Performance

Report

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| Name: | IRT Sarah Claydon |
| Commission ID: | 2706 |
| Address: | 130 Princes Highway, MILTON, New South Wales, 2538 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 February 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 1063 IRT Sarah Claydon |

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 Therese 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| 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 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Requirement 1(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance, including but not limited to the completion of consumer experience surveys, installing automatic doors to improve access to the garden area, staff education and training in relation to consumer dignity and choice.

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Consumers and/or representatives stated staff are kind, caring, cheery and polite, and that consumer’s dignity is maintained. They stated they are supported to maintain their interests and encouraged to exercise choice by the service. The Assessment Team observed consumers in the memory support unit using the outdoor garden area, which they were able to freely access themselves. Consumer bedroom doors in the memory support unit have different coloured front door decals in addition to memory boxes, and names on them to help consumers identify and located their rooms.

Consumers and/or representatives were satisfied with the laundry service provided, and stated the service purchased a new labelling machine for clothing reducing the amount of missing clothing. Consumers and/or representatives were satisfied with the cleanliness of the environment, stating they were happy with the cleanliness of their rooms, and the communal areas in the service.

# 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 |

Findings

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance, including but not limited to implementation of a new post fall checklist, education and training for staff on pain management, management of changing behaviours, wound management and documentation.

Consumers and/or representatives stated they were satisfied with the management of their high impact, high prevalent risks, and said they had been consulted in relation to risk mitigation strategies. Review of care and service documentation for consumers who had falls showed staff are following the organisation’s policy and procedures and consumers are appropriately assessed and reviewed after a fall. The Assessment Team found dementia enabling principles and wayfinding have been implemented at the service, supporting consumers with changing behaviours.

However, The Assessment Team identified some documentation inconsistencies in relation to falls management, management of changed behaviours, pain management and wound management. The Assessment Team informed management of the identified inconsistencies and actions were implemented to address the inconsistencies.

While deficits with documentation related to falls management, management of changed behaviours, pain management and wound management were identified, there were no, or minimal impacts identified for consumers. Consumers and/or representatives expressed satisfaction with the management of their high impact high prevalent risks. Overall, high impact high prevalent risks are being monitored and managed effectively by the service.

# 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

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance, including but not limited to development of a care support pack for agency staff, implementation of staff huddles to review call bell data daily, education and training for staff in monitoring and responding to call bells.

The service demonstrated the workforce is planned to enable the delivery and management of safe and quality care and services.

The service has access to an organisation wide program to recruit and retain staff. Staff in the program are provided extensive onboarding and training before commencing on site, including attending an aged care boot camp, induction to the organisation, introduction to the Quality Standards and completion of all required practical competency assessments during their initial buddy rosters. Staff are assessed by management and allocated to the roster after their buddy shifts are completed. Management provided evidence showing staff who are not yet deemed competent are given additional training and support before being rostered for shifts.

The service has a centralised rostering framework in place, with a dedicated rostering team working on filling shifts. Policies and procedures guide staff and management on overseeing rosters and leave replacements at the service. Management demonstrated oversight and involvement in this process to ensure all shifts are covered using a combination of agency staff, overtime, and ad hoc extensions to shift times where required.

Additional staff have been recruited by the service and newly employed staff confirmed the onboarding and initial training they completed upon commencement. Staff interviewed, including agency staff, were knowledgeable about the consumers in their care and understood how and when to ask for additional staff to support safe and quality care and services, if needed.

Feedback on staffing levels from consumers, representatives and staff was mixed, with some feedback still identifying low staffing levels as an issue. However, it was difficult to identify workforce issues impacting on the delivery of safe and quality care and services. Management demonstrated significant planning and risk management around workforce and call bell monitoring, with innovative solutions implemented to address staffing levels.

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)