Performance

Report

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| Name of service: | MiCare Overbeek Lodge |
| Service address: | 736 Mount Dandenong Road KILSYTH VIC 3137 |
| Commission ID: | 3188 |
| Approved provider: | MiCare Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 July 2023 |
| Performance report date: | 27 July 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 MiCare Overbeek Lodge (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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

Assessment of this requirement specifically targeted consumer weight loss. Assessors drew on evidence from five sampled consumers for this requirement. All sampled consumers expressed satisfaction with the care received, including in relation to managing weight loss. Staff have completed nutrition and hydration training and management demonstrated how risks associated with weight loss are managed through clinical data monitoring, trending and reporting. Review of five sampled consumer files demonstrated care planning documentation identifies individual consumer risks, including weight loss.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

**Requirement 4(3)(c)**

Assessors drew on evidence from seven sampled consumers for this requirement. All sampled consumers stated they receive adequate supports for daily living. Staff demonstrated their understanding of individual consumer needs and preferences and explained how they support consumers to maintain relationships and participate in activities of interest. The lifestyle coordinator stated they aim to include variety in the social calendar and engage with several external supports and services, including local community members, organisations and schools to support consumers and to engage consumers with the community. A review of sampled care plans demonstrated consumer needs and interests in relation to activities are documented. Assessors reviewed the monthly activities calendar for July 2023 and noted a range of activities which include coffee mornings, games, concerts and music, cultural celebrations, and a visiting library service. Assessors observed consumers participating in a range of activities.

**Requirement 4(3)(f)**

Assessors drew on evidence from twelve sampled consumers for this requirement. Most consumers expressed satisfaction with meals. Care planning documentation reviewed by assessors detailed dietary needs and preferences, including meal assistance requirements. Staff explained how they prepare meals in line with consumer preferences and use an electronic system which displays information regarding consumer dietary requirements and meal preferences. Staff said they always have enough food for each consumer and explained that if a consumer declines the meal on offer, alternatives are available. Consumers were observed exercising choice regarding menu options, eating meals in their rooms as well as in communal dining areas, and staff were observed providing meal assistance where necessary.

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)