Performance

Report

**1800 951 822**

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| Name of service: | Seaforth Gardens Senior Citizens' Residence |
| Service address: | 2542 Albany Highway GOSNELLS WA 6110 |
| Commission ID: | 7148 |
| Approved provider: | The Salvation Army (Western Australia) Property Trust |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 October 2022 |
| Performance report date: | 28 November 2022 |

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 Seaforth Gardens Senior Citizens' Residence (**the service**) has been prepared by R Beaman, 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 - 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 25 October 2022; and
* the Performance Report dated 10 February 2022 for a site audit undertaken from 06 December 2021 to 08 December 2021.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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

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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service was found Non-compliant with Requirement 2(3)(a) in this Standard following a site audit undertaken from 06 December 2021 to 08 December 2021, where the service could not demonstrate assessment and planning was undertaken with the consideration of risks to the consumer’s health and well-being.

The service has implemented a range of improvement actions to address the deficits identified, including undertaking an audit of all current and new consumer care planning processes and reviewing the documentation process to ensure all identified risks are incorporated into consumer care plans. The service has also undertaken case conference reviews to ensure they are completed for each consumer in a timely manner.

The Assessment Team found in relation to Requirement 2(3)a) the service demonstrated their assessment and planning processes included the consideration of risk to the consumer’s health and well-being to inform care and service delivery. Consumers and representatives confirmed consumers’ care needs are discussed with them and included in their care plans.

Sampled consumer care plans showed assessments and planning considered risks to consumers’ health and well-being, including behaviours, falls risk, diabetes management and skin integrity, with strategies to mitigate risks.

Accordingly, I find the service Complaint with Requirement 2(3)(a) as assessment and planning identifies any risks associated with consumer health and well-being.

# 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 |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The service was found Non-compliant with Requirements 7(3)(a) and 7(3)(c) in this Standard following a site audit undertaken from 06 December 2021 to 08 December 2021 where the service did not demonstrate it had the right number and mix of members of the workforce to deliver quality care or that staff were competent in relation to medication management.

The service has implemented a range of improvement actions to address the deficits identified, including new processes for rostering and staff allocation, regular call bell analysis is undertaken, all staff have undertaken medication competency training, implementation of a process to monitor administration of medications on a weekly basis and the introduction of a new electronic system to monitor staff competencies. Consumers provided positive feedback about staffing and confirmed they were provided assistance in a timely manner when requested.

Documentation confirmed staffing levels are reviewed regularly and allocations reflected a mix of staff across sampled shifts. Staff confirmed they are able to complete their tasks to deliver care and services.

Management confirmed staff competency is monitored through review of clinical incidents and feedback from consuemrs, their representatives and other members of the workforce.

Accordingly, I find the service Complaint with Requirements 7(3)(a) and 7(3)(c) Human resources, including the right number and mix of the workforce and the workforce is competent.

# 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

The service was found Non-compliant with Requirement 8(3)(d) in this Standard following a site audit undertaken from 06 December 2021 to 08 December 2021 where the service did not demonstrate its incident management was effective in capturing incidents or that all staff were aware of their requirements under the Serious Incident Response Scheme (SIRS).

The service has implemented various improvement actions to address the identified deficits, including education provided to staff around risk management and incident prevention, as well as undertaking additional SIRS training with all staff. Documentation confirmed incidents are recorded, monitored and analysed to identify strategies to prevent further recurrence.

Staff demonstrated understanding of the incident management system processes and were able to describe how they support consumers to take risks to live their best life. Staff confirmed they had received training around risk management and elder abuse.

Documentation confirmed where a risk activity is undertaken, risk assessments are completed and strategies to minimise risks for consumers are put in place and documented to guide staff.

Accordingly, I find the service Complaint with Requirement 8(3)(d) Organisational governance, including an effective risk management system.

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)