Uniting AgeWell Condare Court

Performance Report

8 Joffre Street
CAMBERWELL VIC 3125
Phone number: 03 9809 1558

**Commission ID:** 3081

**Provider name:** Uniting AgeWell Limited

**Assessment Contact - Desk date:** 17 November 2021

**Date of Performance Report:** 16 December 2021

# Performance report prepared by

L Glass, 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.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | 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)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(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 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 service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The overall Quality Standard is not assessed as only two of the five specific requirements have been assessed.

## 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 service has implemented routine schedules for re-assessment and care plan review, improved handover documentation to include identified risks for consumers and is conducting ongoing spot checks and audits to ensure these practices have been embedded.

The Assessment Team tested the effectiveness of the changes made through consumer interviews, staff interviews and file review which demonstrated that the changes have been effective.

### 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 service has implemented schedules for regular care review of each consumer. It conducts daily review of progress notes to identify any changes in consumers condition and wellbeing, and ongoing audits of care files for timely review. Referral and documentation are completed when consumers have changes and incidents have occurred.

The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews, and care file review which demonstrated that the planned actions and changes have been implemented and are effective.

# 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 service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The overall Quality Standard is not assessed as only four of the seven specific requirements have been assessed.

### 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 service has implemented routine schedules for re-assessment and care plan review, improved staff access to training related to high risk areas for consumers and is conducting ongoing spot checks and audits to confirm staff knowledge and ensure these practices have been embedded. Decisions relating to restrictive practices are overseen by the care manager who discusses options with consumers and/or representatives to weigh up benefits and risks. Related to chemical restraint the medical officer and geriatrician are responsible for prescribing and assisting consumers and/or representatives with informed consent. However, currently they continue to work with medical officers to ensure consultation occurs and remains a work in progress.

Management implemented tool box sessions to support staff development and to refresh knowledge and practices including about organisational policies and procedures, with a focus on the use of medications/restraint, management of skin integrity and pain management and changing behaviours.

The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews and file review which demonstrated that the changes have been effective.

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

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

The service has implemented routine schedules for re-assessment and care plan review, improved staff access to training related to high risk areas for consumers and is conducting ongoing spot checks and audits to confirm staff knowledge and ensure these practices have been embedded. Incidents impacting on consumers inform the review of their care and services through reporting of identified concerns such as pressure injuries, falls and unplanned weight loss and high-risk behaviour. Once logged and followed up the actions implemented are reviewed and then evaluated for effectiveness.

The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews and file review which demonstrate that the changes have been effective.

### 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.*

The service has actioned and implemented processes to provide education and training for care and clinical staff in recognising and responding to consumer deterioration, referral of consumers for medical or specialist review in a timely manner, full review of all health providers availability and consultation options, ongoing audits of care files for clinical incidents reported and follow up with medical review.

The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews, and care file which demonstrated the planned actions and changes have been effective.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The service has actioned and implemented and strengthened the processes for clinical staff to refer consumers for medical or specialist review in a timely manner, a full review of all health providers availability and consultation options has been completed, ongoing audits of care files for referral completed, and specialist assessment recommendations reflected in consumer care files and handover sheets.

The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews, and care file which demonstrated the planned actions and changes have been effective.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service was able to demonstrate that improvements have been made and the deficits previously identified have been addressed.

The overall Quality Standard is not assessed as only one the five specific requirements have been assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

#### The service planned specific actions for the deficits in care staff and clinical staff knowledge with implementation of a comprehensive training program. The service conducted follow up processes to evaluate the effectiveness of the training delivered.

#### The Assessment Team tested the effectiveness of the changes through consumer representative interviews, staff interviews and file and document reviews which demonstrate that training provided has been effective in supporting staff to deliver safe and affective care to consumers.

# 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.