Performance

Report

**1800 951 822**

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| Name of service: | Uniting AgeWell Strathdon Community |
| Service address: | 17 Jolimont Road FOREST HILL VIC 3131 |
| Commission ID: | 3632 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 June 2023 |
| Performance report date: | 24 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 Uniting AgeWell Strathdon Community (**the service**) has been prepared by D, Fekonja, 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 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 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service was found non-compliant with this requirement following a Site Audit conducted from 7 December 2022 to 12 December 2022. The service did not demonstrate regular or consistent review of consumer care needs when circumstances change or when incidents occur. Incidents were not consistently recorded in care plan assessments or followed up with a review and assessment of the effectiveness of the implemented care.

The service has implemented actions from the plan for continuous improvement dated 30 January 2023 to address these deficits which have been effective. These include:

* 24-hour progress note review by senior staff to ensure any changes are reflected in the care plan, assessment and handover.
* Spot check audits to ensure all care plans are up to date with all changes reflected.
* Inclusion in the care managers meeting agenda and minutes, to ensure follow-up and action in a timely manner.
* Care plan schedule and spot check schedule audits.
* Refresher training for necessary staff in relation to clinical review post-incident.

During the Assessment Contact conducted on 28 June 2023, consumers and/or their representatives expressed satisfaction with how the service regularly reviews care provided to consumers following changes in care needs, and/or the occurrence of incidents. Consumer files evidence consistent tailored and best practice assessment and care which is being reviewed on a regular basis, when consumers' circumstances change and/or incidents impact the needs, goals, and preferences of the consumer.

Staff interviewed were able to identify the types of reviews required depending on the change in circumstance and/or incident and demonstrated the organisation’s clinical care review processes are occurring. Staff confirmed readily available policy and practice standards to guide them and the receipt of associated training. Care staff are able to access consumer review outcomes through verbal and paper-based handover, in-room forms, and the electronic care file system.

Although there was an inconsistent follow-up for 2 consumers identified by the Assessment Team, the service was responsive to this feedback and initiated an immediate action plan, communicating requirements to staff and adding it to the spot check audit schedule for review.

Based on the information provided I find the service is compliant with this requirement.

# Standard 3

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| 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 |

Findings

The service was found non-compliant with this requirement following a Site Audit conducted from 7 December 2022 to 12 December 2022. The service was unable to demonstrate consistent wound management processes, with deficits specifically related to inconsistent wound photography, reviews by a registered nurse, delayed interventions, or timely referrals to wound consultants.

The service has implemented actions from the plan for continuous improvement dated 30 January 2023 to address these deficits which have been effective. These include:

* + - The implementation of a registered nurse template to ensure registered nurses are reviewing wounds weekly.
  + Spot check audits were completed to ensure a registered nurse has reviewed every wound at least once a week to provide the enrolled nurses with clinical support.
    - Education was delivered to clinical staff by the service’s quality team and external wound consultants and also education was provided on the services wound management platform.
    - The quality and risk officer for the service completed audits on all wounds to ensure reviews occur, photos are taken and actions are implemented.
    - Wound management is a standing agenda in the clinical care managers’ meeting and this was evidenced in meeting minutes.
    - Employment of a wound specialist to review all wounds, ensure classifications are correct, and provide ongoing care for chronic or deteriorating wounds.

During the Assessment Contact on 28 June 2023, consumers and/or their representatives expressed satisfaction with the improved care in relation to wound management. Five consumer care files of consumers living with active wounds were reviewed by the Assessment Team. All files contained evidence of weekly registered nurse reviews, clear clinical photographs, wound measurements, and the wound treatment plan was followed as required.

The service has policies and processes that guide the clinical care delivered to consumers including ‘skin integrity and wound management’ and ‘pressure injury and prevention and management framework’. Staff confirmed education had been provided which gave them additional knowledge to improve their delivery of care and understanding of when a referral to a specialist is required.

Based on the information provided I find the service compliant with this requirement.

# 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

The service was found non-compliant with this requirement following a Site Audit conducted from 7 December 2022 to 12 December 2022. The service was unable to demonstrate effective risk management systems in relation to wound management.

The service has implemented actions from the plan for continuous improvement dated 30 January 2023 to address these deficits, which have been effective. These include:

* Upgrading and reviewing clinical systems to ensure they capture high-impact high-prevalence risk.
* Engaging an external wound consultant to enhance usability within the clinical electronic file system.

During the Assessment Contact conducted on 28 June 2023, it was identified that the service’s engagement of external consultants assisted in the improvement of the service’s systems and processes. The service has implemented risk management systems and processes to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at both the service and organisation levels.

There is continuing work on improvements for the ongoing reduction in pressure injury incidents as reported by the Pressure Injury Committee in meeting minutes which were reviewed by the Assessment Team. Incidents are monitored, investigated, and recorded in the organisation’s risk management system.

Training has been provided to staff in the use of the electronic file system and wound management system.

Based on this information I find the service is compliant with this requirement.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)