Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Semaphore Residential Care Centre |
| Service address: | 122 The Esplanade SEMAPHORE SA 5019 |
| Commission ID: | 6194 |
| Approved provider: | Rosha Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 26 July 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 Semaphore Residential Care Centre (**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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Each consumer was found to be supported to take risks to enable them to live their best life and consumers were observed exercising independent choices which included management of risk. Where consumers partake in activities which include an element of risk, risk forms are completed outlining related risks, discussions with the Medical officer and consumers and/or representatives and risk mitigation strategies tailored to the individual. Risk management processes include ongoing consultation with consumers, representatives and relevant others, and processes are underpinned by organisational policies and procedures. Staff described how they support consumers to live the best life they can by supporting them to make independent choices and managing risks if these are included in their choices. All consumers and representatives sampled said staff understand what is important to consumers, they are supported to make choices and when risks are involved these are discussed.

Based on the Assessment Team’s report, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 3

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

Consumers and representatives sampled confirmed consumers receive personal and clinical care in line with their preferences and expressed satisfaction with management of diabetes, skin integrity, hygiene care and restrictive practices. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of care, including hygiene, wounds, skin integrity, diabetes and restrictive practices. However, while consent forms relating to use of chemical restraint had been completed in consultation with representatives and Medical officers, the forms were basic, generic and only included information on the type of medication and indications for use. This was acknowledged by management who stated they would add a section to the form to capture discussions with consumers and representatives regarding chemical restraint, including risks and mitigation strategies, duration, frequency of use and intended outcome. Staff were knowledgeable of consumers’ needs and preferences and described how they provide tailored care, and policy and procedure documents are available to guide staff practice in provision of safe and effective personal and clinical care.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including additional monitoring of condition, referrals Medical officers and ongoing communication with consumers and representatives. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated. Staff described how they monitor and respond to consumer deterioration and care staff were aware of their responsibilities where a change in consumers’ condition is identified. Policy and procedure documents are also available to guide staff in recognising early deterioration. Consumers said staff recognise changes in their overall health in a timely manner and provide interventions to ensure a quick recovery.

Based on the Assessment Team’s report, I find requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| 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 workforce is competent, and staff have the qualifications and knowledge to effectively perform their roles. Minimum qualifications are required for each role, and staff competency is assessed as part of the induction process, annually and as required. Management described systems to ensure the workforce has the skills and knowledge to undertake their roles, including monitoring of feedback, complaints, incidents and audits, and where gaps are identified, these are acted upon. For example, in response to the outcome of a wound audit conducted in May 2023, staff were provided training in relation to wound documentation. Staff said they have the appropriate qualifications; position descriptions are in place, and they are supported to work within their scope of practice. Consumers and representatives felt staff were competent, were satisfied with how staff perform their roles, and felt care and services provided meet consumers’ needs.

Based on the Assessment Team’s report, I find requirement (3)(c) in Standard 7 Human resources 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)