Performance

Report

**1800 951 822**

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| Name of service: | Strathalbyn & District Aged Care Facility |
| Service address: | 14 Alfred Place STRATHALBYN SA 5255 |
| Commission ID: | 6181 |
| Approved provider: | Barossa Hills Fleurieu Local Health Network Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 August 2023 |
| Performance report date: | 30 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 Strathalbyn & District Aged Care Facility (**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’s response to the assessment team’s report received 22 August 2023 accepting the assessment team’s recommendations; and
* a Performance Report dated 14 March 2023 for a Site Audit undertaken from 23 January 2023 to 25 January 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 23 January 2023 to 25 January 2023 as effective measures were not put in place to manage three consumers’ ongoing challenging behaviours, impacting other consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff on wound charting, weight monitoring, pain assessment and management, and behaviour incident reporting.
* Conducted a 24-hour review of progress notes to identify skin integrity issues and confirm appropriate management plans are implemented; a skin care assessment audit; and care plan reviews which included reassessment of consumers’ skin care needs
* Increased monitoring of staff to ensure pressure area care provision aligns with care planning strategies.
* Implemented a ‘job sheet’ to ensure a systematic approach to wound care provision.
* Reviewed diabetes management plans to ensure alignment with medical officer directives.
* Reviewed pain management strategies to ensure appropriate care provision and reviewed care documentation for consumers subject to restrictive practice.

At the Assessment Contact undertaken on the 9 August 2023, high impact or high prevalence risks associated with the care of consumers were found to be identified through assessment processes and management strategies developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to pain, wounds, weight loss, behaviours, restrictive practices, diabetes and choking. Medical officers and allied health specialists were also noted to be involved in assessment of high impact or high prevalence risks, with recommendations actioned. Clinical staff were knowledgeable of the identification, assessment and management of high impact or high prevalence risks associated with the delivery of consumers’ care, and consumers and representatives said consumers receive care that is right for them and expressed satisfaction with specific aspects of care, including pain, diabetes and wounds.

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