Performance

Report

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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 17 October 2023 |
| Performance report date: | 7 December 2023 |
| 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 N Eastwood, 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.
* the provider’s response to the assessment team’s report received 7 November 2023.

# 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 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 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

Consumers were satisfied assessment and care planning regarding self-administration of medications are undertaken regularly, including consideration of individual consumer risks related to use of oxygen therapy. Management and staff described specific consumer risks and interventions to minimise potential harm and a review of file documentation reflected timely and consistent assessment and care planning, as well as interventions to minimise risks.

The Assessment Team noted several actions implemented related to assessment, planning and consideration of risks where consumers are able to self-medicate and are receiving oxygen therapy. Staff training has been provided, consultation has taken place with consumers, representatives, and medical officers along with regular and periodic assessments and care plan reviews to effectively manage associated risks.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 2(3)(a).

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers assessed as being able to self-administer medication and/or receive oxygen therapy were satisfied they receive safe and effective personal care. A review of care documentation demonstrated each consumer’s medication used is recorded, monitored, and reviewed. Consumers provided examples of how they self-manage and discuss with registered nursing staff when they have used ‘as required’ medication. Staff provided examples of checks undertaken to support consumer safety and how they provide assistance on request and with certain medication related activities.

A review of care documentation reflects consultation with consumers and treating practitioners to review consumer capacity and evaluation of pain management regimes. Where oxygen is utilised documentation reflects monitoring of oxygen saturation levels, replacement of oxygen tubing and staff awareness of consumer needs.

Medication stored in consumer rooms was noted to be appropriately labelled and locked in personal drawers. Consumer records reflect where consumers may not have taken a dose of medication, where reactions have occurred and assessment of effectiveness are required.

There was consistent management of risks associated with consumer self-administration of medication aligned with best practice and the service policy. Management and staff confirmed completion of staff education related to medication management and clinical staff correctly described how risks are identified through clinical assessment and care plan reviews and monitored periodically and following changes.

Where high risk medications were self-administered care file documentation also reflected instructions and guidelines for warfarin complications such as bruising, signs of haematuria and post fall monitoring consistent with the service’s policy.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 3(3)(a) and 3(3)(b).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The organisation has policies and procedures to ensure that management and staff respect resident rights by offering clinical care that aligns with their individual choices, needs and preferences. This approach promotes residents’ physical and mental health and well-being while also minimising risks. There are also guidelines available to management and staff relating to high impact high prevalence risk management and the reporting of incidents including elder abuse and neglect and Serious Incident Reporting Scheme (SIRS).

The Assessment Team noted that consumers were satisfied with arrangements to support their continuing capacity to self-administer medication and attend focus meetings where the introduction of the new safe was discussed with management.

Management outlined planned changes to the organisation’s processes to ensure consumers self-administering medications are monitored to mitigate risk. A new electronic medication management system is to be implemented as well as the introduction of a board recommendation to trial biometric access to a drug dispensing safe for each consumer who self-administer medication. Evaluation of the new system had not taken place at the time of the Assessment Team attendance.

Clinical and care staff described how they support consumers to remain as independent as possible whilst limiting the level or risk of harm to them. Staff were also aware of the recording and reporting processes for incidents and SIRS. The organisation has an electronic management system used to trend and report on areas identified as high impact high prevalence risks. The same system is used to record and report on incidents.

The Assessment Team noted an incident at the time of their attendance for which the Approved Provider submitted additional and clarifying information. The service has recorded the incident on the internal incident reporting system and completed an investigation into the event. The information provided also reflects discussion with consumer representatives and indicates further educations was provided to staff regarding the reporting of incidents.

The Approved Provider submitted a Plan for Continuous Improvement reflecting ongoing actions and evaluation of the strategies introduced to support self-administration of medication.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(d).

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)