Performance

Report

**1800 951 822**

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| Name of service: | Charlton Aged Care |
| Service address: | 4 Learmonth Street CHARLTON VIC 3525 |
| Commission ID: | 3973 |
| Approved provider: | East Wimmera Health Service |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 to 7 June 2023 |
| Performance report date: | 29 June 2023 |

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 Charlton Aged Care (**the service**) has been prepared by S Byers, 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 - 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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service was found Non-compliant in Standard 2 in relation to Requirements 2(3)(a) and 2(3)(e) following a site audit in June 2022 where it was unable to demonstrate:

* assessment and care planning, including the consideration of risk, informs the delivery of safe and effective care, particularly in relation to psychotropic medications, environmental restraint and wound care.
* consumer care is reviewed regularly or when circumstances impact needs or goals, in particular, weight loss.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied the assessment and care planning process consider risks to consumers to inform safe and effective delivery of care. Clinical staff demonstrated knowledge of the consumers risks and described personalised strategies to minimise and manage identified risks. Care documentation demonstrated care planning includes the use of validated risk assessment tools and confirmed regular reviews are completed. Staff confirmed and training records reflected the completion of training in restrictive practices and wounds. The service has completed a review of behaviour support plans and resident of the day tools. Behaviour support plans and consent are in place for consumers subject to restrictive practices.

Consumers and representatives were satisfied the consumer’s care is reviewed following changes in care needs or when incidents occur. Consumers and representatives provided positive feedback in relation to the management of weight loss. Clinical staff demonstrated understanding of the reviews required to be completed depending on the incident or change in consumer circumstances. Consumer files demonstrated regular review by a multi-disciplinary team following changes in health status or incidents. The service has reviewed and revised the resident of the day tool to address restrictive practices processes including authorisations, behaviour support plans and medical review. Management described the revised resident of the day tool and demonstrated how it guides staff through clinical care review in line with organisational policy and procedures.

Based on the available evidence, I find Requirements 2(3)(a) and 2(3)(e) are Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

The service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in June 2022 where it was unable to demonstrate:

* clinical care is tailored to each consumer’s needs and is consistently delivered with best practice principles applied, particularly in relation to restrictive practices and wounds.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied the consumer receives personal and clinical care that is safe, effective, and tailored to their needs. Wound care documentation demonstrated wound care is attended in line with wound management directives and wounds are healing. For consumers prescribed psychotropic medications, informed consent and behaviour support plans were observed to be in place. The use of psychotropic medications are monitored, reviewed and evaluated are completed in collaboration with the medical practitioner, geriatrician, representative. The service has a suite of policies and procedures to guide staff practice. The service has access to and regularly involves medical and allied health specialists to review and advise on the management of clinical care needs including wounds and restrictive practices.

Based on the available evidence, I find Requirements 3(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service was found Non-compliant in Standard 8 in relation to Requirements 8(3)(e) following a site audit in June 2022 where it was unable to demonstrate:

* an effective clinical governance framework.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated it has a clinical governance framework in place that provides an overarching monitoring system for clinical care supported by policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives were satisfied the consumer receives clinical care that is safe and right for them. Management discussed the organisations clinical governance framework and how it focuses on governance systems to ensure consumers receive a high level of safe, effective and person-centred clinical care. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

Based on the available evidence, I find Requirement 8(3)(e) is Compliant.

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