Nexus Primary Health

Performance Report

72 Ferguson Street
BROADFORD VIC 3658
Phone number: 1300 773 352

**Commission ID:** 300661

**Provider name:** Nexus Primary Health

**Assessment Contact - Desk date:** 30 November 2021 to 1 December 2021

**Date of Performance Report**: 6 January 2022

# Performance report prepared by

M Murray, 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.

**Services included in this assessment**

**CHSP:**

* Allied Health and Therapy Services, 4-B74V2ID, 72 Ferguson Street, BROADFORD VIC 3658
* Domestic Assistance, 4-B74V2LR, 72 Ferguson Street, BROADFORD VIC 3658
* Flexible Respite - Care Relationships and Carer Support, 4-B74V2PN, 72 Ferguson Street, BROADFORD VIC 3658
* Home Maintenance, 4-B74V2T3, 72 Ferguson Street, BROADFORD VIC 3658
* Home Modifications, 4-B74V2WM, 72 Ferguson Street, BROADFORD VIC 3658
* Meals, 4-B76CA4M, 72 Ferguson Street, BROADFORD VIC 3658
* Nursing, 4-B76CA8C, 72 Ferguson Street, BROADFORD VIC 3658
* Other Food Services, 4-B76CABS, 72 Ferguson Street, BROADFORD VIC 3658
* Personal Care, 4-B76CAF8, 72 Ferguson Street, BROADFORD VIC 3658
* Social Support Group, 4-B76CAIR, 72 Ferguson Street, BROADFORD VIC 3658
* Specialised Support Services, 4-B76CAM7, 72 Ferguson Street, BROADFORD VIC 3658

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 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

The Quality Standard does not have an overall compliance finding as only two of the five specific requirements of Standard 2 have been assessed as this visit.

The requirements assessed and corresponding compliance finding is noted below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 management team provided evidence to the Assessment Team that systems are now in place to better assess and plan for consumers’ care, including mitigating any risks.

The team’s report outlines that relevant assessments are being undertaken and that these assessments include consideration of risks to the consumer’s wellbeing.

While the Assessment Team’s report notes some opportunity for improvement in consolidating information across documents, on balance the evidence presented supports a finding that the approved provider complies with Requirement 2(3)(a).

### 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.*

The Assessment Team’s report provides a mix of evidence in relation to the approved provider’s compliance with this requirement. The Assessment Team’s report details the systems in place to monitor the effectiveness of services, for example consumers discharged from hospital are contacted on their return home. Staff have a process for updating client liaison officers of any changed needs in care and it is noted elsewhere the Assessment Team’s report that registered nurses undertake relevant assessments.

The report outlines that continuous improvement activity is ongoing with a full review of all consumers care plans to be completed by June 2022.

While some consumers are yet to be reviewed, I am satisfied that the approved provider has a system in place to ensure these reviews occur.

On the balance of the evidence available, summarised above, I find the approved provider complies 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

The Quality Standard does not have an overall compliance finding as only one of the five specific requirements of Standard 8 have been assessed as this visit.

The requirement assessed and corresponding compliance finding is noted below.

## 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.*

The Assessment Team’s report provides evidence that the approved provider has addressed deficits previously identified in this requirement.

Management has changed its intake and waitlist processes. Documentation review of waitlists and care delivery timeframes noted in the Assesment Team’s report evidence that consumers are not accepted from the waitlist unless the service has the workforce available to delivery the required care.

Based on the evidence, summarised above the approved provider complies with this requirement.