Performance

Report

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| Name: | Assisi Centre Aged Care |
| Commission ID: | 3364 |
| Address: | 230 Rosanna Road, ROSANNA, Victoria, 3084 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 September 2024 |
| Performance report date: | 7 October 2024 |
| Service included in this assessment: | Provider: 467 Assisi Centre Limited  Service: 2122 Assisi Centre 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 Assisi Centre Aged Care (**the service**) has been prepared by V Stephens, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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)(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

Consumers stated they receive safe and individualised care, pain is managed effectively and staff do all they can to prevent falls and provide safe care following falls. Staff demonstrated they prevent and manage falls, pain, and chemical restrictive practice according to the service’s policies and protocols. Care staff demonstrated knowledge of falls prevention and pain management interventions for individual consumers. Clinical management explained the care planning processes in place to support implementation of safe, individualised care in relation to falls, pain and chemical restrictive practice.

The Assessment Team reviewed the care documentation of 9 consumers who are currently assessed as requiring chemical restraint for the management of changed behaviours associated with dementia. Care documentation demonstrates representatives have given informed consent for the use of restraint and staff trial and document alternative strategies before using ‘as needed’ medications to manage behaviours of concern. Registered nurses ensure informed consent and medical authorisation for chemical restrictive practice are reviewed every 3 months as per regulatory requirements. Each consumer has a behaviour support plan. A review of consumer care documentation demonstrated the ongoing review of strategies implemented in the prevention and management of falls including appropriate referrals and escalation of care.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives said they feel encouraged to pursue activities of interest and described how the service supports them. Lifestyle staff develop a monthly calendar of group activities based on consumer preferences and interests. Staff members described how they support consumers to engage in activities that optimise independence and well-being. Care plan documentation reflected consumer lifestyle interests and preferences and monthly lifestyle activity calendars contain a variety of activities. The Assessment Team observed a group of consumers attending an exercise class in the morning, followed by a religious service and a musical activity in the afternoon.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives generally expressed satisfaction with staffing numbers. Consumers and representatives said consumer care needs are met, and call bells are generally answered within a suitable timeframe. The service plans its workforce to enable the delivery of safe and quality care and services to consumers. The service rosters on more staff than required in anticipation of unplanned leave. Agency staff are used as a last resort. The master roster and shift allocation sheets for the 2 fortnights immediately preceding the assessment indicated adequate levels of staffing in the service across all shifts. Shifts are planned with staff well in advance according to roster forecasting and in the 4 weeks prior to the assessment the service had no unfilled shifts.

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)