ACH Group Residential Care - Kapara

Performance Report

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**Commission ID:** 6805

**Provider name:** Aged Care & Housing Group Inc

**Assessment Contact - Site date:** 4 March 2021 to 5 March 2021

**Date of Performance Report:** 1 June 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 others
* the provider’s response to the Assessment Contact - Site report received 24 March 2021.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) met and (3)(b) not met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(b). The reasons for the findings are detailed in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team were satisfied the service demonstrated processes to ensure each consumer receives effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Staff sampled stated they have access to policies and procedures to guide practice and are informed of changes to best practice care.

Overall, most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers sampled stated staff usually meet their clinical and care needs and a representative was satisfied a consumer’s behaviours were well managed.

Care files sampled included a range of validated risk assessments which had been completed on entry and on an ongoing basis to identify each consumer’s personal and/or clinical care needs and preferences. Information gathered, including through consultation with consumers and/or representatives, is used to develop individualised care plans which aim to optimise consumers’ health and well-being.

Care files sampled by the Assessment Team demonstrated where issues with consumers’ health and well-being are identified, additional charting and monitoring processes are commenced, reassessments are completed and referrals to Medical officers and/or allied health professionals initiated. The Assessment Team identified appropriate management of nutrition and hydration, including weight loss, wounds, falls and pain. Additionally, processes relating to monitoring and review of psychotropic medications were demonstrated by management and confirmed through documentation sampled. Clinical and care staff described management strategies for sampled consumers, including for behaviours, wounds and falls, in line with care file information.

Based on the information detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team were not satisfied the service ensured sufficient staffing levels to maintain the safety of consumers at risk of falls or from incidents of physical assault from other consumers in the memory support unit. The Assessment Team’s report highlighted four consumers and provided the following evidence:

* Feedback provided to the Assessment Team from representatives indicated:
* A representative stated there needs to be more staff and lifestyle activities as they feel the consumers’ behaviours would be better managed.
* One representative stated there is not enough staff to supervise consumers and their behaviours.

Consumer A

* The consumer was observed on both days of the Assessment Contact wandering around the memory support unit and yelling. This behaviour continued for approximately 40 minutes despite strategies initiated by staff.
* Staff sampled stated:
* A Specialist has reviewed the consumer, however, “we don’t have enough staff to do what they tell us”.
* “There are more incidents now because we can’t supervise them (consumers), especially on the afternoons and nights”.
* Four incident reports over a six month period indicate Consumer A has been the target of physical aggression by other consumers due to their ongoing verbal behaviours.
* Progress notes over an 88 day period included 124 entries of challenging behaviours.
* A further 21 entries over a five week period were noted on handover sheets which were not included in Consumer A’s progress notes.

Consumer B

* Consumer B has had 17 incidents of physical aggression towards other consumers over a seven month period.
* A further 13 incidents of physical aggression towards other consumers and staff were noted in the consumer’s progress notes for the same period.
* A seven day handover sheet included five additional incidents which had not been documented in the progress notes. As these incidents had not been documented in progress notes, management and staff may not be aware of the extent of the consumer’s physically aggressive behaviours.

Consumer C

* Consumer C has been involved in eight incidents over a five month period resulting from their intrusive behaviours.
* Handover sheets included an additional nine wandering and/or intrusive behaviours.

Falls management

* Falls data for an 83 day period indicated 18 falls had occurred in the memory support unit with 13 occurring in either the afternoon or night shift. Both of these shifts have a reduced number of staff.
* Management had identified a higher number of falls on these shifts, however, stated no staffing changes had occurred at present.

Consumer D

* The consumer had two falls within a seven day period. Prior to the second fall, the consumer was observed to be agitated, transferring independently and mobilising. The second fall was not recorded in the service’s falls events log.
* The care plan indicates the consumer requires three staff and a full lifter for transfers.
* The Assessment Team observed the consumer attempt to stand independently from their chair.
* Three notations indicating the consumer transferring, standing or attempting to stand independently were noted in handover sheets over a 16 day period. These were not noted in progress notes.
* Management did not realise there were ongoing behaviours which were not captured in the electronic reporting system.

The provider’s response indicated they accept the Assessment Team’s findings. The provider’s response included further context of the service’s workforce model as well as actions implemented in response to the issues identified in the Assessment Team’s report. Additionally, the provider’s response included supporting documentation and a Continuous improvement plan directly addressing the issues identified and outlines actions required, responsibilities, due dates, progress and completion. Actions implemented include, but are not limited to:

* Reviewed care plans of consumers highlighted in the Assessment Team’s report to ensure they are congruent with consumers’ assessed needs.
* Internal and external specialist to reviews for consumers with challenging behaviours to ensure appropriate management strategies are in place.
* Commenced additional morning, afternoon and night shifts in the memory support units.
* Reviewed areas for improvement relating to documentation. Acknowledge staff have been documenting information in progress notes and handover sheets which is not consistent with the organisation’s policies and procedures.
* Commenced an education program to ensure all staff are aware of what they need to document and where the most appropriate place to document it is.

I acknowledge the provider’s proactive response to the deficiencies identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, high impact or high prevalence risks, specifically in relation management of behaviours and falls, were not effectively implemented.

In relation to Consumer A, I have placed weight on information provided by the Assessment Team indicating the consumer has been the target of physical aggression by other consumers as a result of their behaviours. Staff sampled indicated they were aware of strategies developed for Consumer A in response to a Specialist review. However, staff stated they did not have enough time to implement these strategies, placing Consumer A at risk. Consumer A was observed wandering around the memory support unit and yelling on both days of the Assessment Contact.

I have also considered that for Consumers A, B, C and D, incidents of challenging behaviours and attempting to transfer independently were noted to be documented on handover sheets and not in progress notes. This practice does not ensure the extent and impact of the consumers’ behaviours are known placing the consumer and other consumers at risk. Additionally, the practice does not ensure appropriate monitoring, assessment and review and/or development of management strategies are implemented in a timely manner.

In relation to falls management, 13 of 18 falls in an 83 day period occurred in the memory support unit either on the afternoon or night shift. Both of these shifts were noted to have a reduced number of staff and whilst management were aware of the data, staffing levels had not been changed as a result. Additionally, feedback from staff indicated there are more incidents as staff are not able to supervise consumers, especially on the afternoon and night shifts.

Based on the information detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a) and (3)(c) in relation to Standard 7. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) not met and (3)(c) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirements (3)(a) and (3)(c) and find the service Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(c). The reasons for the findings are detailed in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team were not satisfied the service demonstrated 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. The Assessment Team’s report provided the following evidence:

* Nine of 15 consumers and representatives were not satisfied with the number of staff. Issues raised included:
* Extended call bell response times resulting in incontinence and not being able to get up at preferred time.
* One consumer stated they have had to call the service’s external phone to request assistance as staff were not responding to the call bell.
* Not feeling safe living at the service.
* Too many agency staff.
* Staff English skills and communication.
* Not enough staff to supervise consumers with behaviours.
* Assessment Team observations in various areas of the service indicated:
* A consumer assessed as a high falls risk mobilising without their mobility aid. There were no staff observed in the area.
* One unit was chaotic, busy and noisy with a consumer calling out and shouting for approximately 40 minutes.
* A consumer left unsupervised in the bathroom for five minutes. The consumer has been assessed as a high falls risk with the care plan indicating a staff member is to remain with the consumer during showering.
* No Lifestyle staff or lifestyle activities in one area for the duration of the Assessment Contact.
* Most staff sampled, including clinical, care and hospitality staff, reported insufficient numbers of staff to meet consumer needs and not enough time to complete their work. Feedback provided to the Assessment Team included:
* Staff are not always replaced.
* There are enough staff provided consumers don’t exhibit behaviours and some consumers don’t get their breakfast until late.
* Unable to meet care needs of all consumers and this upsets them.
* Agency staff have increased, lots of new staff with no experience and some can’t even speak English.
* Call bell data for an 11 day period included 133 instances of the call bell response time being greater than the service’s key performance indicator.
* One consumer advised staff attend their room, turn the call bell off and don’t action their requests.
* Management stated a new call bell system was installed and there were configuration issues. Over a two month period, 18 extra agency staff were rostered per day to assist with call bell responses. This has reduced as connectivity improved.
* Management stated they would reinstate daily call bell monitoring and provide additional education to staff.
* The Comments and complaints log for a five month period included eight complaints relating to staffing. Issues included insufficiency of staff, consumers not receiving dental hygiene, and consumers not receiving the right medication due to new staff not knowing consumers.
* Management stated following feedback from consumers and representatives, a comprehensive roster review was undertaken in 2020 and a new Workforce model implemented in September 2020. A further roster review will occur in March 2021.

The provider’s response indicated they accept the Assessment Team’s findings. The provider’s response included further context of the service’s workforce model as well as actions implemented in response to the issues identified in the Assessment Team’s report. Additionally, the provider’s response included a Continuous improvement plan directly addressing the issues identified and outlines actions required, responsibilities, due dates, progress and completion. Actions implemented include, but are not limited to:

* Commenced review of the staff onboarding process, including review of current assessment criteria, such as English skills.
* Commenced an initiative providing leaders tools to build and maintain a workplace culture that drives trust, engagement and performance.
* Commenced a review of the lifestyle program across all of the organisation’s residential sites.
* Commenced additional morning, afternoon and night shifts in the memory support units.
* Reviewed care plans of consumers highlighted in the Assessment Team’s report to ensure they are congruent with consumers’ assessed needs.

I acknowledge the provider’s proactive response and actions implemented to address the deficiencies identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure staffing levels or the mix of members of staff enabled the delivery and management of safe and quality care and services. I have placed weight on information provided to the Assessment Team by consumers and representatives. Nine of 15 consumers and representatives were not satisfied with the level of staffing and provided examples of impacts to consumer care as a result. Additionally, most staff sampled described insufficient staffing numbers which impacted on their ability to meet the needs of consumers. This was further supported through observations made by the Assessment Team on both days of the Assessment Contact. I have also considered that over a five month period, comments and complaints data included eight complaints related to insufficiency of staff.

Based on the information detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team were satisfied the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The service has recently implemented a new workforce model to ensure staff’s knowledge of consumers and improve the continuity and quality of care. Overall, most consumers and representatives sampled indicated staff know how to deliver care and service’s in line with consumers’ preferences. Consumers also stated some regular care staff are wonderful and know what they are doing. However, a consumer and representative commented about the lack of English skills of some members of staff.

New staff members sampled described induction processes, including orientation and completion of mandatory training modules on commencement. All staff sampled stated they have access to regular training, relevant to their role, to assist to maintain or enhance their current knowledge. Additionally, management described how additional education was provided to two care staff following feedback relating to competence with their roles.

Based on the information detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Compliant with Requirement (3)(c) in Standard 7 Human resources.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The provider’s response included a Continuous improvement plan outlining actions and improvements the service have or plan to implement which directly address the issues identified by the Assessment Team in the relevant Requirements.

**In relation to Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* identify and appropriately document episodes of challenging behaviours.
* initiate appropriate monitoring processes, implement reassessments and review and/or develop appropriate management strategies in response to falls and episodes of challenging behaviours.
* in response to challenging behaviours, implement appropriate management strategies to reduce the incidence of behaviours and their impact on other consumers.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, specifically behaviour management and falls, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks.

**In relation to Standard 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and acuity.