Performance

Report

**1800 951 822**

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| Name: | Alkira Gardens |
| Commission ID: | 1021 |
| Address: | 2 Animbo St, MIRANDA, New South Wales, 2228 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 January 2024 to 19 January 2024 |
| Performance report date: | 16 February 2024 |
| Service included in this assessment: | Provider: 2463 The Sisters of Our Lady of China Health Care Pty Ltd  Service: 7253 Alkira Gardens |

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 Alkira Gardens (**the service**) has been prepared by T Solomon, 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.
* the provider’s response to the assessment team’s report received 15 February 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |

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)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

Consumers and/or representatives spoke of being informed of the outcomes of assessments and planning, and representatives stated they are kept updated with any changes in their relative’s condition. Staff described how they access consumers’ details about care and services by using the service’s electronic care planning system with their mobile phones.

Documentation reviewed and staff confirmed outcomes of assessment and planning are communicated to consumers and/or representatives. Case conference notes for consumers show discussion with the consumer, the consumer’s representative, and senior staff members in relation to the assessment and planning of nutritional status and falls risk. Copies of the care plan and behaviour support plan were taken by the consumer representative to read and sign.

Based on the information provided by the Assessment Team, Requirement 2(3)(d) if found Compliant.

# 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

Consumer and/or representative feedback is that overall, they are satisfied with the provision of personal and clinical care for consumers. Documentation reviews, staff interviews and observations show consumers are receiving safe and effective clinical and personal care in relation to skin integrity and wound management. Falls and other incidents are generally managed and followed up effectively.

However, the Assessment Team identified areas for improvement in relation to behaviour support and wound management documentation.

The Approved Provider responded with additional documentation and actions taken to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Compliant.

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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)