Performance

Report

**1800 951 822**

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| Name of service: | Abberfield Aged Care Facility |
| Service address: | 376-380 Bluff Road SANDRINGHAM VIC 3191 |
| Commission ID: | 4002 |
| Approved provider: | Sandra Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 June 2023 |
| Performance report date: | 30 June 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 Abberfield Aged Care Facility (**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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** **Human resources** | 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)(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 during a site audit from 22 November 2022 to 25 November 2022. The service at the time was unable to demonstrate that consumers were receiving safe and effective personal care, and was not able to demonstrate clinical care delivery is best practice in relation to falls management, skin care, continence care and medication administration.

The service has implemented several actions in response to the non-compliance which have been effective. These include:

* The service is ensuring consumers’ personal care is planned as per their preference, and falls management is tailored to their specific needs.
* The service utilises the expertise of a wound consultant who also provides further information and education to staff on best practice skin tear and pressure injury identification and management.
* Medication competencies have been updated and further education is planned for staff in medication administration. The medication policy has been updated and they have implemented monthly audits of medication incidents, to ensure all incidents trigger evaluation and review of practice. A new electronic medication management system has been introduced which has decreased the incidences of medication errors.
* Consumers are being reviewed post-hospital admission and relevant assessments are carried out which included head-to-toe assessments, mobility, and continence assessments.
* The agency staff checklist has been updated, to include information relating to Serious Incident Reporting Scheme (SIRS) reporting, escalation of care, and head-to-toe assessments.
* The service introduced a specific handover sheet for personal care attendants to ensure awareness of consumers with high fall risk.

During the assessment contact on 9 June 2023, consumers were satisfied with the care provided to them and call bell response times. Wound care was documented as per the policy and in consultation with the medical practitioner and/or wound consultant as appropriate. Files reviewed by the Assessment Team evidenced daily skin reviews and integument protection strategies were being followed, such as barrier cream application, regular repositioning, assistance with nutrition and hydration, and individualised continence assessment and management.

The Assessment Team observed falls management minimisation strategies in place, allied health professionals engaged in assessments and consultations with consumers, and staff following appropriate protocols to reduce the risk of falls.

Based on the information I find the service compliant with Requirement 3(3)(a).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The service was found non-compliant with this requirement following a site audit conducted from 22 November to 25 November 2022. The service at the time was not able to demonstrate the workforce is planned and adequate in number to enable the delivery of safe and quality care.

The service has implemented several actions in response to the non-compliance identified at the site audit which have been effective. These include:

* A full roster review was undertaken and completed on 14 February 2023.
* 35 new care staff were employed over a three-month period to replace staff who had left the service.
* New eight-hour shifts commenced assisting with call bell response.
* Extra care staff hours were added to the roster for each day across the service.
* Daily call bell reports were conducted to investigate call bells not responded to within 10 minutes.
* Relevant staff involved in call bells responded to in over 15 minutes were asked to complete a reflective practice to inform management of the reasons why the call bell was not responded to in a timely manner.
* An audit of all digitally enhanced cordless telecommunications (DECT) telephones was conducted to ensure the telephones are functional which identified all are working with audible tones.

During the assessment contact on 9 June 2023, the service demonstrated the workforce is planned and adequate in number to enable the delivery of safe and quality care. Consumers and representatives are satisfied with the staffing levels at the service and that staff are available when the consumer requires assistance. Staff also confirmed the increase in staffing levels has resulted in improvements to call bell response times.

The service is currently testing a new call bell system with new smart telephones being provided to all staff during each shift. These will be set up with appropriate applications and programs to assist staff in effectively responding to consumers when they action their call bell.

Based on the information I find the service compliant with Requirement 7(3)(a).

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)