Performance

Report

**1800 951 822**

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| Name: | Sunlight Residential Aged Care |
| Commission ID: | 3706 |
| Address: | 43 Laurel Street, WHITTLESEA, Victoria, 3757 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 August 2024 |
| Performance report date: | 4 September 2024 |
| Service included in this assessment: | Provider: 2347 TLC Whittlesea Pty Ltd  Service: 5932 Sunlight Residential Aged Care |

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 Sunlight Residential Aged Care (**the service**) has been prepared by Micheal Cooper, 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 (performance assessment) – 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 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** |
| **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 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

Consumers and representatives were satisfied the service is effectively managing their care needs. Management and staff explained processes in place to support care delivery including auditing to monitor performance across the service and review processes of clinical indicators to inform required improvement.

Care documentation demonstrated staff are effectively assessing and managing consumers’ care needs including weight loss, wound care, falls management, colostomy and catheter care, medication administration, diabetes management, and management of psychotropic medications. Service documentation demonstrated processes in place to capture clinical incidents, and staff were knowledgeable of organisational processes to inform care delivery.

I have considered the information within the assessment contact report, and I have placed weight on the information including effective processes in place and staff knowledge of consumers’ care needs and organisational processes.

It is my decision Requirement 3(3)(b) is 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

Consumers and representatives provided positive feedback in relation to consumer care and services, and said staff are consistently available to meet their needs. Service documentation demonstrated various shifts and staff allocations across multiple departments 24 hours per day, across 7 days of the week. The service evidenced systems in place to combat unplanned leave including an electronic device available to all staff to opt for additional shifts.

In relation to the workforce responsibilities (including the 24/7 registered nurse requirement and mandatory care minutes), the service’s roster and interviews with management evidenced there is a RN rostered on site and on duty at the service 24 hours per day, across 7 days of the week. The assessment contact reports the service is under reporting their required total care minutes. In response the Provider explained the service provides a holistic approach to direct care and demonstrated strategies in place to ensure care sufficiency including:

* Supernumerary trainee care staff, and student placements.
* A full time Medical Officer on site.
* Full time access to allied health professionals and services.
* Allocation of well-being staff to support a personalised facilitation of supported activities events.
* Specialised counsellor and dementia support staff who provide mental health support and companionship direct to consumers.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(b). While the service is under reporting their required care minute targets, the service demonstrated effective strategies in place to support care delivery.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers. Service documentation evidenced systems and policies in place to maintain and improve the safety and quality of care to ensure beneficial outcomes are achieved. Staff were knowledgeable in the service’s governance systems and polices to guide care and service delivery.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

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)