Performance

Report

**1800 951 822**

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| Name: | Ridleyton Greek Home for the Aged |
| Commission ID: | 6115 |
| Address: | 89 Hawker Street, BROMPTON, South Australia, 5007 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 26 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 1628 Greek Orthodox Community of SA Inc  Service: 4132 Ridleyton Greek Home for the Aged |

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 Ridleyton Greek Home for the Aged (**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 staff, consumers and representatives.

The approved 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 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

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)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

Policies and procedures guide and support staff in the care planning process, including documenting end-of-life wishes, and advance care planning is discussed with consumers and representatives on admission, and at care plan reviews. Staff described the needs of specific consumers and said care plans are updated when there are changes to reflect consumers' current preferences and needs. Documentation showed assessment and planning identified and addressed consumers’ current needs, goals and preferences.

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |

Findings

Policies and procedures guide and support staff in providing end-of-life care and staff were knowledgeable in how to provide care to consumers nearing end-of-life. Documentation showed the needs, goals, and preferences of consumers nearing end-of-life are recognised, their comfort maximised, and their dignity preserved. Positive feedback was received from a consumer’s representatives regarding end-of-life support and care provided.

Documentation showed deterioration or change in consumers’ condition is recognised and responded to in a timely manner. Clinical and care staff described the process for recognising and responding to deterioration, and policies and procedures support and guide staff practice. When gaps in staff knowledge are identified, support is provided to develop staff competencies in the areas required. Consumers and representatives expressed satisfaction with the care and services provided to consumers.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Frameworks, policies, and procedures support the management of risk and response to incidents. Management provided examples of identified risks, and how they are managed within the service. Monthly clinical indicator data of incidents and high-impact risks are reported, trended, and analysed regularly to ensure mitigation strategies have been effective. Staff described their roles and responsibilities in managing incidents and have received training in identifying and responding to abuse and neglect. Consumers are encouraged to live their best life and do things of importance to them, including being supported to take risks if they wish to.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)