Nellie Melba Retirement Village

Performance Report

2 Collegium Avenue
WHEELERS HILL VIC 3150
Phone number: 03 8513 1900

**Commission ID:** 4582

**Provider name:** Ryman Aged Care (Australia) Pty Ltd

**Assessment Contact - Desk date:** 12 November 2021

**Date of Performance Report:** 09 December 2021

# Performance report prepared by

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# 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)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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 a desk assessment, review of documents and interviews with staff, consumers/representatives and others.

# 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

Consumers considered they feel like partners in the ongoing assessment and planning of their care and services.

Care and services were reviewed regularly for effectiveness, when circumstances change and when incidents impact of the needs, goals or preferences of the consumer.

Staff were able to describe the care review process in relation to pressure area care and documentation showed evidence of extra interventions when consumer’s needs increased.

Care planning documents demonstrate how care reviews identify ways to improve and meet care safely and effectively following incidents of falls and skin blisters.

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements have been assessed during this desk assessment.

The service was found compliant in this requirement.

## Assessment of Standard 2 Requirements

### 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.*

# 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 Commission received information in relation to a consumer’s wound which was not identified and managed in a timely manner. The Assessment Team focussed on the service management of high impact or high prevalent risks and that deterioration or changes in consumers’ health is recognized and responded to in a timely manner for all consumers.

The service was able to show evidence of effective management of high impact or high prevalent risks for five consumers with either a diagnosis of diabetes or chronic/complex wound care needs. The service has policies and procedures accessible to all staff to guide their practice.

The service provided evidence that improvements made in relation to deficits identified in clinical and personal care were actioned. These included:-

Staff training on diabetes management, and a review of current policy and procedure on diabetes management was undertaken.

Staff received additional wound care training inclusive of pressure area management.

An operations wound care specialist was implemented to review all wounds and provide additional training to staff.

Wound assessment, charting, and care plan documentation were regularly updated for each wound as reviewed by the Assessment Team.

The service showed effective management in the areas of diabetes and fluid monitoring. Blood glucose monitoring was in line with the recommendation of the medical practitioner.

Care documentation provided evidence that the service has identified and responded to signs of clinical deterioration in a timely manner and made referrals to allied health professionals.

The service provided evidence of staff escalating deterioration as required both verbally and via the electronic documentation system.

The Quality Standard does not have an overall compliance finding as only two of the seven specific requirements have been assessed during this desk assessment.

Based on the information provided I find the service compliant with the assessed requirements.

### 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.*

### 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.*

# 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

Management were able to demonstrate they have effective risk management systems and practices to manage high impact or high prevalence risks for consumers.

The service demonstrated how incidents and clinical indicator data is collected, analysed and reviewed by relevant clinical staff and management. Incident and clinical indicator data is reported to the clinical governance committee and the governing board.

Clinical staff meeting minutes reflect evidence of clinical data reviews, analysis and monitoring by management and clinical staff. Identification of trends assist clinical management and staff in implementing strategies and improvements to manage and mitigate high impact and high prevenance risks.

The incident register showed that incidents are reported and the required action is subsequently taken.

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements have been assessed during this desk assessment.

Based on the information provided I find the service compliant with this requirement.

## 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.*

# 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.