Performance

Report

**1800 951 822**

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| Name: | Cumberland View Aged Care - Whalley Drive |
| Commission ID: | 3135 |
| Address: | 123-127 Whalley Drive, WHEELERS HILL, Victoria, 3150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 October 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 3178 Arton Retirement Villages Pty Limited  Service: 1894 Cumberland View Aged Care - Whalley Drive |

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 Cumberland View Aged Care - Whalley Drive (**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 to the assessment team’s report received 17 November 2023.

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

Findings

The service was previously non-compliant with this standard following a site audit conducted between 30 May 2023 and 2 June 2023. The Assessment Team noted several improvement actions implemented since the site audit specifically related to restrictive practice and indwelling catheter care.

Consumer care files reflected complex care such as management of indwelling catheter care, and the use of restrictive practices is appropriately assessed, managed, and monitored. Consumers and representatives were satisfied with, both personal and clinical care. Staff demonstrated comprehensive knowledge of consumer care needs, individual choices, and interventions planned to provide safe and effective care. Clinical staff described how they review consumer assessments and care plans in consultation with consumers and representatives with input from a multidisciplinary health team. The Assessment Team observed practices that were consistent with safe, effective care.

The services psychotropic register correctly indicates consumers diagnosis and relevant medication prescriptions regularly reviewed by the medical officer according to organisation policy and aligned to best practice. There was evidence of effective complex nursing care for consumers including long-term urinary catheter care and ongoing medical oversight and monitoring and prevention of complications.

Consumers confirmed that high risk needs are generally well managed. Management and staff described the types of high risks and individualised strategies to manage falls, pressure injuries, weight loss, and chemical restraint. The Assessment Team reviewed documentation noted consumer risks were identified in care plans and have appropriate management strategies. Overall, the service demonstrated they effectively document and manage high impact and high prevalence risks for sampled consumers.

The Approved Provider also submitted a response to the Assessment Team report with supporting evidence of ongoing actions and commitment to continuous improvement. The response also contained a copy of the most recent Plan for Continuous Improvement (PCI) with updated actions and evaluation. The service has increased its clinical staff capability with recruitment of additional resources and implemented additional strategies to support improved communication between consumer, representatives, staff and medical officers. Education and training have been provided to staff to support effective use of restrictive practise and identification and management of high prevalence high impact risk.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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

The service was previously non-compliant with this standard following a site audit conducted between 30 May 2023 and 2 June 2023. The Assessment Team noted several improvement actions implemented since the site audit related to oversight of restrictive practices.

The service demonstrated effective governance systems supporting regulatory compliance and understanding related to restrictive practice. Consumers and representatives are satisfied restrictive practice is managed well and there was evidence of staff training and demonstrated understanding of restrictive practice.

There is a risk management framework with policies, procedures, and training for the workforce to support the identification, response, monitoring, and reporting of incidents. Management and staff described the process of identifying, managing high impact and high prevalence risks, prevention of abuse and neglect. Reporting lines are in place to support escalation of risk to management who are responsible for oversight and the systems and processes associated with risk management.

The Assessment Team reviewed care documentation reflecting reviews and management of identified risk, meeting minutes which identified monitoring of feedback, incidents, internal audits, and high prevalence/high impact risks.

The Approved Provider submitted a response to the Assessment Team report with supporting evidence and an updated PCI including progress on actions and evaluation. The response indicates the focus of training and education provided to staff to support improvements in the use of restrictive practise, discussion, reporting and review through regular meeting agenda items, auditing schedules and involvement of Dementia Services Australia at resident and relative meetings. There is clear evidence of progress through items identified in the PCI and a commitment to ensuring ongoing improvements are sustained in practice.

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

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)