Performance

Report

**1800 951 822**

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| Name: | Alwyndor Aged Care |
| Commission ID: | 6931 |
| Address: | 52 Dunrobin Road, HOVE, South Australia, 5048 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 January 2024 |
| Performance report date: | 2 February 2024 |
| 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.

# 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 consumers, representatives, staff and management; and
* a performance report dated 28 April 2023 for a site audit undertaken from 14 March 2023 to 16 March 2023.

The provider did not submit a response to the assessment team’s report.

# 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 8** Organisational governance | **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 |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Requirements (3)(a) and (3)(e) were found non-compliant following a site audit undertaken in March 2023 as assessment and planning did not include consideration of risks to consumers’ health and well-being to inform delivery of safe and effective care and services in relation to management of changed behaviours; and review of care and services to meet consumers’ needs and preferences following falls did not occur. The assessment team’s report included actions the service has taken in response to the non-compliance, including updating a range of related policies and procedures; updating the behaviour support plan template and reviewed behaviour support plans; providing training to staff on behaviour charting, challenging behaviours, incident management, and wound management; implementing progress note reads; and updating the falls risk assessment tool.

At the assessment contact in January 2024, care documentation demonstrated initial and ongoing assessments identify risks to consumers’ health and well-being and include individualised management strategies to inform provision of care and services. Care files also demonstrated involvement of medical officers and specialists in planning and assessment processes. Clinical staff descried how processes, such as progress note reviews and resident of the day enables risks to consumers’ health and well-being to be identified and addressed, and staff confirmed care plans contain sufficient information to inform care. All consumers and representatives interviewed said staff are knowledgeable of consumers’ individual risks and expressed satisfaction with care and services received.

Care plans are reviewed regularly for effectiveness, including a full review every six months, with a resident of the day process conducted monthly, and all assessments and care plans sampled had been completed and reviewed in line with the care plan review schedule. Additionally, where circumstances had changed or incidents occurred, consumers had been assessed, management strategies reviewed, and care plans updated. Consumers and representatives said care planning is discussed with them regularly.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a site audit undertaken in March 2023 as consumers were not provided safe and effective personal and/or clinical care that was best practice, tailored to their needs, or which optimised health and well-being; and risks were not managed in line with consumers’ care and services plan. The assessment team’s report included actions the service has taken in response to the non-compliance, including, but not limited to, reviewed behaviour support plans for all consumers with restrictive practices and changing behaviours; provided education to staff on behaviour charting, behaviour support plans, dementia and documentation; and recruited a wound nurse consultant.

At the assessment contact in January 2024, consumers were found to receive safe and effective personal and clinical care that was tailored to their needs and optimised their health and well-being. Care files were reflective of consumers’ individualised care needs and demonstrated appropriate management of specific aspects of care, including restrictive practices and behaviours. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files included appropriate assessment and strategies to mitigate risks relating to wounds, unplanned weight loss, and diabetes. Care files also evidenced involvement of medical officers and allied health professionals in assessment and management of high impact or high prevalence risks. Staff are knowledgeable of sampled consumers and strategies and interventions to mitigate risk, and consumers are satisfied with current interventions.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| 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

Requirement (3)(d) was found non-compliant following a site audit undertaken in March 2023 as deficiencies in identifying and reporting behavioural incidents did not demonstrate effective oversight through current risk management system and practices. The assessment team’s report included actions the service has taken in response to the non-compliance, including, but not limited to, implementation of daily progress note reads to review incidents, assessments, and ensure adequate follow up and actions have been completed; commenced an incident management committee to review high risk or high prevalence consumers; and provided training to staff training on incident management, behaviours, wounds, and pressure injury management.

At the assessment contact in January 2024, the organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. The risk framework includes policies, procedures, audits and training to support management and monitoring of risk, including incidents. Staff interviewed provided examples of risks and mitigating strategies, and described reporting protocols and how they implement the service’s related policies and procedures, in line with their scope of practice.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)