ACH Group Residential Care - Kapara

Performance Report

80 Moseley Street   
GLENELG SOUTH SA 5045  
Phone number: 08 8295 9900

**Commission ID:** 6805

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

**Assessment Contact - Site date:** 22 November 2021

**Date of Performance Report:** 16 December 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

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

# Detailed assessment

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 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 management
* the provider did not submit a response to the Assessment Contact - Site report
* the Performance report dated 1 June 2021 for the Assessment Contact – Site conducted 4 March 2021 to 5 March 2021.

# STANDARD 3 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 Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 4 March 2021 to 5 March 2021 where it was found high impact or high prevalence risks, specifically in relation management of behaviours and falls, were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 4 March 2021 to 5 March 2021 where it was found high impact or high prevalence risks, specifically in relation management of behaviours and falls, were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed care plans of consumers highlighted in the Assessment Contact report to ensure congruency with assessed needs.
  + Care files sampled for all five consumers identified at the last Assessment Contact demonstrated care plans were up-to-date, assessed needs, such as behaviours of concern and falls risk had been identified, and successful interventions documented, including those recommended by allied health specialists.
* Conducted a review of the Falls log to ensure all falls had been captured.
  + A sample of falls documentation sampled demonstrated incident reports had been completed for each fall and falls were captured in monthly clinical indicator reports.
* Commenced an organisational falls minimisation project involving a review of all falls incidents and implementation of service improvements.
* Engaged internal and external specialists to review consumers with challenging behaviours to ensure appropriate management strategies are in place.
  + Care files viewed for three consumers demonstrated specialist involvement. Behavioural incidents were noted to have declined and management strategies were evaluated as being effective.
* Reviewed areas for improvement relating to documentation, including commencement of an education program to ensure all staff are aware of documentation requirements in line with organisational policy and procedure documents.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Eleven consumers and four representatives confirmed consumers receive the care they need and were satisfied with management of individual risks, including falls, pressure injuries and pain.
* A sample of consumer files demonstrated high-impact and high-prevalence risks are identified through assessment processes and individualised management strategies are developed. Validated risk assessments are also used and were noted to be reviewed in response to incidents, including falls and identification of wounds.
* Consumer files sampled demonstrated appropriate assessment, management and review of high impact or high prevalence risks, including pressure injuries, falls, malnutrition/unplanned weight loss and behaviours of concern.
* Where issues had been identified, additional monitoring processes had been implemented, assessments completed, management strategies reviewed and/or implemented and referrals to Medical officers and/or allied health specialists initiated.
* Staff demonstrated knowledge of sampled consumers’ personal and clinical needs and could relay individualised strategies for managing high impact or high prevalence risks, such as wounds, behaviours of concern, falls and pain.

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

# STANDARD 7 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 Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in Standard 7. This Requirement was found Non-compliant following an Assessment Contact conducted 4 March 2021 to 5 March 2021 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care - Kapara, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 3 March 2021 to 5 March 2021 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointed a head of catering to review workflow through each unit at the service and incorporated a review of staffing numbers, staff skills, rostering and processes in each work area.
* Prepared a business plan to increase evening shifts for care staff by one hour to provide additional time to prepare and serve supper. The plan is awaiting endorsement.
* Undertaken targeted recruitment campaigns to recruit care and catering staff resulting in the onboarding of 28 new staff since July 2021.
* Consumers were asked to participate on interview panels, with approximately six consumers partaking and providing feedback in relation to candidate selection for the service’s workforce.
* Internal traineeships have been offered to retain staff and increase staff skills and qualifications.
* An Enrolled nurse trainer has been tasked to work with casual staff to identify issues in relation to communication with older persons and English lesson options.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers indicated staff attend to their needs promptly and call bells are answered in a timely manner.
* A standardised roster is maintained and tailored at a service level based on admissions, consumer acuity, consumer care and service needs and funding changes.
* Regular reviews of consumer acuity, consumer preferences, incident reports and feedback and complaints data ensures the staffing model is appropriate to the current needs of consumers.
* Staffing shortfalls are managed through use of a casual pool, extension of shifts and utilising agency staff.
* Most staff sampled indicated there are enough staff rostered each day to enable them to undertake their duties and attend to consumers’ care needs in a timely manner.
* The feedback log included one item relating to staff shortages documented over an approximate four month period. All items were noted to have been reviewed, investigated and closed out.
* Results from a consumer survey conducted in June 2021 indicated 98% of consumers who participated felt the service has sufficient staff to provide the care they need.

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

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.