Performance

Report

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| Name of service: | ACH Group Residential Care - Colton Court |
| Service address: | 84 Valley View Drive MCLAREN VALE SA 5171 |
| Commission ID: | 6980 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 September 2022 |
| Performance report date: | 28 October 2022 |

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 ACH Group Residential Care - Colton Court (**the service**) has been prepared by A Kasyan, 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.

# 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 Assessment Team did not assess all Requirements in Standard 3, therefore, a compliance finding at Standard level is not applicable.

Overall consumers and consumers’ representatives provided positive feedback about personal and clinical care provided to the consumers. They said regular staff knew and met their needs and were well-trained.

Staff described the importance of having strategies for management of changed behaviour and ensuring chemical restraint is used as a last resort and how they access policies and training modules online if they needed further information to guide delivery of care.

Documentation showed, consumers with specialised care needs, such as insulin dependent diabetes, colostomy, or indwelling urinary catheter, had directives for care and monitoring in care plans, and clinical staff described how they ensured complex care needs were met. Documentation showed staff did not consistently apply policies and procedures on post fall management specifically in relation to requirements to monitor neurological observations following unwitnessed falls. However, no impact to consumers was identified.

Based on the evidence summarised above, I find Requirement 3(3)(a) is Compliant.

# 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 Assessment Team did not assess all Requirements in Standard 3, therefore, a compliance finding at Standard-level is not applicable.

Feedback from consumers and representatives indicated overall, there is sufficient staff numbers to tend to consumer care needs.

The service has planned rosters, and staff allocation based on consumer needs. Vacant shifts are filled by the organisation’s staff or relief agency staff if required, and roster allocation sheets showed most of the shifts have been filled internally or by agency staff. The service has a mix of skilled staff including registered and enrolled nursing staff.

The service is actively recruiting for staff across all areas, conducts roster reviews to align with consumer acuity and utilises a casual pool of staff and agency staff to reduce the number of unfilled shifts. Documentation provided show call bell times are monitored for timeliness and rostering requirements are regularly reviewed. Staff and consumer surveys are conducted to gather feedback in relation to sufficiency of staffing. Complaints data showed there has been only one complaint within the past six months regarding staff shortages.

Based on the evidence summarised above, I find Requirement 7(3)(a) is Compliant.

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)