Somerton Residential Care Centre

Performance Report

7 Grainger Road   
SOMERTON PARK SA 5044  
Phone number: 08 8490 4600

**Commission ID:** 6916

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 10 May 2021

**Date of Performance Report:** 8 June 2021

# Publication of report

This Performance Report **will 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** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 staff, consumers/representatives and others.

# STANDARD 3 Personal 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 Assessment Team assessed Requirement (3)(b) in relation to Standard 3 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find Requirement (3)(b) Compliant. The reasons for the finding are detailed in the specific Requirement below.

### 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.*

The Assessment Team were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Assessment processes assist the service to identify consumers’ high impact or high prevalence risks. This includes validated risk assessment tools to support staff in identifying clinical risks and supporting care planning and delivery. The service undertakes referrals to allied health staff, Medical Officers and other health and service providers to ensure high impact or high prevalence risks are effectively managed.

Consumer files sampled demonstrated risks relating to management of skin/wound, medication, pain, falls, minimising restrictive practice, challenging behaviours and diabetes. Consumers sampled had these care and service needs identified, assessed, planned for and implemented.

The Assessment Team found whilst care staff and the Physiotherapist were able to describe the strategies for managing one consumer’s risk of falls, these strategies were not reflected in care planning documentation.

For another consumer, whilst the service and Medical Officer were aware of the consumer’s ongoing pain issues, the consumer expressed dissatisfaction with pain management due to a delay in the administration of opioid medication. Staff sampled were able to describe both non-pharmacological and pharmacological interventions to manage the consumer’s pain. In addition, staff are working with the consumer to support self-administration of pain relief medication.

Consumers sampled said staff are familiar with risks associated with their health and had implemented strategies to limit further risk. Clinical and care staff are familiar with strategies to manage high impact or high prevalence risks associated with the care of each consumer.

The service has policies and procedures to guide staff and monitoring and review process, such as scheduled clinical audits and a progress notes review process which is completed by the senior clinical team. Moreover, the service has a monthly clinical indicator report where high impact or high prevalence risks are analysed and trended.

Based on the information detailed above, I find Allity Pty Ltd, in relation to Somerton Residential Care Centre, Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the findings are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### The Assessment Team were satisfied the service demonstrated the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

### The service has a planned approach to staffing which includes staffing based on; acuity of consumers, staff gender preferences and a review of a range of data and key metrics. The service has a process for managing planned and unplanned leave with documentation sampled indicating minimal labour hire staff usage.

### Consumers and representatives sampled confirmed there were enough staff to deliver safe and quality care and services. This included staff being able to recognise and address pain for individual consumers, staff being prompt to answer call bells, staff being available in the event of an incident and sufficient staff to deliver lifestyle activities and catering services.

### Whilst some staff expressed inadequate staffing numbers, all clinical and care staff were able to describe being able to complete their allocated duties with no impact to consumers.

### Monitoring processes include call bell monitoring which is formally undertaken on a weekly basis where follow up action is conducted for all call bell response times greater than the service’s key point indicator. In addition, the service undertakes regular consumer surveys, staff meetings and trending of complaints to ensure the service has sufficient staff with the appropriate skill mix.

### Based on the information detailed above, I find the Allity Pty Ltd, in relation to Somerton Residential Care Centre, Compliant with Requirement (3)(a) in Standard 7.

# 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.