated they use a variety of strategies to identify opportunities for continuous improvement, including interactive surveys, monitoring and audits, ‘resident and relative’ feedback and staff meetings.

Management described reporting processes that provide information about quality and risk. The manager conducts ongoing monitoring and review.

The Assessment Team were satisfied the service has effective systems in place in relation to workforce governance and regulatory compliance. The Assessment Team reviewed a sample of reportable incidents on the mandatory reporting register and found they were managed in line with the service’s policy and procedure and legislative requirements. The Board and executive management also receive summary reports regarding reportable incidents.

Management described the feedback and complaints process and provided examples of how consumer feedback is used to improve practice and service.

Based on the evidence summarised above, I find the service is compliant with this requirement.

### 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.*

The service has an established Board and governance committees to support their oversight in relation to clinical governance, antimicrobial stewardship and the use of restraint. A range of clear, well written policies and procedures are available to guide staff practice, including an open disclosure policy.

Based on the evidence summarised above, I find the service is compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 2(3)(a)**

* Ensure risk assessments and care plans include adequate information to mitigate potential risks.

**Requirement 4(3)(d)**

* Ensure details regarding consumer condition, needs and preferences, including activities and leisure preferences, are adequately documented.