Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Irvin House |
| Service address: | 24- 32 Broadway Street COBRAM VIC 3644 |
| Commission ID: | 3487 |
| Approved provider: | NCN Health |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 June 2023 |
| Performance report date: | 11 August 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 Irvin House (**the service**) has been prepared by N Wapling, 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

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **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

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

The service was found Non-Compliant in Standard 2 in relation to Requirement 2(3)(d) following a Site Audit in August 2022 where it was unable to demonstrate that:

* care plan consultation with consumers and representatives occurred following admission. At admission, the service did not discuss outcomes of initial assessment and planning, nor a copy of the care plan was not provided or offered to consumers and representatives.

At the Assessment Contact on 20 June 2023, the Assessment Team noted the service had implemented improvements to address the deficits identified at the previous Site Audit.

The service was able to demonstrate that consumers and representatives were satisfied with the ongoing communication of care needs. Consumers and representatives confirmed they were offered a copy of their care plan as part of the initial assessment and care plan discussions following admission to the service. Clinical staff described their regular communication with consumers and representatives in relation to care needs, and staff explained they can access the electronic care file system to document and review care and services. Management described how they ensure a printed copy of the care plan is offered and provided to consumers and representatives within 28 days of entry to the service. Care documentation demonstrated evaluation and outcomes of assessment and planning were communicated to the consumers and representatives at three monthly review consultations, and when changes occurred. The Assessment Team noted the service’s guidelines for assessment and documentation, as well as the Resident Of the Day process guide staff with care plan evaluation and consultation, and the requirement to include consumers and representatives. The service’s Plan for Continuous Improvement (PCI) demonstrated these actions.

Based on the available evidence, I am satisfied the service effectively communicates to consumers and representatives the outcomes of assessment and planning and care is documented, readily available to consumers and representatives. I find Requirement 2(3)(d) is compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 found Non-Compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a Site Audit in August 2022 where it was unable to demonstrate that:

* each consumer gets safe and effective personal and clinical care delivery is the best practice in relation to pain management, skincare and wound management.
* effective management of all high impact and high prevalence risks associated with the care of each consumer particularly related to diabetes management.

At the Assessment Contact on 20 June 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

The service was able to demonstrate that consumers and representatives were satisfied staff managed consumer personal care, pain, wounds, and restrictive practices. Clinical staff demonstrated strategies used to manage consumer pain, wounds and skin integrity, as well as restrictive practices. Staff provided examples of non-pharmacological and pharmacological pain strategies, referrals to external services for wound management, and the management of consumers with changed behaviour. Care documentation demonstrated consultations with consumers, representatives, a medical practitioner, physiotherapist, and referrals to external services associated with assessments, informed consent, and the management, monitoring, and evaluation of pain, wounds, and restrictive practices. The Assessment Team observed the service had provided education and training to staff related to pain management, wound management, the delivery of individualised personal care, hygiene, and restrictive practices. The service reviewed the documentation processes to enable clear and accurate documenting and has commenced using a pain checking system. The service has procedures and resource guides to best practice principles in wound care and pain management.

The service was able to demonstrate that consumers and representatives were satisfied staff managed consumer high impact and high prevalence risks related to diabetes management, falls, nutrition and weight loss, and responsive behaviours. Management and staff described the high-impact and high-prevalence risks in individual consumers at the service and ways risks are minimised. A review of care documentation specific to diabetes management for consumers with diabetes demonstrated the monitoring of blood glucose levels, medication administration and appropriate actions taken in line with diabetic medical directives. The Assessment Team noted directives included managing hypoglycaemia and hyperglycaemia.

Based on the available evidence, I am satisfied the service has in place effective assessment and monitoring systems to ensure consumer’s current needs, preferences and risks are effectively monitored and managed. These include personal and clinical care in the management of pain, skin integrity and wounds, and restrictive practices, and high impact and high prevalence risks in the management of diabetes, falls strategies and responsive behaviours. I find Requirements 3(3)(a) and 3(3)(b) are compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service was found Non-Compliant in Standard 5 in relation to Requirements 5(3)(c) following a Site Audit in August 2022 where it was unable to demonstrate that:

* Furniture, fittings, and equipment were safe, clean, well-maintained, and suitable for the consumer, specifically outdoor furniture being clean, consumer hoists and slings being maintained and safe, and recommendations relating to repairs or decommissioning were actioned.

At the Assessment Contact on 20 June 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

The service was able to demonstrate that consumers sampled were satisfied that the furniture, fittings, and equipment were safe, clean, and well-maintained. Staff were satisfied consumer equipment such as hoist and sling equipment and wheelchairs are safe and well maintained. Staff and management described the process for managing preventative and reactive maintenance. Management described how lifting equipment is inspected regularly by the manual handling staff member and an external contractor who provide recommendations to management and staff. Management demonstrated that the equipment reviewed in the contractor’s inspection report had been appropriately actioned. Maintenance documentation including external contractor’s inspection report demonstrated regular monitoring, actions and timely responses to equipment requiring repair or servicing as required. The Assessment Team observed furniture, fittings, and equipment indoors and outdoors at the service to be safe, clean, well-maintained, and suitable for the use of consumers. The service has policies and documentation relating to equipment and asset management.

Based on the available evidence, I am satisfied the service’s furniture, fittings, and equipment, are safe, clean, well-maintained, and suitable for consumers. I find Requirement 5(3)(c) 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)