Performance

Report

**1800 951 822**

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| Name of service: | IRT Sarah Claydon |
| Service address: | 130 Princes Highway MILTON NSW 2538 |
| Commission ID: | 2706 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 December 2022 |
| Performance report date: | 10 January 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 IRT Sarah Claydon (**the service**) has been prepared by T Solomon, 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 - 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.
* the provider’s response to the assessment team’s report received 30 December 2022.
* The Performance Report dated 11 January 2022 following the Site Audit undertaken from 14 December 2021 to 16 December 2022, where Requirement 3(3)(b) was found to be Non-compliant.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(b)

* ensure effective management of high impact and/or high prevalence risks associated with the care of each consumer, specifically in relation to restrictive practices, wound management, weight loss and falls management.

# 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. | Non-compliant |

Findings

Requirement 3(3)(b) was found non-compliant following a site audit from 14 December 2021 to 16 December 2021. The Assessment Team identified deficits in the management of high impact and high prevalence risks associated with the care of consumers. Since that Site Audit, the Approved Provider implemented corrective actions.

During the assessment contact undertaken on 7 December 2022, the Assessment Team identified deficits in the management of known risks associated with the care of consumers. Deficits identified were in relation to behaviours of concern, chemical restraint, falls management, weight loss and wound care, which were not being effectively managed in line with consumer needs or the service’s processes.

The Approved Provider responded with a plan for continuous improvement to address the identified deficits. I acknowledge the Approved Provider has already addressed some of the identified deficits. However, certain actions still need to occur, and the Approved Provider will require time to embed these practices in their daily routine ensuring they are effectively managing risks associated with the care of each consumer.

Based on the information provided by the Assessment Team, as well as the information provided by the Approved Provider, I find Requirement 3(3)(b) Non-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)