Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mount Clear Aged Care |
| Service address: | 112-114 Whitehorse Road MOUNT CLEAR VIC 3350 |
| Commission ID: | 3703 |
| Approved provider: | OC Health Ballarat Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 January 2023 |
| Performance report date: | 21 February 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 Mount Clear Aged Care (**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

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 Requirement.

# 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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service was found non-compliant with this requirement following an assessment concluding in October 2021 as assessors found the service was unable to demonstrate that risks were considered. Comprehensive risk assessments were not always completed for all consumers, nor did assessments always inform the delivery of safe and effective care. The service has implemented a number of remedial actions to address the identified deficits including ongoing staff education regarding completion of risk assessments and care plans and ensuring care planning documents include adequate information to mitigate potential risks.

During this site assessment the service demonstrated that assessment and care planning identifies and considers risks to consumer health and well-being. The service has policies and procedures to guide staff in assessment, care planning and risk management. Sampled clinical staff demonstrated knowledge of consumer risks and described individual strategies to ensure safe and effective care. The service demonstrated care interventions are meeting each consumer’s preferences and needs through review of care and services. Care planning documentation is available to inform staff and includes a comprehensive handover sheet that is reviewed and updated daily to ensure changes to care are readily communicated and available to staff. Accordingly, I find the service compliant with Requirement 2(3)(a).

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |

Findings

The service was found non-compliant with this requirement following an assessment concluding in October 2021 as assessors found the service was unable to demonstrate that details regarding consumer condition, needs and preferences were always available within assessments or care plans to guide staff practice.

During this site assessment the service demonstrated that details in relation to consumer needs and preferences are communicated within the organisation through assessments and documentation. File review demonstrated the needs and preferences for all sampled consumers were reflected in care plans or assessments. Accordingly, I find the service compliant with Requirement 4(3)(d).

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)