Performance

Report

**1800 951 822**

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| Name of service: | Clayton Church Homes Park Village |
| Service address: | 30 Shillabeer Road ELIZABETH PARK SA 5113 |
| Commission ID: | 6170 |
| Approved provider: | Clayton Church Homes Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May 2023 |
| Performance report date: | 19 June 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 Park Village (**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 and management.

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 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

At the Assessment Contact undertaken on 23 May 2023, the Assessment Team recommended requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding.

Care and services are reviewed six-monthly and when circumstances change or incidents impact on the needs, goals and preferences of consumers. Where incidents or changes to consumers’ health and condition are identified, care files demonstrated additional monitoring, including through use of charting. While all care plans sampled were current and up-to-date in relation to six monthly reviews, Clinical nurse support has been arranged to provide each of the organisation’s sites with assistance to ensure care plan reviews are completed on time. Clinical staff were aware of policies and procedures relating to care plans and were conducting regular reviews of consumers’ care plans. Consumers and representatives confirmed they are promptly advised of the outcomes of assessments and incidents or changes in consumers’ health and well-being, and consumers said they had been asked questions relating to their preferences and goals when care plan reviews are undertaken.

For the reasons detailed above, I find requirement (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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

At the Assessment Contact undertaken on 23 May 2023, the Assessment Team recommended requirements (3)(b), (3)(d) and (3)(f) in Standard 3 Personal care and clinical care met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to diabetes, falls, weight loss, pressure injuries and restrictive practices. Ongoing monitoring of individual consumers’ high impact or high prevalence risks is achieved through a weekly high risk resident meetings with a multi-disciplinary team. Consumers sampled were satisfied with management of their care, including high impact or high prevalence risks, such as wounds and falls.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Medical officers and Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting changes in consumers’ condition, and consumers and representatives confirmed changes in consumers’ health are recognised promptly.

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

At the Assessment Contact undertaken on 23 May 2023, the Assessment Team recommended requirement (3)(a) in Standard 7 Human resources met. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Workforce planning and management is monitored by a dedicated rostering team who ensure the correct allocation of staff and skill mix across all areas to meet consumer needs and preferences. There are contingencies for planned and unplanned leave. Sufficient staff numbers were observed across all areas, and staff did not appear rushed when providing care and services. Staff said the workforce is sufficient to provide care and services, and recent recruitment of clinical and care staff had reduced the reliance on agency staff who have less knowledge of consumers' needs and preferences. Consumers and representatives confirmed there are adequate numbers of staff with appropriate skills to provide safe and quality care and services. Consumers said they do not experience delays in care and service provision, stating staff attend to calls for assistance promptly, medications are provided within reasonable timeframes and lifestyle activities and meals commence at scheduled times.

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)