ACH Group Residential Care - West Park

Performance Report

7 Partridge Street
GOOLWA SA 5214
Phone number: 08 8555 7100

**Commission ID:** 6977

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

**Assessment Contact - Desk date:** 19 June 2020

**Date of Performance Report:** 13 July 2020

# 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(b) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with consumer representatives, management and staff
* the approved provider’s response to the Assessment Contact - Desk report received 29 June 2020.

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted on 22 January 2020 to 24 January 2020.

The Assessment Team recommended Requirement (3)(b) in Standard 2 as met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 and find the service is Compliant with requirement (3)(b).

At a Site Audit conducted on 22 January 2020 to 24 January 2020, the Decision Maker was not satisfied consumers entering end of life were adequately assessed for palliative care needs or their individual goals and preferences documented. Additionally, individualised consumer goals for care were not adequately captured and documented. The service has implemented a range of actions to address the deficiencies identified which I have detailed below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the last Site Audit assessment:

* Policies in relation to end of life planning and palliative care assessment have been reviewed.
* Staff training conducted in relation to Palliative care assessment. The training focussed on ensuring the initial portion of the assessment is completed on admission or as soon as practicable.
* A work instruction has been developed to support staff with completion of the Clinical and Personal Care Partnership Consultation form. The form includes information relating to end of life planning, advanced care directives and any specific preferences. The form, previously completed at the first care plan evaluation stage, is now completed during the admission process.
* Staff have been supported through additional training delivered through meetings and various memoranda to ensure information captured in the consultation form and palliative care assessment is of sufficient detail to support end of life planning.
* The admission process and admission checklist have been reviewed and updated. The new checklist prompts staff to complete the preliminary stage of the Palliative care assessment. To date the preliminary stage of the assessment has been completed with 56 of 60 consumers.
* The Palliative care procedure is currently being reviewed. The procedure will include a new screening tool to assist to identify potential consumers who are nearing the end of life as well as associated documentation to guide staff in their roles. This is expected to be finalised by the end of June 2020 with training for staff to follow.

In relation to Standard 2 Requirement (3)(b), a sample of consumer files viewed, and information provided to the Assessment Team by consumer representatives and staff through interviews demonstrated:

Consumer representatives interviewed considered that they felt like partners in the ongoing assessment and planning of consumers’ care and services. The following examples were provided by consumer representatives during interviews with the Assessment Team:

* they were involved in initial and ongoing assessment processes
* staff at the service identified preferences for consumers nearing the end of life and used this information to plan for their care
* were aware of the consumer’s care plan and had been informed of any assessments completed by staff. This included assessments made by Medical officers, allied health, nursing and lifestyle staff.

Clinical staff described palliative care assessment and consultation processes in line with the service’s process. Additionally, clinical staff discussed recent improvements implemented in relation to palliative care and end of life planning and described how information gathered is better utilised.

Documentation viewed by the Assessment Team showed the service is identifying and recording consumers’ end of life wishes and following relevant advanced care directives according to consumers’ needs, goals and preferences.

The approved provider’s response to the Assessment Team’s report demonstrated they agreed with the findings.

For the reasons detailed above, I find the approved provider, in relation to ACH Group Residential Care – West Park, does comply with requirement (3)(b) in Standard 2.

# 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.