Princeton View

Performance Report

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**Commission ID:** 3792

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 28 October 2020

**Date of Performance Report:** 24 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **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 |
| Requirement 8(3)(e) | 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 16 November 2020.

# 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

Three of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements therefore an overall rating for this Quality Standard is not provided.

## 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 Assessment Team found that six consumers’ assessment and planning documents reviewed included consideration of risk to the consumers’ health and well-being. Consumer files reviewed included medical and psychosocial considerations, consumers’ preferences and interventions to minimise risks to each consumer’s health. Consumers’ care needs relating to mobility, dietary modifications, allergies, diagnosis and infections are available in handover documentation.

#### Clinical management advised all consumers who tested positive to COVID-19 have had their assessment and care planning documents reviewed and updated, and care consultations with representatives have occurred. In addition, those consumers who tested negative are scheduled for assessment and care planning reviews/updates including care consultation with representatives.

The approved provider did not submit a response to this requirement.

## Having considered the information provided I find this requirement met as the approved provider was able to demonstrate that assessment and care planning processes consider risks to consumers and address identified risks, particularly those consumers who returned from hospital after the recent COVID-19 outbreak, through appropriate interventions.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found that assessment and care planning documents reviewed evidenced planning and review of care and services with those whom the consumer preferred to have involved. Other organisations, individuals and providers of other services were evidenced for example, wound care specialists, physiotherapists and medical practitioners. Overall representatives were satisfied with process of consultation about consumers’ care and services, in particular during the COVID-19 outbreak.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement met as the approved provider was able to demonstrate ongoing partnership with consumers and/or their representatives in assessment and planning. The approved provider was also able to demonstrate involvement of specialist services as needed.

### 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 found consumers’ assessment and care planning documentation evidenced regular reviews and care consultations. Reviews of care also occurs when care needs change or incidents occur. Changes such as wounds, weight loss, psychosocial well-being and mobility are identified in a timely way and lead to care plan reviews, reassessments and referrals to specialists such as dietitian and wound specialist when needed. Representatives were satisfied with the regularity of reviews of consumers’ care and services. Representatives confirmed consumers’ needs and preferences are reviewed following a change in circumstances or following incidents such as a fall, pain or concerns for a consumer’s psychosocial wellbeing.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement met as the approved provider was able to demonstrate that consumers’ care is reviewed regularly and when changes occur including changes that occurred in relation to the recent COVID-19 outbreak.

# 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

Three of the seven specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard 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 consumers’ care files sampled reflected personal and clinical care that is safe, effective and tailored to the specific needs of the consumer. Initial and ongoing personal and clinical care assessments and care plans are completed by a clinical care coordinator and include input from a medical practitioner, allied health and other specialist services as required. Skin integrity, pain and restraint are managed in line with best practice guidelines. Staff demonstrated an understanding of the personal and clinical care needs of the consumers reviewed. Representatives interviewed reported satisfaction with the care provided to the consumer.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement met as the approved provider was able to demonstrate that each consumer receives clinical care that is based on best practice guidelines, particularly in relation to pain, skin integrity and restraint. Personal and clinical care is also tailored to consumers’ individual needs.

### 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 that the service demonstrated consumers who may experience high impact or high prevalence risks such weight loss, falls and challenging behaviour are identified, assessed and responded to, to reduce and mitigate risks to the consumer and others. Of the consumers sampled some experienced weight loss following COVID-19 illness. Each consumer has been reviewed by a medical practitioner and most have been reviewed by a dietitian, recommendations implemented, and weight monitoring is occurring as directed. Clinical staff described management of high impact and high prevalent risks in line with organisational clinical care policies and procedures and demonstrated an understanding of the individual needs of the consumers sampled by the Assessment Team. Representatives interviewed expressed satisfaction in relation to communication from the service during the COVID-19 outbreak and the manner in which risks associated with the care of consumers is managed.

The approved provider’s response indicates ongoing management of a consumer’s risk of weight loss.

Having considered the information provided I find this requirement met as the approved provider was able to demonstrate effective management of consumer risks such as weight loss, falls and challenging behaviour.

### 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 Assessment Team found that since the recent COVID-19 outbreak the service was able to demonstrate that processes and practices to minimise infection related risks have been strengthened. The COVID-19 Emergency Response plan has been reviewed, staff access to PPE has increased, staff have been provided with further training in the use of PPE and monitoring of staff PPE practice has been strengthened. Policies and practices are in place to promote appropriate antibiotic prescribing.

The approved provider’s response describes strategies to ensure ongoing vigilance in infection prevention and control practices.

Having considered the information provided I find this requirement met as the approved provider was able to demonstrate processes and practices to minimise infection related risks, particularly in relation to COVID-19.

# 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

Two of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard 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 organisation has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service level and the organisation’s senior management including the Board. Clinical assessment and the monitoring of clinical data identified an increase in consumers’ weight loss during and following the COVID-19 outbreak. The delivery of meals and consumers’ menus were reviewed to provide more ‘grazing’ finger foods which were higher in calories and attractive to consumers who experienced loss of appetite. In addition, dietitian reviews and nutritional supplements were provided. The weighing of consumers was increased to help monitor progress. An increase in consumer wounds and skin rashes during the outbreak resulted in an increase in wound consultants and monitoring of wounds. Social isolation of consumers was identified, resulting in access to electronic meetings with a social worker. Changes in policies as a result of systems identifying high impact or high prevalence risks to consumers included review of weight management, nutrition and hydration and infection control protocols and the outbreak management plan.

The service has a compulsory reporting procedure and maintains a compulsory reporting register. The register includes reportable and deemed non-reportable incidents as required by the Commonwealth Department of Health. Review of the register indicates incidents are reported as required and managed appropriately.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement Compliant as the approved provider was able to demonstrate effective risk management systems that have been strengthened in response to the recent COVID-19 outbreak.

### 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 organisation demonstrated use of a clinical governance framework. The framework is based on best practice guidelines from Safer Care Victoria and the Aged Care Quality Standards. The framework integrates existing clinical governance and includes systems of quality and risk management, antimicrobial stewardship, restraint minimisation, open disclosure, feedback, incidents management, continuous improvement and includes partnering with consumers. Clinical governance roles and responsibilities are clearly outlined for consumers, care managers, general manager, operations manager and the organisations clinical governance and executive management team and Board. The framework is underpinned by policies and procedures such as antimicrobial stewardship, restraint minimisation and open disclosure. Ongoing monitoring and reviews link with the clinical governance frameworks for example, incident trends analysis, psychotropic and antibiotic medication use. Management provided the Assessment Team with examples of relevant policies.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement Compliant as the approved provider was able to demonstrate effective clinical governance processes and practices.

# 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.