Performance

Report

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| Name of service: | Clayton Church Homes - Magill |
| Service address: | 43 Fisher Street MAGILL SA 5072 |
| Commission ID: | 6032 |
| Approved provider: | Clayton Church Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 23 August 2023 |

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 Clayton Church Homes - Magill (**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 consumers/representatives, staff, management and others.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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)(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)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Overall, consumers were found to be provided safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of falls, behaviours and pain. Care files also demonstrated involvement of Allied health professionals in consumers’ care. While management of diabetes and wounds was generally found to be effective, some inconsistencies were identified with recording of blood glucose levels, wound measurements and repositioning. Staff provided examples of how they ensure care and services are delivered in a safe and effective manner and are tailored to each consumer, and policies and procedures are available to guide staff and ensure best practice is achieved. Consumers and representatives interviewed confirmed consumers are provided the care and services that suits their needs, and confirmed they can see the Medical officer or Allied health services when they need.

Care files sampled demonstrated timely actions are taken where a change in consumers’ condition is identified. Clinical staff described processes they follow when they become aware of consumers being unwell or have had a change in condition, including conducting an assessment and observations. Clinical staff confirmed they contact the Medical officer and family and, in some cases, transfer consumers to hospital if required. One consumer was satisfied with the care and services provided and confirmed they are able to see the Medical officer in a timely manner when they do not feel well.

For the reasons detailed above, I find requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Meals provided were found to be varied, of suitable quality and quantity. Meals are cooked fresh daily in line with a four-week rotating seasonal menu which has been reviewed for nutritional content by a Dietitian. The menu offers two choices of main meals at lunch, a variety of soups, cultural recipes, morning and afternoon tea options and a hot breakfast served on Fridays. Alternative options are available, as required. Care files included consumers’ dietary needs and preferences, such as allergies, likes and dislikes, and staff described how they meet the specific dietary needs or preferences of consumers. Consumers are encouraged to raise concerns or suggestions about the food service through resident and food focus meetings, surveys and feedback processes and documentation sampled demonstrated improvement actions are initiated as a result. Consumers said they enjoy the meals, have input into the menu and are supported to provide feedback for meal options.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# 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

The workforce, including mix and number, was found to planned to enable delivery and management of safe and quality care and services. Recent changes have been implemented in relation to staffing as part of a larger workforce strategy which includes directly employed casual and back-fill staff to ensure coverage above required care minutes, with minimal usage of agency staff. Staff rostering sampled recorded no unfilled shifts, with leave coverage undertake by the directly employed back-fill staffing pool. Most staff sampled felt there was sufficient staff rostered each shift and with a good mix of staff to undertake all tasks and provide appropriate care to consumers. All consumers and representatives felt there was sufficient staffing and mix to provide safe and quality care and services.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources 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)