

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Alwyndor Aged Care |
| Commission ID: | 6931 |
| Address: | 52 Dunrobin Road, HOVE, South Australia, 5048 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 January 2025 |
| Performance report date: | 6 February 2025 |
| Service included in this assessment: | Provider: 1131 City of Holdfast Bay Service: 4340 Alwyndor Aged Care |

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 Alwyndor Aged Care (**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.

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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response received 30 January 2025 which includes commentary, supporting documentation and a plan for continuous improvement to address the deficits identified in the Assessment Team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not fully assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 7 requirement 7(3)(d)**

* Review processes relating to training and supporting staff, specifically those related to managing consumers’ behaviours, and implement support strategies, such as additional training where further support needs are identified.

# Standard 3

|  |  |
| --- | --- |
| Personal care and clinical care |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team assessed requirement 3(3)(b) and provided the following evidence gathered through interviews, observations and document review.

There are processes to identify, assess, plan for and manage high impact or high prevalence risks associated with consumers’ care. Care files evidence effective management of risks relating to behaviours, restrictive practices, falls, pain and pressure injuries. Care files also evidence involvement of medical officers, specialist services, and allied health professionals in the assessment and management of identified risks. A behaviour support plan (BSP) for one consumer includes triggers, strategies and recommendations from allied health professionals to manage and deescalate changing behaviours. For this consumer a management strategy has been implemented in response to escalating behaviours, with the representative indicating in the week prior to the assessment contact, behaviours have reduced and the consumer appears more comfortable, resulting in a positive effect on other consumers. Staff are aware of strategies in place to manage risks for this consumer and others, in line with care plans and BSPs. Consumers and representatives are generally satisfied with the management of risks, including those related to behaviours, falls, wounds and pain.

Based on the Assessment Team’s report and the provider’s response, I find requirement 3(3)(b) compliant.

# Standard 7

|  |  |
| --- | --- |
| Human resources |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |

Findings

The Quality Standard is non-compliant as the requirement assessed is non-compliant. The Assessment Team recommended requirement 7(3)(d) not met and provided the following evidence gathered through interviews and document review.

While consumers and representatives said staff do their best to manage consumers’ changed behaviours, 3 of 4 representatives said staff do not have the skills and experience to manage consumers with changed behaviour. One said when staff are rotated too often, or agency staff are used, they do not know individuals’ needs and are unable to read signs as behaviours escalate. They said staff do not always recognise triggers for behaviours resulting in unmet needs, frustration and agitation.

Care staff who undertake a behaviour management strategy for one consumer said they have not received specific training in relation to managing the consumer’s specific behaviours. They said they rely on information passed from other staff and the BSP to inform care delivery. Staff said they are not confident in managing the consumer’s behaviours; however, behaviours have reduced due to the management strategy. Six of 8 staff said behaviour management training is insufficient to manage the behaviours of some consumers. Two said they have not received dementia training in the past 12 months and 3 said while care plans provide information on known triggers, this is not enough to enable them to manage behaviours as they escalate.

The provider disagrees with the Assessment Team’s recommendation.

The provider acknowledges staff may not always feel confident when managing one consumer due to numerous staff having experienced aggressive behaviours and/or receiving injuries as a result. They state all reasonable measures have been taken to assist staff in how to manage the consumer’s behaviours referencing numerous assessments and reviews by specialist services. The provider states all agencies involved provided advice, education and support to staff in managing the consumer’s behaviours. The provider’s response indicates the BSP contains all the information for staff to use in the consumer’s care and all staff have access to the plan and have been requested to read it and ask for assistance if they have any concerns. The provider states if they were to provide ‘individual’ and ‘specific ‘training, it would be based on the information contained in the BSP. The provider’s response also includes results from a satisfaction survey to show the majority of representatives feel staff have adequate training; and a graph to show use of agency staff has reduced from July 2024 to December 2024. The provider is undertaking an audit of training records to identify staff who have not completed required dementia training, and once identified training will be implemented. The provider also notes they identified that on the floor staff required additional mentoring, support and face to face training and in response created a new, clinical nurse lead position in December 2024. This clinical nurse provides additional supervision of care and clinical staff and training as identified from incident and feedback analysis and staff feedback.

I acknowledge the provider’s response. However, I find the workforce is not sufficiently trained, equipped and supported, specifically in relation to managing consumers’ behaviours. I have placed weight on feedback provided by the majority of representatives and staff interviewed indicating staff do not have the skills and experience to manage consumers with changed behaviour, and behaviour management training being insufficient to manage some consumers’ behaviours. While I acknowledge staff have access to BSPs to guide provision of care, staff indicate information contained in the plans is not sufficient to enable them to manage behaviours as they escalate. The provider’s response indicates numerous staff have experienced aggressive behaviours and/or received injuries as a result of one named consumer’s behaviours. I note records indicate 153 staff completed non-mandatory dementia training in the 12 months prior to the assessment contact. However, I consider the provider’s processes to identify and respond to staff who feel they do not have sufficient training or support are not effective, as indicated by feedback provided by staff.

The provider’s response includes a plan for continuous improvement outlining actions to address deficits relating to assessment and identification; training and education; and support systems, with planned completion dates ranging from January 2025 to July 2025. As such, time will be required to implement, establish and review efficacy of the planned actions, as well as staff competency and improved consumer outcomes.

For the reasons detailed above, I find requirement 7(3)(d) non-compliant.

# Standard 8

|  |  |
| --- | --- |
| Organisational governance |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |

**Findings**

The Assessment Team assessed requirement 8(3)(d) and provided the following evidence gathered through interviews and document review.

A risk framework is supported by policies, procedures, staff training, and audits, and an organisational framework ensures risks are reported and escalated to executive management. The organisational framework includes various clinical, quality and governance committees where risks are discussed and action items to manage risk are identified and approved. A risk plan captures high impact or high prevalence risks and treatment strategies across the organisation. An annual audit schedule includes consideration of risks, including restrictive practices, falls and pain, and where deficits in care or clinical risk are identified, mitigation strategies are implemented and audits are redone. Clinical analysis and trending of risks is undertaken monthly. Records evidence staff training in relation to high impact or high prevalence risks and incident management, including SIRS, elder abuse, infection prevention and control, and nutrition and hydration. Staff interviewed are knowledgeable of elder abuse, restrictive practices and incident reporting and described escalation processes in line with policy. Staff also described supporting consumers to be empowered and as independent as possible to live their best life.

Based on the Assessment Team’s report, I find requirement 8(3)(d) 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)