ACH Group Residential Care - Perry Park (high care)

Performance Report

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**Commission ID:** 6950

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

**Assessment Contact - Site date:** 3 February 2021

**Date of Performance Report:** 23 March 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | 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 Monitoring Assessment Contact Record for the Assessment Contact – Desk conducted 11 June 2020
* the Performance Assessment Report for the Site Audit conducted 17 February 2020 to 19 February 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(d) in Standard 1. All other Requirements 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)(d) in this Standard. Requirement (3)(d) was found Non-compliant following a Site Audit conducted 17 February 2020 to 19 February 2020.

In response to the Site Audit, the Decision Maker found the service was not able to identify which consumers were at risk of operating an electrical appliance, based on their individual physical and cognitive capabilities. The Assessment Team’s reports for the Assessment Contact - Desk conducted 11 June 2020 and Assessment Contact – Site conducted 3 February 2021 provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended this Requirement met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s reports to come to a view of compliance with Requirement (3)(d) in Standard 1 and find the service Compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team’s reports for the Assessment Contacts provided evidence of actions taken to address deficiencies identified at the Site Audit, including (but not limited to):

* Reviewed risk assessment processes and procedures have been implemented.
* Created a log of electrical appliances; the appliances are tested and tagged with reviews occurring six-monthly.
* Undertaken a consultative risk assessment process with all consumers. This included involvement of allied health services to assess risks associated with activities consumers chose to undertake.
* Reviewed the risk procedure to provide clarification on when risk assessments are required.

In relation to Standard 1 Requirement (3)(d), documentation viewed, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Consumers sampled were satisfied they are supported to maintain their independence and undertake activities which involve an element of risk. The Assessment Team’s report included feedback from a consumer indicating staff were “extremely supportive” of helping them improve their strength and movement and assist them to use the service’s gym equipment regularly.

Care files sampled included risk assessments and management plans. Care planning documents reflected assessment processes and identified risks and strategies for each risk identified. Staff described strategies they implement to support consumers to undertake activities of their choosing which include an element of risk.

For the reasons detailed above, I find ACH Group Residential Care, in relation to Perry Park (high care), Compliant with Requirement (3)(d) in Standard 1.

# 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. All other Requirements 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 this Standard. Requirement (3)(b) was found Non-compliant following a Site Audit conducted 17 February 2020 to 19 February 2020.

## In response to the Site Audit, the Decision Maker found the service did not have an effective process to manage risks related to the personal and clinical care of each consumer, in particular, consumers whose blood glucose levels were out of range. The Assessment Team’s reports for the Assessment Contact - Desk conducted 11 June 2020 and Assessment Contact – Site conducted 3 February 2021 provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended this Requirement met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s reports to come to a view of compliance with Requirement (3)(b) in Standard 3 and find the service Compliant with Requirement (3)(b). 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 Assessment Team’s reports for the Assessment Contacts provided evidence of actions taken to address deficiencies identified at the Site Audit, including (but not limited to):

* Alerts have been created on the electronic care system to identify blood glucose levels outside of reportable range.
* Reviewed all Diabetic management plans to ensure Medical officer notification directives were in place and documented.
* Communicated to staff changes made to consumers’ Diabetic management plans.

In relation to Standard 3 Requirement (3)(b), documentation viewed, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Consumers and representatives sampled were satisfied the services effectively manages consumers’ high impact or high prevalence risks.

Assessments, care evaluations and incident monitoring processes assist the service to identify consumers’ high impact or high prevalence risks. Examples of risk included falls, behaviours and skin integrity. Staff were knowledgeable about the risks associated with sampled consumers and described strategies to manage risks in line with consumers’ documented care plans.

A sample of Diabetic management plans viewed demonstrated the electronic alert system was in place, Medical officer directives documented, including reportable blood glucose levels.

For the reasons detailed above, I find ACH Group Residential Care, in relation to Perry Park (high care), Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

## The Assessment Team assessed Requirement (3)(d) in Standard 6. All other Requirements 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)(d) in this Standard. Requirement (3)(d) was found Non-compliant following a Site Audit conducted 17 February 2020 to 19 February 2020.

## In response to the Site Audit, the Decision Maker found whilst the service had a clear procedure for receiving and addressing complaints, it was not being consistently adhered to as not all verbal complaints were being captured, food complaints were not being managed in accordance with the policy and complaints were being inconsistently recorded on databases. The Assessment Team’s reports for the Assessment Contact - Desk conducted 11 June 2020 and Assessment Contact – Site conducted 3 February 2021 provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended this Requirement met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s reports to come to a view of compliance with Requirement (3)(d) in Standard 6 and find the service Compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team’s reports for the Assessment Contacts provided evidence of actions taken to address deficiencies identified at the Site Audit, including (but not limited to):

* Communication to all staff reminding them of verbal feedback processes.
* Discussions with housekeeping staff relating to the importance of documenting consumer discussions when following up feedback to enable progress to be tracked.
* Changes have been made to the way feedback is captured and actioned, including feedback relating to food. The system ensures feedback is raised with the appropriate staff member for review.

In relation to Standard 6 Requirement (3)(d), documentation viewed, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Consumers felt the service reviews feedback and uses it to improve the quality of care and services. The Assessment Team’s report included feedback provided by four consumers indicating where they had provided feedback, actions had been taken and improvements to care and services noted.

Hospitality staff described how feedback relating to food is captured and used to inform meal planning. The Feedback and complaints log viewed by the Assessment Team demonstrated feedback is recorded, progress tracked, and actions and resolutions documented. A sample of entries on the feedback log viewed had been actioned in line with the service’s procedure.

For the reasons detailed above, I find ACH Group Residential Care, in relation to Perry Park (high care), Compliant with Requirement (3)(d) in Standard 6.

# 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.