Peninsula Grange Aged Care

Performance Report

2 Booker Avenue   
MORNINGTON VIC 3931  
Phone number: 03 5978 3410

**Commission ID:** 3978

**Provider name:** Australian Unity Care Services Pty Ltd

**Assessment Contact - Site date:** 14 October 2020

**Date of Performance Report:** 12 November 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received 19 October 2020.

# 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 Assessment Team assessed three of the seven requirements under Standard 3 and I have found all three requirements Compliant.

As not all the requirements under this Quality Standard were assessed an overall rating is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found that the service has processes to ensure that personal and clinical care are aligned with current best practice. Consumers’ individual needs are identified, and care provision supports these needs. Use of restraint is minimised and wound and pain management are provided in a manner that optimises consumers’ health and well being. Representatives interviewed reported satisfaction with the ongoing communication from staff and the way in which the consumers’ care is provided.

The approved provider did not submit a response in relation to this finding.

I have considered all the information provided and find this requirement is compliant.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found

* A review of five care files indicated assessment and care planning identifies consumers with high prevalence and high impact care needs which include behaviour management, falls risk and prevention strategies, and specialised nursing care, such as diabetes. These risks are managed effectively for each consumer.
* Behaviour management care plans reviewed identified that the interventions were individualised, and their individual triggers and actions identified for individual consumers.
* Where incidents occur these are managed effectively, with appropriate referrals, monitoring and reassessments, and changes are made to care plans as required. Representatives are informed.
* Representatives interviewed reported satisfaction with communication about and management of consumer incidents.

The approved provider did not submit a response in relation to this finding.

I have considered all the information provided and find this requirement is compliant.

### 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.*

The response submitted by the approved provider outlines an effective risk assessment process, aligned with Department of Health and Human Services directions is conducted prior to new consumers coming into the service from the community, to determine the need for isolation.

The response also provides information about infection prevention strategies in place including access screening and visitation requirements, floor plans, outbreak management kits, donning and donning areas, monitoring of staff PPE practice and management of density requirements.

Having considered information from the Assessment Team’s report and that submitted by the approved provider I find that this requirement is compliant. The approved provider was able to demonstrate strategies and practices in place to minimise infection related risks.

# 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 Assessment Team assessed one of the five requirements under Standard 8 and I have found this requirement Compliant.

As not all the requirements under this Quality Standard were assessed an overall rating is not provided.

## 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.*

The Assessment Team found that the service has a comprehensive risk management framework. Management collect and monitor incidents of falls, pressure injuries, infections and other clinical indicators such as unplanned weight changes. Post each incident, the clinical care manager or registered nurse reviews care and involves the medical officer, allied health and other external specialists, for example behavioural experts as needed.

Following behavioural incidents or the escalation of behaviours a formal behaviour evaluation is undertaken. Processes to identify and respond to allegations of abuse of consumers meet legislative requirements and ensure the safety and well being of all consumers are supported.

The approved provider did not submit a response in relation to this finding.

I have considered all the information provided and find this requirement is 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.