Clayton Church Homes - Prospect

Performance Report

156 Main North Road
PROSPECT SA 5082
Phone number: 08 8404 8100

**Commission ID:** 6188

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 20 July 2020

**Date of Performance Report:** 21 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 10 August 2020.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team recommended requirement (3)(b) in Standard 3 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 3 and find the service is compliant with Requirement (3)(b).

Overall, consumers and representatives sampled considered consumers receive personal and clinical care that is safe and right for them and were satisfied with management of care relating to high impact or high prevalence risks. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said consumers have access to Medical officers or other allied health professionals as required.
* One representative stated they had noted a change in their loved one’s behaviours following review by a specialist and implementation of a more personalised activity program.
* One representative said their loved one was prone to falls and management strategies had been implemented.

Consumer files viewed by the Assessment Team demonstrated appropriate management of clinical risks, including nutrition and hydration, weight, medications, pressure injuries, delirium and behaviours. Documentation viewed demonstrated appropriate actions and management strategies are implemented where changes to consumers’ health and well-being are identified. Actions included implementation of assessments, charting, monitoring and referral.

The Assessment Team identified some gaps in relation to the service’s processes for managing high impact or high prevalence risks through consumer files viewed. For example:

* Pain charting for one consumer did not consistently identify location of pain or effectiveness of pain management strategies implemented.
* One consumer’s care plan was not updated following a behaviour incident.

Both of these issues were discussed with management. The approved provider’s response acknowledged there are further opportunities for improvement and demonstrated a commitment to implement appropriate actions to address areas highlighted by the Assessment Team.

Clinical staff provided examples of high impact or high prevalence risks for consumers, such as falls, behaviours and pressure injuries. Staff described clinical and personal care risks for individual consumers consistent with documented care plans.

There are processes to report and monitor high impact or high prevalence risks, including an incident management process. Incident data is monitored, collated and analysed for trends on a monthly basis.

For the reasons detailed above, I find the approved provider, in relation to Clayton Church Homes - Prospect, does comply with Requirement (3)(b) in Standard 3.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.