Performance

Report

**1800 951 822**

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| Name: | AnglicareSA Westbourne Park |
| Commission ID: | 6204 |
| Address: | 56 Monmouth Road, Westbourne Park, South Australia, 5041 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 November 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 1197 Anglicare SA Ltd  Service: 5355 AnglicareSA Westbourne Park |

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 AnglicareSA Westbourne Park (**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 staff, consumers and representatives;
* the performance report dated 6 September 2023 for an assessment contact - site undertaken on 31 July 2023; and
* the provider’s response to the assessment team’s report received on 11 December 2023 acknowledging the recommendations made by the assessment team.

# Assessment summary

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

Findings

Requirement (3)(b) was found non-compliant following an assessment contact in July 2023 where it was found risks associated with behaviours, use of psychotropic medications and weight loss, were not effectively managed. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Behaviour support plans for consumers with adverse behaviours have been reviewed and updated to include individualised strategies.
* Referrals to dementia support services and dietitians have been made as required.
* Consumers prescribed psychotropic medication have been reviewed in consultation with medical officers and representatives.
* Consumers with dietary needs, including unplanned weight loss, have been reassessed using the appropriate assessment tools.
* Policies and procedures in relation to behaviour management, restrictive practices and weight loss have been reviewed.

Consumers assessed as high risk are reviewed at weekly risk management meetings and documentation showed high impact or high prevalence risks to consumers are effectively managed. Staff described strategies to mitigate consumers’ risks and have received training in relation to behaviour management, restrictive practices, falls, and weight loss. Consumers and representatives said the service and staff ensure consumers receive safe personal and clinical care in relation to behaviour management, restrictive practices, weight loss, falls, and pain.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care 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)