The Glen Residential Care Service

Performance Report

16 Correa Place
CATALINA NSW 2536
Phone number: 02 4478 9000

**Commission ID:** 0855

**Provider name:** The Churches of Christ Property Trust

**Assessment Contact - Site date:** 28 January 2021

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

# 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 |
| **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 23 February 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

For the consumers sampled, assessment and planning documentation generally aligned with the consumers individual needs, goals and preferences. A review of consumers care plans demonstrated regular assessments and reviews.

For example:

* Consumers and/or representative interviewed provided positive feedback about their care planning experiences and confirmed they have input into the care planning and assessment process
* Care staff interviewed were able to describe how they used care plans to assist their delivery of safe and effective care and services, and how they regularly inform the RN to update consumer care plans
* Care plan documents reviewed were mostly current. One plan was identified to be slightly outdated, however, this was due to the consumer refusing to participate in review of his care plan. Each sampled care plan noted the risks to the consumer’s health and wellbeing, and individualised strategies to deliver safe care.

Not all requirements were assessed and therefore an overall rating for the 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.*

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team reviewed documents available at the service, and interviewed staff about the service’s risk management systems and practices.

Staff interviewed were able to demonstrate their knowledge on the service’s risk management system and how it applies to their day to day work. The Assessment Team also sighted a range of the service’s documents demonstrating that it has an effective risk management system and practice in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

For example, the service has policies and procedures related to clinical governance and compulsory reporting, completed training records relevant to high impact or high prevalence risks, and other documentation that evidenced an effective risk management system and practices to support consumers.

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)(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*

# 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.