ACH Group Residential Care - Yankalilla Centre

Performance Report

175 Main South Road
YANKALILLA SA 5203
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**Commission ID:** 6196

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

**Site Audit date:** 27 April 2021 to 29 April 2021

**Date of Performance Report:** 8 June 2021

# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 24 May 2021.

# STANDARD 1 COMPLIANTConsumer 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 Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff respect their privacy and treat them with dignity.
* confirmed care and services are culturally safe.
* are supported to exercise choice and independence and make decisions about the care and services they are provided.

Consumer files sampled included information relating to consumers’ life experiences and history, cultural beliefs and practices, lifestyle choices and relationships. Staff sampled were knowledgeable about consumers’ cultural backgrounds and described how this influences care and services delivered to individual consumers. Organisational documents outline the organisation’s commitment to provide services to meet the cultural needs of consumers, including in relation to sexual, cultural and linguistic diversity.

Consumers confirmed they are supported to exercise choice, maintain relationships and independence and described examples of how their choices had influenced care and service delivery. Staff described how they engage consumers in making informed choices about their care and services and supports implemented for consumers to maintain independence. Staff also described how consumers were supported to stay in touch with people important to them during the COVID-19 lockdown. Care files sampled included information relating to persons involved in consumers’ care, Power of attorney and primary contacts and discussions with consumers relating to lifestyle choices, care and services.

Consumers confirmed they are supported to make their own choices and take risks. A consumer who engages in activities which include an element of risk described supports provided by staff to minimise risks. Consumer files sampled demonstrated risk assessments had been completed and included involvement of allied health professionals. Additionally, risks related to activities are discussed with the consumer and/or representative and mitigation strategies developed. Care staff could identify consumers who engaged in risky activities and described strategies to minimise impact of risk.

Consumers confirmed information is provided and communicated to them and it is timely and relevant. Consumers receive information through a number of avenues, including newsletters, meeting forums and noticeboards. On entry, consumers are provided with an admission pack which includes information about the services provided, internal and external feedback processes and the Charter of Aged Care Rights. Consumers confirmed staff respect their personal privacy and provided examples of staff practices which ensure their privacy is maintained. Consumers are provided with organisational policies relating to privacy, confidentiality and consent on entry and care files sampled included consent forms for collection and release of information.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-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 Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(a) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* staff know them well and are familiar with their preferences for care.
* have discussed advance care directives and end of life wishes as part of the care planning process.
* described involvement in care planning and the support provided to access other providers of care.
* are aware of care plans; staff discuss their care with them, especially where there are changes and would listen if they had any concerns or feedback.

A range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop personalised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, clinical risk assessment tools are used, including for falls, malnutrition, skin, pain and cognition and strategies developed to mitigate risks.

Consumer files sampled demonstrated consumer goals and preferences relating to care and services and advance care planning and end of life planning are identified and documented. Regular review processes ensure information remains current and reflective of consumers’ current care and service needs. All consumers sampled stated staff know them well and are familiar with their preferences for care.

Consumers confirmed they are involved in assessment and care planning processes and were aware of care plan documents. Care staff have access to care plans and described how they are informed of any changes to consumer care.

The Assessment Team found the organisation has monitoring processes to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, Non-compliant with Requirement (3)(a) and Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team were not satisfied the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being inform the delivery of safe and effective care and services. The Assessment Team’s report highlighted two consumers and provided the following evidence:

Consumer A

* A risk assessment dated March 2020 for use of motorised equipment included consideration of outcomes of a Physiotherapy assessment which deemed the consumer competent to use the equipment. However, risks identified through subsequent assessments completed by clinical staff and the Physiotherapist have not been considered through assessment processes.
* A Clinical assessment completed four months after the risk assessment indicates the consumer has very poor hand dexterity and finger deformities and notes the consumer lacks initiation, planning and sequencing of events.
* This information had not been considered in the context of risks associated with using the motorised equipment.
* Management stated a reassessment had not been completed as the consumer had not been going out to the community using the equipment for long. However, staff stated the consumer had been using the mechanical equipment to go out to the community from late 2020.
* A Physiotherapy assessment was completed three months prior to the Site Audit. The assessment was undertaken in response to a decline in mobility and inability to grip the stand lifer due to pain in the hands.
* The outcome of the assessment did not lead to consideration of risks associated with the motorised equipment.
* The consumer’s dexterity has not been specifically assessed in relating to smoking

Consumer B

* A Medication assessment completed six months prior to the Site Audit indicates the consumer has poor dexterity and decreased sensation in the hands.
* This information has not been considered when assessing risks associated with smoking.

The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response demonstrates actions to address the issues identified by the Assessment Team have been implemented. The provider’s response included, but was not limited to:

* A new senior clinical staff member commenced one week prior to the Site Audit. The staff member completed some documentation relating to risk but did not complete it in line with the organisation’s risk policies and procedures.
* An email was sent to the staff member to clarify their responsibilities. Support will be provided going forward to ensure they clearly understand their responsibilities relating to documentation of risk.

In relation to consumer A

* Allied health risk assessments indicated the consumer had a change to their dexterity. It has been inferred that this may impact on their ability to operate the mechanical equipment.
* It is important to acknowledge that this would not have changed the outcome of the consumer leaving the facility using the equipment independently.
* Changes in allied health assessments that impacted ability to safely operate the equipment could have instigated completion of an updated Customer risk assessment and management plan. In this process, more specific assessments could have been conducted of the consumer’s dexterity/functional capacity specifically in relation to operation of the equipment.
* A Functional assessment relating to use of the equipment was completed during the Site Audit. The Physiotherapist and Occupational therapist assessment has been updated. A Customer risk assessment and management plan has been updated in consultation with the consumer.
* All of these documents were included as part of the provider’s response.

In relation to consumer B

* An appropriate course of action, given there were some assessments indicating there may be a risk related to dexterity when smoking, would be to proceed with completion of a Customer risk assessment and management plan.
* It is important to acknowledge clinical staff ensured appropriate risk mitigation strategies for smoking were in place.
* During the Site Audit, the Smoking risk assessment was updated to include safety risks, a Customer smoking assessment was completed by the Occupational therapist and a Customer risk assessment and management plan was completed in consultation with the consumer.
* All of these documents were included as part of the provider’s response.

I acknowledge the provider’s proactive response to address the issues 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, relevant risks to health and well-being identified through allied health assessments were not used to inform delivery of safe and effective care and services for both consumers highlighted in the Assessment Team’s report. I acknowledge risk mitigation strategies relating to activities both consumers choose to participate were in place and no incidents have occurred. However, the issues identified by allied health professionals relating to hand dexterity and sensation have a potential to place both consumers at risk. These risks were not considered in assessment and planning to ensure their safety, health and well-being was not compromised.

For the reasons detailed above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANTPersonal 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* satisfied with management of diabetes, wounds and post falls management.
* feel confident staff know them well and they are kept informed of changes to their care needs.
* satisfied with access to Medical officers and allied health professionals and that referrals to these are timely.
* have observed staff implementing appropriate infection control practices.

Staff have access to best-practice guidelines and there are processes to ensure these documents remain current and up-to-date. A range of validated risk assessments are used by the service, including in relation to skin, falls and pain, with information gathered used to develop strategies and care plans. Consumer care plans sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for wounds, behaviours, weight and diabetes.

High impact or high-prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Areas of risk viewed by the Assessment Team in consumer files included weight, falls and choking. Clinical and care staff sampled were knowledgeable about high impact or high prevalence risks for consumers sampled and described strategies to minimise impact of those risks in line with documented care plans.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. However, not all consumer files sampled included documented end of life wishes. This has been identified by the service and, in response, all care plans are being reviewed. Additionally, the procedure has been updated to reflect this information being reviewed six monthly. Clinical staff provided an overview of processes implemented when a consumer is at end of life, including documentation completed. Two consumers sampled said they have discussed end of life wishes and feel confident staff would respect these wishes.

Where changes to consumers’ health are identified, consumer files sampled demonstrated, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health professionals initiated. Additionally, care files demonstrated representatives are kept informed and care plans reviewed and updated. Care staff sampled stated they report changes to consumers’ health and well-being to senior clinical staff. Additionally, where changes to consumers’ care and service needs occur in response to deteriorating health, there are processes to ensure these are communicated to staff.

The service has an effective infection control system in place to prevent and control infection. Consumers sampled stated they observe staff washing their hands and using personal protective equipment. Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies they implement to minimise spread of infection. An influenza vaccination program is in place for consumers and staff. Additionally, consumers have received their first COVID-19 vaccination.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

The Assessment Team were satisfied the service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers sampled confirmed they are supported to do things that are important to them and provides them with quality of life. For sampled consumers, staff described what was important to consumers and how they assist and support consumers to do things important to them.

The lifestyle program includes a range of activities and takes into consideration consumers’ past and current history. Consumers were observed participating in a variety of activities during the Site Audit, including maintaining connections within and outside of the service. Consumers confirmed staff notice when they are feeling low and anxious and provide the support when they need it. Staff provided examples of how they have provided support for sampled consumers in relation to their emotional, spiritual and psychological well-being.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Consumers confirmed staff have access to and are aware of relevant information to provide services and supports. Additionally, staff confirmed they have access to current and relevant information to assist them to provide care and services in line with consumers’ needs and preferences.

The service demonstrated meals provided are of suitable quality and quantity. Most consumers sampled confirmed they enjoy the meals and alternatives are offered. The service’s menu is reviewed on a six-monthly basis. Consumers complete a survey prior to the six-monthly menu which informs menu choices. Observations throughout the Site Audit indicated most consumers appeared to enjoy the meals served.

The Assessment Team observed equipment provided to consumers to be clean, safe, suitable and well maintained. Preventative and reactive maintenance processes are in place and staff described how they report maintenance issues.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* feel safe and feel at home in the service environment with one consumer commenting ”it’s the best place to be”.
* the environment is safe, clean and well-maintained and they can go outside when they want to.
* the furniture, fittings and equipment are safe, clean, well-maintained and suitable for use.

The Assessment Team observed consumer rooms and communal areas to be clean and well maintained. The air smelt clean and there was sufficient natural light throughout the service. Additionally, the environment was welcoming, easy to understand and optimised consumers’ sense of belonging, independence, interaction and function.

The indoor environment was safe, clean, well maintained and comfortable. Most outdoor areas were clean and well maintained and gardens were noted to be manicured, pleasing to the eye and relaxing. However, furniture in one outdoor area was not clean and some areas had build-up of dead leaves.

Staff described how they ensure the service environment and equipment are safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and documentation viewed by the Assessment Team demonstrated the service is effectively responding to, managing and preventing most maintenance issues. However, most items in the maintenance log were annotated with a tick; a description of actions taken in response to maintenance requests was not consistently documented. Contracted services are utilised to maintain and inspect the environment and equipment, including fire safety equipment.

The Assessment Team found the organisation has monitoring processes in place to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback 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 Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* described using the service’s feedback forms.
* feel comfortable to raise issues with staff or management.
* family members advocate and provide feedback on their behalf.

Consumers sampled confirmed they know how to provide feedback and feel comfortable to do so. Staff described how they assist consumers to resolve concerns and/or complete feedback forms on the consumers’ behalf. Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry. Feedback forms and external complaints and advocacy information was observed on display and feedback boxes were available to allow consumers to provide feedback.

Management described feedback and management processes to address and review feedback provided by consumers through feedback forms, surveys and meeting forums. A feedback register is maintained and demonstrated feedback and complaints are followed up and actioned. Management provided an example of where an open disclosure process had been applied with the issues addressed to the satisfaction of the consumer and their representative. Consumers confirmed their feedback is followed up and open disclosure processes are applied.

The Assessment Team were satisfied the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. The Feedback and complaints register sampled included improvements relating to staff capability and response time.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 COMPLIANTHuman 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* satisfied with levels of staff and call bell response is within an acceptable time frame.
* confirmed staff are kind, caring and gentle when providing care.
* feel confident staff are skilled to meet their needs and know what they are doing.

The Assessment Team were satisfied the service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. The roster is regularly reviewed to ensure it is aligned with consumers’ current care needs and acuity. There are processes to manage planned and unplanned leave, including through a casual pool of staff and agency staff. Sufficiency of staff is monitored through a range of mechanisms, including feedback processes, audits and clinical incident data. Where extended call bell response times are identified, consultation occurs with the consumer involved.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Consumers and representatives sampled stated they trust staff to do the right thing and consumers felt respected and well cared for.

The organisation’s recruitment processes ensure the workforce have the skills and knowledge to effectively perform their roles. Staff onboarding processes include reference checks, a comprehensive induction, education and mandatory training components and buddy shifts. Job descriptions include role specific core competencies and capabilities.

Staff are supported to develop in and perform their roles through induction processes, site training and an annual mandatory training program. Training records viewed by the Assessment Team demonstrated all staff have completed mandatory training modules. Staff training needs are identified through clinical indicators, feedback and staff performance reviews; additional training is arranged in response to any issues identified. Management provided an example relating to skin tears which led to additional training for staff in strategies to prevent skin tears and skin care management.

The organisation has a staff performance framework. Staff performance appraisals are conducted on an annual basis. Staff discussed the performance appraisal process and provided examples of actions taken in response to appraisals to support their development. Management stated staff performance is monitored and reviewed on an ongoing basis.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 7 Human resources.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### 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.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care through meeting forums, feedback processes and committees, such as Voice of the consumer and workforce committee. At these committees, surveys are presented, active feedback from consumers and representatives sought and information from meetings provided to the Board. Additionally, a consumer has participated in the interview panel for new staff. Records viewed demonstrated the consumer asked pertinent questions relating to good qualities a care worker should have, the interviewee’s experience and what they could bring to the service.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported, including to the Board.

The organisation demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. Additionally, the organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure.

The Assessment Team found the organisation has monitoring processes in place to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Aged Care & Housing Group Inc, in relation to ACH Group Residential Care – Yankalilla Centre, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

**Standard 2 Requirement (3)(a)**

* Ensure information gathered through assessment processes, including those completed by allied health professionals, are incorporated into and used to inform care planning processes.
* Ensure policies, procedures and guidelines in relation to assessment and planning, including risk, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment and planning, including risk.