Uniting AgeWell Preston

Performance Report

78 Bruce Street
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**Commission ID:** 4209

**Provider name:** Uniting AgeWell Limited

**Assessment Contact - Desk date:** 15 October 2020 to 20 October 2020

**Date of Performance Report:** 13 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 - Desk; 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’s assessment and care planning processes identify and address the current needs, goals, and preferences of the consumer. The service undertakes initial and ongoing assessments and planning for care in conjunction with the consumer and their families.

Care planning documentation viewed by the Assessment Team identified care plans have individualised management strategies for the identified consumers.

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.*

Based on the evidence provided I am satisfied that assessment and planning is undertaken and includes consideration of risks to the consumer’s health and well- being. Documentation reviewed, interviews with consumers and representatives and staff also confirmed that assessment and planning informs the delivery of safe and effective care.

* Care planning documents reviewed and staff and representatives interviewed confirmed assessment and planning is undertaken including initial assessments on entry to the service.
* Care files demonstrate effective management of the risks to the consumer. For example, pre and post fall assessments and care planning is undertaken and amendments made to a consumer care plan reflect the changing needs of the consumer.
* Complex health conditions are assessed, reviewed and monitored to address risks to the consumer’s health and well-being informing ongoing care in accordance with the consumer’s needs, goals and preferences.
* Progress notes in care files indicate appropriate follow up services are actioned including coordination with internal and external services where required.
* There is a Clinical Assessment and Care Planning Assessment Policy and Procedure and a Resident Case Conference Meetings policy and practice standard.
* Documentation and interviews with staff and representatives indicate the policies and procedures are being followed resulting in risks being assessed and informing the delivery of safe and effective care to consumers.

Based on the evidence provided I find that requirement 2(3) (a) is met

# 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

Based on the evidence provided I am satisfied that the service provides effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team reviewed the consumers care planning documentation. The service was able to demonstrate effective management of high impact or high prevalence risk associated with the care of each consumer sampled.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

* Care planning documents show comprehensive management and strategies for clinical and personal care needs.
* Representatives are kept informed of concerns and health issues.
* The service demonstrated it followed isolation and restriction rules for consumers discharged from hospital during the COVID -19 outbreak period and managed the potential risk to consumers and others in the service.
* Two consumers confirmed the risks to their health are being managed well and did not raise any concerns. Both consumers confirmed their medication management is effective and are satisfied with COVID-19 related processes in place to keep them safe.
* Representatives and families confirmed their loved one’s health risks are being managed well and did not raise any concerns.
* Management stated that COVID 19 infection, wounds behaviours and weight loss is a potential high impact and high prevalence risk in the service.
* In relation to infection control, management stated, extensive infection control protocols are practiced in the service to prevent contamination and exposure to staff and consumers.
* The service has implemented strategies to prevent weight loss and deconditioning of consumers.
* Staff were able to describe the high impact and high prevalence risks for the consumers sampled. They could also describe the most significant clinical/personal care risks for the consumers, in line with their care plan.
* High impact and high prevalence clinical risks for consumers are recorded in individual care plans and risks are discussed during clinical hand overs.
* The service has a range of policy and procedures relating to high impact, high prevalence risk.
* Policies are also available on falls prevention, clinical assessment and planning, resident case conference meetings and multidisciplinary case meetings.
* The policy and procedures are accessible to all staff and located in the electronic management system.
* High impact and high prevalence risks are trended through the services’ clinical information system.
* There is a daily clinical catch up between the care staff, registered nurses, management, allied health professionals (physiotherapist, exercise scientist, occupational therapist) where high impact/ prevalence clinical risks are discussed.

Based on the evidence provided I find that requirement 3(3)(b) is met.

# 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.