Elderly Chinese Home

Performance Report

125-129 Manningham Street   
PARKVILLE VIC 3052  
Phone number: 03 9328 4558

**Commission ID:** 3142

**Provider name:** Elderly Chinese Home Inc

**Assessment Contact - Site date:** 9 May 2022 to 10 May 2022

**Date of Performance Report:** 17 May 2022

# Performance report prepared by

Adrian Clementz, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(b) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

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 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 17 May 2022.

# 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 service was found non-compliant in two of the specific requirements under this Quality Standard during a site audit on 5 January 2021 and desk assessment contact on 6 October 2022.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service demonstrated that actions undertaken have addressed the deficits previously identified in this Standard. The specific requirements assessed in this Standard are assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### 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.*

The service demonstrated actions have been taken to address previously identified deficits in relation to assessment and care planning not sufficiently reflecting consumers current needs, goals and preferences.

The service has implemented new guidance tools to complete consumers’ care planning documents and commenced a case manager program where clinical staff are responsible for a group of consumers in relation to documentation, consultation and review of care planning documents. The service has embedded processes to review progress notes and handover information to ensure all staff are informed of the consumers’ needs and preferences. The service is continuing to audit consumer care documentation to ensure all needs, preferences and interventions to support the consumer are current and appropriate.

The Assessment Team tested the effectiveness of the improvements through a targeted and sampled review of care documentation review, and interviews with consumers, representatives and staff. Overall the service demonstrated the actions implemented have been effective.

I concur with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

### Requirement 2(3)(e) Compliant

*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.*

The service demonstrated actions have been taken to address previously identified deficits in relation to consistent review of care and services when incidents occur or when care needs change.

The service has implemented processes to ensure incidents are effectively recorded and that consumers’ are reassessed and care interventions reviewed when care needs change or incidents occur. The case manager model shows consumers are scheduled for regular formal reviews and a case manager responsible for required reviews and update of care documentation. The service has embedded processes to review progress notes and handover information to ensure all staff are informed of the consumers’ changed needs and preferences. The service has scheduled weekly clinical risk and physiotherapist meetings to review clinical incidents with staff and visiting allied health providers. Management is conducting monthly analysis of clinical data to evaluate and identify trends or issues of concern to provide continuous improvement opportunities and staff education and training opportunities.

The Assessment Team tested the effectiveness of the improvements through a targeted and sampled review of care documentation, and interviews with consumers, representatives and staff. Overall the service demonstrated the actions implemented have been effective.

I concur with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers and their representatives considered that the consumers receive personal care and clinical care that is safe and right for consumers. For example:

* Consumers expressed satisfaction with the care delivered by staff.
* Representatives are satisfied care is safely managed and risks affecting each consumer are controlled.

The service demonstrated each consumer is receiving safe and appropriate personal care and clinical care that is tailored to each consumer’s needs and optimises their health and well-being. Interviews evidence staff understand each consumer and provide care to meet the consumers’ needs and preferences. Care documentation demonstrated care plans are individualised and tailored to meet the needs of consumers for optimal skin care, effective pain management and management of restrictive practices. Observations of staff interactions with the consumers demonstrated staff were caring, kind and respectful towards the consumers.

Care documentation reflect processes to promote the effective management of high impact or high prevalence risks. Management and staff described the high impact and service specific high prevalence risks to consumers and ways risk is minimised. Incidents are documented, investigated, actioned and analysed for trends with actions for improvement planned as appropriate to minimise a recurrence. Documented policies and procedures are available to support the management of high impact or high prevalence risks.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### 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.