Performance

Report

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| Name of service: | Seaton Place Aged Care |
| Service address: | 111 Smith Street Cleveland QLD 4163 |
| Commission ID: | 5809 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 July 2023 |
| Performance report date: | 14 August 2023 |

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 Seaton Place Aged Care (**the service**) has been prepared by T Wurf, 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 - 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

# 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 5** Organisation’s service environment | **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

Consumers and representatives were satisfied the service treated consumers with dignity and respect. Consumers described staff as ‘thoughtful and caring’ and said they communicated in a respectful manner. Consumers provided examples of how staff honoured their choices and provided assistance that was in keeping with the consumers’ preferences.

Consumers’ care plans reflected consumers’ personalised needs including their preferences relating to the gender of staff who care for them. One consumer who preferred care delivery by female staff confirmed their preferences were accommodated.

Staff were familiar with consumers’ individualised needs and could describe how they supported consumers and respected their choices. Staff were observed interacting and communicating with consumers in a kind and respectful manner; they knocked on doors and gained consent prior to entering consumers’ rooms.

# 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

Based on observations, interviews with consumers and representatives, staff, and management and documentation review, the service demonstrated best practice in the delivery of personal and clinical care including in relation to restrictive practice, nutritional management, and diabetes management. Consumers and representatives were satisfied with the personal and clinical care provided to consumers.

Policies and procedures provided guidance to staff and care documentation demonstrated and consumers confirmed staff delivered care in accordance with the consumers’ care plans.

For consumers who were prescribed a chemical restraint, behaviour support plans were in place and included identified triggers and individualised intervention strategies for staff to implement. Care documentation demonstrated the successful use of non-pharmacological strategies to support consumers with changed behaviours. Clinical and care staff were familiar with the consumers’ changed behaviours and those strategies that were effective in minimising changed behaviours.

Wound care was delivered in accordance with care directives and photographs and measurements were taken on a regular basis. Feedback from consumers and representatives regarding wound care was positive.

Where a consumer had experienced weight loss, there had been review by a dietitian and the implementation of a high protein and high energy diet and supplements. Oral intake was recorded, and regular monthly weights were recorded. Communication processes ensured catering staff and clinical staff had a shared understanding of consumers’ dietary needs.

For consumers with specialised nursing care needs and chronic disease such as diabetes, there was the involvement of registered nurses and medical officers as required. Diabetic management plans were in place, blood glucose levels were monitored, and staff understood the actions they needed to take if/when a consumer’s blood glucose levels fell outside established parameters.

Management advised they ensured the clinical and personal care they and their staff delivered was best practice by ensuring that staff training was up to date, spot competency checks, and logs were completed, through observations, and consumer feedback. In response to an increased trend in consumers with cognitive impairment entering the service, additional training in dementia support is to be provided to staff and is planned to commence in August 2023. Additionally, the service is implementing a ‘care champion’ to provide additional clinical oversight across each community, and this is planned to commence from late August 2023.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers were satisfied the service environment was safe, clean, and well maintained.

Maintenance staff explained the service’s preventative maintenance log and said staff can report hazards, incidents or maintenance requests at any time through the service’s electronic care management system. They said they were electronically notified when a maintenance request or incident was logged, and that this was attended to daily during the week. Staff described how to log a hazard and maintenance request. A review of the maintenance schedule demonstrated timely responses to identified hazards.

Maintenance staff conducted a daily walk around the facility to ensure the environment was safe. A safety audit schedule was in place and demonstrated that audits were conducted as scheduled.

The service environment was observed to be safe and well maintained and consumers were observed moving freely indoors and outdoors and could access external garden areas. Consumers’ rooms were free from clutter.

# 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

Consumers and representatives were satisfied the workforce enabled the delivery of safe and quality care and services. Consumers said there was enough staff and that their call bells were answered promptly. One consumer felt staffing had improved and that there had been a reduction in sick leave.

Staff expressed satisfaction with the level of staff across the service and said they were able to complete their duties and ensure consumers’ needs were met. One staff member said that when unplanned leave occurred, the shift was replaced with agency staff if possible and that staff from other areas of the service were available to assist.

Management said they had stopped using agency registered staff as they had sufficient registered staff recruited and allocated to the roster and this was confirmed through review of the roster.

Management provided evidence of ongoing recruitment to ensure the workforce was able to provide safe and quality care.

Staff were observed responding to call bells and attending to consumers’ needs in a timely manner.

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