Performance

Report

**1800 951 822**

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| Name of service: | Aldinga Beach Court |
| Service address: | 6 Pridham Boulevard ALDINGA BEACH SA 5173 |
| Commission ID: | 6164 |
| Approved provider: | Churches of Christ Life Care Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 January 2023 |
| Performance report date: | 6 February 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 Aldinga Beach Court (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff and management;
* the provider’s response to the Assessment Team’s report received 20 January 2023 accepting the Assessment Team’s findings; and
* the Performance Report dated 21 July 2022 for a Site Audit undertaken from 15 June 2022 to 17 June 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 15 June 2022 to 17 June 2022 where it was found sufficient or comprehensive assessment and care planning had not been undertaken in line with legislated requirements to guide staff practice in relation to use of restrictive practices and behaviour management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed all Behaviour support plans to ensure clear guidance on use of alternative strategies prior to use of restrictive practice, restrictive practice is to be used only as a last resort and appropriate levels of consent.
* Reviewed admission processes to include restrictive practice assessments for both respite and permanent admissions, where required.
* Implemented an electronic care documentation system, including use of a Behaviour Support Plan template within the care system, to ensure documentation complies with legislative requirements.
* Provided training to staff in relation to appropriate use of restrictive practice.

At the Assessment Contact undertaken on the 17 January 2023, initial and ongoing assessment and planning processes were found to be undertaken to ensure care and services meet consumers’ current needs, goals and preferences. Validated risk assessment tools are also utilised to identify risks, including in relation to falls, skin and pain. Care files sampled demonstrated risks to consumers’ health and well-being had been identified and personalised strategies developed to minimise risk of harm, including in relation to skin integrity, behaviours and restrictive practices. Staff were familiar with assessment processes and confirmed care plans and the handover report contained sufficient information to inform care. Consumers and representatives were happy with the care and services consumers receive, and felt strategies are effective in minimising risks to their health and well-being.

For the reasons detailed above, I find Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Care files sampled demonstrated ongoing daily monitoring of consumers’ health status occurs, with deterioration or changes reported to clinical staff for further assessment and evaluation in line with the service’s guidelines. Care files demonstrated timely response and appropriate management in relation to weight loss and pressure injuries. Referrals to Allied health specialists, where required, had been initiated and recommendations for management implemented. Observations of staff practice confirmed use of interventions consistent with care documentation to manage consumers’ health changes. Clinical and care staff confirmed recent training in relation to identification of deterioration and health changes and were knowledgeable of consumers sampled. Consumers and representatives sampled expressed confidence in the ability of staff to identify deterioration or changes in consumers’ health and respond in a timely manner to manage changes, ensuring good outcomes of care.

For the reasons detailed above, I find Requirement (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 15 June 2022 to 17 June 2022 where it was found the service was unable to demonstrate regular assessment, monitoring and review of workforce performance had occurred. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Performance development reviews have been completed with all staff in the last six months.
* Developed a performance appraisal tracking sheet.
* Provided education to People leaders in performance review processes, success profiles, skills and supporting performance feedback documentation.
* Developed a reflective practice tool to support learning and professional development.

At the Assessment Contact undertaken on the 17 January 2023, it was found regular assessment, monitoring, and review of each member of the workforce is undertaken. Performance management meetings are held with staff bi-annually to discuss progression with their role and provide feedback to assist them in meeting the expectations of their role. Staff performance is also monitored on an ongoing basis through direct observations of practice and through consumer feedback, complaints and incident data. Performance management processes are undertaken where poor performance, behaviour or attitude is identified and a reflective practice tool is used where required. Staff confirmed they had completed the annual appraisal process and described how performance discussions with management assists them to develop and improve their skills. Consumers and representatives sampled described staff as knowledgeable and had no complaints about their attitude or performance.

For the reasons detailed above, I find Requirement (3)(e) in Standard 7 Human resources compliant.

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)