Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Eldercare Cottage Grove |
| Service address: | 150 Reynell Road WOODCROFT SA 5162 |
| Commission ID: | 6180 |
| Approved provider: | Eldercare Australia Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 August 2023 |
| Performance report date: | 1 September 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 Eldercare Cottage Grove (**the service**) has been prepared by R Beaman 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/representatives and others.

A response to the Assessment Team’s report was not submitted by the Approved Provider.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | 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 4** Services and supports for daily living | **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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The Assessment Team recommended Requirement (3)(d) in Standard 1 met. The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. The following evidence was considered relevant to my finding:

* Consumers interviewed said they are encouraged to take risks, to enable them to live the best they can. Two consumers confirmed being supported and undertaking activities involving risk.
* The service has policies and procedures to guide staff in completing Risky Activity forms. Staff were knowledgeable about consumers who choose to undertake risky activities and were able to describe strategies implemented.
* Care planning documentation demonstrated appropriate consultation being undertaken with consumers, their representatives, and allied health staff where appropriate including for consumers who choose to leave the service.

For the reasons detailed above, I find Requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team recommended Requirement (3)(a) in Standard 3 met. The service demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored and optimises their health and well-being including in relation to the management of wounds, falls and specialised nursing needs. The following evidence was considered relevant to my finding:

* Five consumers stated they receive personal care according to their needs and preferences.
* Four care staff demonstrated knowledge of individual consumers’ needs and described how they ensure personal care is provided according to each consumers’ needs and preferences.
* Documentation viewed for two consumers showed effective wound management with both wounds healing and regular wound monitoring being undertaken. Best practice processes support the involvement of dietitians to promote wound healing of chronic wounds.
* Documentation viewed for one consumer experiencing frequent falls showed further strategies being implemented including the purchasing of a wider bed. The representative was satisfied with the strategies being implemented to manage the consumer’s falls risk.
* Clinical staff were able to describe specialised nursing care needs and documentation viewed showed effective monitoring and management.
* Training records showed a variety of training and toolbox sessions relating to personal and clinical care being provided to care and clinical staff.

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

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team recommended Requirement (3)(a) in Standard 4 met. The service demonstrated each consumer gets safe and effective services and supports for daily living that meets the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. The following evidence was considered relevant to my finding:

* The service has a comprehensive activities calendar and staff observed the provision of activities in the common areas.
* Lifestyle staff describe how they promote consumer independence and wellbeing through the provision of activities such as a walking group and engage consumers in activities outside of the service.
* Staff described how they support consumers to do as much for themselves as possible and how they enable consumers to maintain their independence.
* Two consumers described how they are supported in attending church, provision of hair dressing services and attending outings which support their well-being and quality of life.

For the reasons detailed above, I find Requirement (3)(a) in Standard 4 Services and supports for daily living 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)