Westminster Village Aged Care Facility

Performance Report

Cnr Fort Street & Sylvan Way
GRANGE SA 5022
Phone number: 08 8353 5011

**Commission ID:** 6941

**Provider name:** UnitingSA

**Assessment Contact - Site date:** 29 October 2020

**Date of Performance Report:** 6 January 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 |
| Requirement 2(3)(b) | 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff 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 Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 2 and have recommended these Requirements as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirements (3)(a) and (3)(b).

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* are involved in care planning to some extent.
* are informed about the outcomes of assessment and planning.

Most of the four sampled consumers’ care planning documents viewed by the Assessment Team demonstrated comprehensive assessment and planning processes. Two respite consumer files included a range of assessments to identify each consumer’s care and service needs and preferences. Assessments to identify risks to consumers’ health and well-being are also conducted, including for skin, falls, continence and nutrition and hydration.

Care files viewed by the Assessment Team demonstrated risks to consumers’ health and well-being are identified and strategies implemented. One consumer file sampled included a diabetic management plan to assist staff with providing care to the consumer in line with Medical officer directives. Documentation viewed demonstrated diabetes management had been provided in line with the management plan.

Information gathered through assessment processes is used to develop individualised care plans outlining consumers’ current needs, goals and preferences. Care files included information relating to advance care planning and end of life planning. Two files viewed for consumers currently receiving palliative care included advanced care planning and end of life planning information and consultation with the consumer and/or their representatives was evident.

Policies and procedures relating to assessment, planning, advance care planning and end of life planning are available to guide staff practice. Staff interviewed described how assessment and planning processes are used to inform the delivery of safe and effective care and services to consumers. Additionally, care staff described what was important to consumers sampled in terms of how their personal care and clinical care is delivered.

Based on the information detailed above, I find the provider, in relation to Westminster Village Aged Care Facility, does comply with Requirements (3)(a) and (3)(b) in Standard 2.

## 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

# 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 Requirement (3)(b) in relation to Standard 3 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b).

Most sampled consumers considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need
* they have access to a doctor or other health professional when they need it.

The Assessment Team found the service has effective management systems and processes in place to manage and monitor high impact or high prevalence risks associated with the care of each consumer. Care files viewed for four sampled consumers demonstrated appropriate management and monitoring of high impact or high prevalence risks, including in relation to behaviours, pain, falls and weight loss. Where issues had been identified care, files viewed demonstrated assessments and/or additional charting were commenced, referrals to Medical officers and/or allied health specialists initiated and monitoring processes to ensure effectiveness of strategies had been implemented.

Staff interviewed described high impact or high prevalence risks for individual consumers sampled. The organisation monitors high impact or high prevalence consumer risks through audits, incident reporting and progress notes. There are processes to collate and analyse clinical incident data on a regular basis to assist to identify trends.

Based on the information detailed above, I find the provider, in relation to Westminster Village Aged Care Facility, does comply with Requirement (3)(b) in Standard 3.

### 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.*

# 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.