Performance

Report

**1800 951 822**

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| Name of service: | Singleton Community Aged Care |
| Service address: | 190 Foreshore Drive SINGLETON WA 6175 |
| Commission ID: | 9004 |
| Approved provider: | Signature Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 June 2023 |
| Performance report date: | 12 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 Singleton Community Aged Care (**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 staff, consumers, representatives and others.

The 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 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 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

Effective systems and processes are in place to manage and oversee admission, assessment, and planning of consumer care. Consumer files showed completion of required assessments are guided by an admission planner and admission sequence form. Consumers’ clinical care needs are assessed preadmission and further assessments are undertaken on first day of admission, with risks identified and strategies to manage risks developed. Data is uploaded to the electronic management system and shared amongst the appropriate areas of the service. Consumers and representatives confirmed satisfaction with the admission assessment and planning process.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 service demonstrated effective processes to ensure each consumer gets safe and effective personal and clinical care. Staff were able to describe how they ensure consumers receive care that is safe and tailored to their individual needs. Documentation showed the service uses assessments and planning to ensure the delivery of care is achieved with consumers’ preferences, needs and goals considered. Management said gaps were identified in the diabetic management practice with not all consumers having a diabetic management plan. Observations showed all diabetic consumers now have a diabetic management plan documented with parameters of acceptable blood glucose ranges, frequency of monitoring and interventions for hypoglycaemic and hyperglycaemic events. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care 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

Processes and systems are in place to ensure the number and mix of the workforce is sufficient to enable the delivery and management of safe and quality care and services. Staff confirmed they have enough time to undertake their duties and the service has a pool of casual staff to ensure vacant shifts are covered. A review of call bell response times for May 2023 showed staff answered call bells in a timely manner and observations showed consumers were assisted with meals and all activities of daily living in a calm and unrushed manner. Consumers and representatives said there were enough staff on duty to provide care and services without consumers having to wait long for staff assistance when call bells are used.

For the reasons detailed above, I find requirement (3)(a) 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)