Performance

Report

**1800 951 822**

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| Name: | Sandown Apartments |
| Commission ID: | 8054 |
| Address: | Southerwood Drive, SANDY BAY, Tasmania, 7005 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 November 2023 to 10 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 5027 Sandown Apartments |

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 Sandown Apartments (**the service**) has been prepared by L Glass 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 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.** |
| **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 3

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| 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 found the service demonstrated an understanding of individualised intervention optimising consumer health and well-being in the management of skin integrity, pain management, and management of restrictive practices and changed behaviour. Consumers and representatives said they are satisfied with the clinical and personal care provided by the service. Staff described personalised and clinical care provision that aligned with best practice. The service demonstrated effective management of skin integrity. Pain documentation reflected appropriate assessment and evaluation, with effective pain management provided in collaboration with consumers and allied health professionals. A review of the psychotropic register and restrictive practice documentation indicated appropriate consent, regular review of medications, and up to date behaviour support plans in place for consumers identified as being subject to chemical restrictive practice.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find requirement 3(3)(a) Compliant.

# Standard 4

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| 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 found consumers get safe and effective services and supports for daily living which meet consumer goals, needs and preferences. Consumers and representatives interviewed are satisfied the services received are safe, effective and support the consumer to optimise independence, health, wellbeing and quality of life. Staff demonstrated knowledge of individual consumers, their preferences, choices and the support required to allow consumers to do the things they enjoy. A review of care plan documentation shows that a range of lifestyle information is recorded, including consumer’s preferences and choices to maintain their independence. All activities on the monthly calendar are tailored to consumer requirements and reflect physical, emotional, social, cultural, independence and cognitive elements of care. A review of 3 months of activity calendars reflected an extensive choice of different activities that support consumers.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find requirement 4(3)(a) Compliant.

# 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

The Assessment Team found the service demonstrated there is a mix of staff recruited, trained and supported to and manage safe and quality care and services. Consumers and representatives interviewed are also satisfied there are enough staff to enable the delivery and management of safe and quality care and services. Since the implementation of the household model of care at the service in August 2022 staffing has increased across all shifts over 7 days. The service has a process followed by the facility manager to ensure the service has sufficient staff to meet the needs of consumers. Staff in some roles are rotated to share the complex workload and recruitment is ongoing. The service has mandatory dementia training sessions scheduled and considers it important for staff to develop advanced dementia skills as the service’s cohort changes.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find requirement 7(3)(a) Compliant.

1. The preparation of the performance report is in accordance with section 68A assessment contactof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)