Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Jallarah Homes |
| Commission ID: | 6053 |
| Address: | 10 South Terrace, MENINGIE, South Australia, 5264 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 November 2023 |
| Performance report date: | 24 November 2023 |
| Service included in this assessment: | Provider: 51 Jallarah Homes Inc  Service: 4070 Jallarah Homes |

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 Jallarah Homes (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 12 July 2023 for a site audit conducted 30 May 2023 to 1 June 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | 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

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

Requirement (3)(e) was found non-compliant following a site audit conducted in May/June 2023 as care and services were not reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, ensured dietary and nutritional assessments, along with corresponding updates to care plans are conducted after allied health reviews and effective communication is maintained with kitchen staff; and provided training to staff in relation to first aid, including responding to choking incidents.

At the assessment contact undertaken on the 6 November 2023, consumers and representatives confirmed regular reviews of consumers’ care and services occur when circumstances change or when incidents impact on their needs, goals, and preferences. Care files demonstrated review of consumers’ care following return from hospital, changed behaviours, weight loss, falls and pressure injuries. Care files also demonstrated in response to consumers’ changed circumstance, additional monitoring is implemented, including through assessment processes, referrals to medical officers and/or allied health professionals initiated, and care plans updated to reflect consumers’ current care and service needs. Staff were knowledgeable of care plan review processes and confirmed effective communication protocols when consumers’ care needs changed.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers 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)