Performance

Report

**1800 951 822**

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| Name: | Aberlea Inc |
| Commission ID: | 3164 |
| Address: | 30 Shaw Street, MORTLAKE, Victoria, 3272 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 August 2024 |
| Performance report date: | 19 August 2024 |
| Service included in this assessment: | Provider: 1264 Aberlea Inc  Service: 1923 Aberlea Inc |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aberlea Inc (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 acknowledging the assessment team’s report received 13 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives confirmed that staff manage complex care needs well. Management and staff identified high impact and high prevalence risks to consumers as falls, changed behaviours, skin integrity and weight loss. Staff described how risk is recognised and responded to, as well as minimisation of risk. The service has strategies in place to support where refusal of care occurs, particularly where changed behaviours present challenging circumstances. There was evidence of effective falls management strategies, as well as consideration to pain assessments and collaboration with consumer representatives and treating practitioners.

Where there were identified circumstances of weight loss the service demonstrated active engagement with treating practitioners, referrals to allied health specialists and additional clinical monitoring. There was evidence of implementation of specialist recommendations and interventions as well as ongoing assessments where falls and pain had also occurred.

Chemical restraint was effectively identified and documented in the psychotropic register supported by appropriate behaviour support planning and informed consent by substitute decisions makers. There was evidence of three-monthly medication reviews to ensure the appropriate administration and prescribing of chemical restraint. There was also evidence of monitoring of skin integrity, involvement of wound management specialists and best practice wound management principles.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(b).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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; 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers and representatives were confident that strategies are developed in partnership with consumers to minimise the risk of harm while supporting choices and preferences. Representatives confirmed they are notified of incidents, provided with detailed descriptions of the impact, assessment, and plan of care. Representatives also explained that they are provided regular updates related to the incident outcomes and are involved in discussions regarding referrals to external services. Staff described the process of incident management and described how they report when there are allegations of abuse or neglect which aligned to the service’s policy. Management described the process for reviewing incidents using the Commission’s Serious Incident Response Scheme (SIRS) decision making tool to determine whether an incident meets the criteria for notification.

There was evidence of consideration to the services identified high impact high prevalence risks and effective strategies to support reduction in falls with the increase of staff during high-risk times. Quarterly quality indicators are provided to the quality care advisory body along with audit results and relevant information is provided to the Board at meetings which occur second monthly.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)