Performance

Report

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| Name: | Alcheringa |
| Commission ID: | 3028 |
| Address: | 2-14 Boree Drive, SWAN HILL, Victoria, 3585 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 26 September 2023 |
| Performance report date: | 27 October 2023 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 1787 Alcheringa |

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 Alcheringa (**the service**) has been prepared by N Chahal, 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 (performance assessment) – 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 4** Services and supports for daily living | **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

Consumers and representatives confirmed receiving personal and clinical care that reflects their individual needs and promotes their health and well-being in relation to restrictive practices, skin management, and pain management. Staff demonstrated knowledge of consumer's individualised care needs relating to changed behaviours, skin integrity, and pain management interventions. Care plan documentation demonstrated skin care, wounds, pain, and changed behaviours are effectively managed in line with best practice guidelines. Documentation review relating to restrictive practices demonstrated that individualised behaviour support plans and restrictive practice authorisations are in place for consumers. The service monitors, reviews, and evaluates the use of chemical restrictive practices in collaboration with the representatives by using a multidisciplinary approach. The Assessment Team noted inconsistencies in the documentation of behaviour charting following behaviour incidents and medication changes however no impact on the delivery of care of consumers was identified. In response to the Assessment Team’s feedback, management acknowledged the inconsistencies and outlined that training for all staff on behaviour charting and correct documentation processes will be organised.

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives confirmed that they feel encouraged to pursue activities of interest to them and described how the service supports them with services and supports of daily living. Representatives provided examples of staff spending one-on-one time with consumers as per their preference. Staff described that the activities schedule is developed based on the preferences and interests of the consumers and there are variations to the schedule to include more personal activities such as garden walks and tactile games. The Assessment Team observed consumers engaged in a variety of activities in line with the activity schedule.

Based on the available evidence, I find Requirement 4(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

Consumers and representatives expressed overall satisfaction with staffing numbers and confirmed their care needs are met. Staff from various roles confirmed there is adequate staffing and explained that when there is short staffing, management ensures the vacant shift is filled internally or with agency staff. Management described how they ensure adequate staffing to provide safe and quality care by having a roster that is designated per the classification of the staff members and is designed to cover the care needs of consumers. Management outlined strategies to ensure workforce planning and roster forecasting, these include, having a pool of casual staff to cover vacant shifts, sharing duties with staff during staff shortages, recruitment drive, and utilising agency staff when required. Documentation including roster and allocation sheets indicated adequate levels of staffing in the service across all shifts.

Based on the available evidence, 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)