Performance

Report

**1800 951 822**

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| Name: | Clayton Church Homes - Summerhill |
| Commission ID: | 6104 |
| Address: | 1144 Greenhill Road, URAIDLA, South Australia, 5142 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 April 2024 |
| Performance report date: | 4 May 2024 |
| Service included in this assessment: | Provider: 1219 Clayton Church Homes Inc  Service: 4121 Clayton Church Homes - Summerhill |

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 - Summerhill (**the service**) has been prepared by M Roach, 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, the report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives and staff.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed requirement under the relevant 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 |

Findings

Consumers stated they have been actively involved in assessment and planning processes when entering the service. They recalled discussions with staff regarding potential and actual care related risks and confirmed the implementation of appropriate interventions. Staff were knowledgeable of assessment and planning procedures and described processes utilised to identify individual risks. Care documentation showed risk assessments were conducted using validated tools and risk mitigating strategies were implemented and documented in care plans, with ongoing monitoring conducted through regular charting. The service has policies and procedures to guide staff practice in initial and ongoing assessment and planning processes.

Based on the evidence brought forward by the assessment team and detailed above, I find Requirement 2(3)(a) 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 |

Findings

Consumers expressed satisfaction with the personal and clinical care provided, stating staff are kind, caring and providing care and services tailored to their needs. Staff were knowledgeable of consumers’ individual care requirements and preferences, and described how they ensure care provided is safe, effective and tailored to their needs. Care documentation demonstrated clinical care, such as falls management and wound care, is provided in line with best practice and individual needs. The service’s policies and procedures are in place to guide and support staff practices in ensuring safe and tailored care and services provision.

Based on the evidence brought forward by the assessment team and detailed above, I find Requirement 3(3)(a) 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

Consumers confirmed there are adequate numbers of staff with appropriate skills to deliver care and services and they do not experience delays in the assistance for their needs. Clinical and care staff said overall they have sufficient time to perform their roles in providing care and services to consumers. The service has a workforce capability framework to guide recruitment, workforce co-ordination and rostering practice. To ensure skill mix and consistent staff knowledge of consumers, new staff are trained before commencing duty and are partnered with experienced staff. Call bell response time analysis and staffing arrangement are discussed at staff meetings as part of the ongoing monitoring process.

Based on the evidence brought forward by the assessment team and detailed above, I find Requirement 7(3)(a) 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)