Performance

Report

**1800 951 822**

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| Name: | Eventide Homes (Stawell) Inc |
| Commission ID: | 3345 |
| Address: | 111 Patrick St, STAWELL, Victoria, 3380 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 May 2024 |
| Performance report date: | 21 May 2024 |
| Service included in this assessment: | Provider: 332 Eventide Homes (Stawell) Inc  Service: 2103 Eventide Homes (Stawell) 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 Eventide Homes (Stawell) Inc (**the service**) has been prepared by L Glass 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.

# 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

The Assessment Team reviewed a range of incident reports and monthly clinical governance reports for identified high impact and high prevalence risk. The team reviewed consumer care files in relation to consumer’s clinical risks and noted effective management is undertaken. The reviews demonstrated consumers had referrals to and had been reviewed via telehealth appointments with planned face to face reviews scheduled. Care files reflected recommendations for care made by health professionals. However, where recommended, monitoring records did not reflect recording was always effectively completed and this was noted and addressed by management.

Consumer weight monitoring is completed monthly and increased in frequency as recommended by the dietitian or medical practitioner. Consumers’ care files and documentation reflected emergency procedures were instigated where consumers required urgent medical treatment. Assessment by health professionals with recommendations to mitigate risks were evident following incidents. Care files reviewed for post fall management undertaken by staff indicated recorded observations, timely referral to and review by a medical practitioner and or allied health practitioner, and transport for further medical investigation where required.

# 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 are supported to live their best lives. The service has risk management systems in place supported by a clinical governance framework, policies, and procedures, and reporting mechanisms. Management identified the high impact, high prevalence risks for the service as falls, wounds, consumer to consumer incidents, and unplanned weight loss. Management and staff were able to describe what constitutes neglect and elder abuse, the incident management process, and provided examples of risks identified and investigated. The Assessment Team reviewed documentation, including incident and serious incident response scheme (SIRS) data and staff training records.

The service has risk management systems to monitor and assess the high impact or high prevalence risks associated with care of consumers. Risks are reported, escalated, and reviewed at monthly meetings by the clinical governance committee, and the board. All staff could describe elder abuse and neglect, the service’s incident reporting process, and how to access the relevant policies and procedures if required.

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)