Performance

Report

**1800 951 822**

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| Name: | Uniting AgeWell Strathglen |
| Commission ID: | 8420 |
| Address: | 2 Chardonnay Drive, BERRIEDALE, Tasmania, 7011 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 September 2023 |
| Performance report date: | 20 October 2023 |
| Service included in this assessment: | Provider: 9609 Uniting Agewell Limited  Service: 5051 Uniting AgeWell Strathglen |

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 Uniting AgeWell Strathglen (**the service**) has been prepared by S Byers, 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 4** Services and supports for daily living | **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 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

Consumers and representatives were satisfied they receive safe and effective personal and clinical care. Care documents demonstrated each consumer’s personal care preferences are recorded. Clinical documentation demonstrated clinical care is assessed, monitored and reviewed. Staff demonstrated understanding of individual consumer needs in relation to skin integrity, pain management and restrictive practices that aligned with documentation. Consumers subject to restrictive practices had personalised behaviour support plans in place, with evidence of informed consent in consultation with representatives and the medical practitioner and ongoing medical review. The service has policies and procedures in place to guide staff practices in the delivery of personal and clinical care.

Based on the evidence, summarised above, Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives were satisfied they receive effective supports for daily living that meet their needs, goals, preferences and optimises their independence and quality of life. Staff demonstrated knowledge of individual consumers’ goals of independence, supports and interests to deliver personalised activities aligned with care planning documents. The monthly activity program is informed by consumer preferences and one-to-one activities are available for consumers who choose not to attend group activities. Consumers can provide feedback through forums. Care plans and assessments are regularly reviewed to ensure individuals goals, interests and preferences are current. During the assessment contact, the Assessment Team observed consumers engaged in social and interactive activities in line with the social calendar, and one on one support with staff.

Based on the evidence, summarised above, Requirement 4(3)(a) 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

Most consumers and representatives expressed satisfaction there is enough staff to enable the delivery of safe and quality care and services. In response to consumer feedback about staffing levels during the morning shift, management demonstrated that an additional morning shift has been approved and recruitment underway. Staff described being busy and working together to complete tasks and confirmed that shifts are filled. Roster and allocation documents demonstrated workforce consistency and skill mix in all roles to ensure continuity of care. The service has registered nurses rostered 24/7. Staff were observed responding to call bells in a timely manner.

Based on the evidence, summarised above, Requirement 7(3)(a) 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)