Performance

Report

**1800 951 822**

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| Name of service: | Cumberland View Aged Care - Whalley Drive |
| Service address: | 123-127 Whalley Drive WHEELERS HILL VIC 3150 |
| Commission ID: | 3135 |
| Approved provider: | Arton Retirement Villages Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 March 2023 |
| Performance report date: | 6 April 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 Cumberland View Aged Care - Whalley Drive (the service) has been prepared by V Stephens, 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.
* the provider’s response to the assessment team’s report received on 29 March 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

Assessors recommended Requirement 3(3)(a) was not met. However, I have reviewed their evidence and the response from the approved provider and formed a different view. A review of sampled consumer care files demonstrates consumers receive safe and effective personal and clinical care. The majority of sampled care documents reflect consumers who are assessed with a high risk of pressure injury have interventions in place to promote skin integrity. Progress notes reflect staff reporting identified changes in skin condition, and general health and well-being, including consumers experiencing pain. Sampled staff were aware of consumers who had wounds and the individual care interventions required to manage those wounds.

Senior clinical staff stated that following concerns raised regarding the provision of personal care including continence care not being provided as per consumer preference, the service instigated a training program for care staff and embedded interventions into usual practice such as providing 2-hourly scheduled toileting for consumers who are at high risk of skin integrity breakdown. Accordingly, I find the service compliant with Requirement 3(3)(a).

A review of sampled consumer care files demonstrates that high impact and high prevalence risks are identified and monitored with risk minimisation strategies developed and implemented. Sampled consumers and representatives expressed satisfaction with care received. The service has policies and procedures to guide staff in the management of high impact and high prevalence risks. Staff interviewed described the immediate care provided to consumers who experienced a fall and the reporting process following falls.

The service stated a range of education and training sessions have been provided to staff on high impact and high prevalence risks, with attendance records demonstrating staff participation in sessions including falls prevention and management, preventing and managing pressure injuries, preventing wounds and skin tears, and recognising and responding to deterioration. Accordingly, I 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

Risks are reported, escalated, and reviewed by management at the service level and via the organisation’s senior management. Management and staff were able to explain the system and their reporting responsibilities, based on their position. Management and staff provided examples of risks identified and investigated, however wound management procedures are not always followed. Management described how the medical governance committee receives details from the electronic management system and used this information to identify areas for improvement. The Assessment Team viewed the services online risk management system including analysing and trending incident data.

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)