Accept

Performance Report

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**Commission ID:** 600575

**Provider name:** Accept Caregroup Pty Ltd

**Assessment Contact - Site date:** 17 June 2021

**Date of Performance Report:** 6 October 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 30 July 2021.

# STANDARD 2 NON-COMPLIANT Ongoing 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

The service was not able to adequately demonstrate that assessment and planning informs the delivery of safe and effective care and services, in particular that assessment and planning did not consistently identify risks to consumers’ health and well-being, or the need for assessment in response to risks identified.

One (1) of the five specific requirements of this Standard were assessed and I have found that requirement to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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 found that the service has assessments that are undertaken from commencement and when identified further focussed assessments are completed by Registered Nurses. However, the Assessment Team identified assessments completed did not always identify risks to the consumers’ health and wellbeing; nor the need for focussed assessments to be completed in response to risks identified. In addition, while the service has a suite of validated assessment tools, the Assessment Team identified that the need for a validated assessment was not consistently identified.

In its response the approved provider acknowledged the Assessment team’s findings and set out a number of measures it had or will implement to address the issues identified. At an organisational level this included recruitment of senior personnel and clinical staff, appointment of advisors to provide assistance support and advice, and relevant training for staff. Specific to the issues identified under this requirement, improvements implemented or planned include detailed reassessments of all consumers, the introduction of validated risk assessments, ensuring timely identification and planning for identified risks and changes to the health and well-being of consumers, and updating care plans to reflect assessment outcomes.

I acknowledge the approved provider’s comprehensive plan for improvement and note that a number of measures have been implemented. I also acknowledge its strong engagement with the issues. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the Assessment Contact the approved provider did not demonstrate it was compliant with this requirement.

I find this requirement Non-compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of documents.

* The service was not able to consistently demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team identified the service does not consistently develop and implement strategies to inform others and manage high impact or high prevalence risks to consumers’ health and wellbeing.
* The service does demonstrate that 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.

Three of the seven specific requirements of this Standard were assessed and I have found two of those requirements to be Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 found that the service did not demonstrate that all consumers get safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team reviewed care planning documentation for sampled consumers which identified the service has not accessed or incorporated best practice guidance on falls prevention and pain management. For two sampled consumers, planning documentation has identified consumers have a risk of falls and experience pain. Both consumers require assistance for medication management, meals preparation and personal care due to their deteriorating health.

The Assessment Team also identified that assessment process are not effective to identify or respond to changes in consumers’ needs in a timely manner. The service did not ensure assessment, review or referral and effective communication occurs with other health professionals involved in the consumer’s care. Review of assessment information does not identify specific information is obtained regarding individual consumer’s skin integrity, management, needs or preferences.

In its response the approved provider acknowledged the Assessment team’s findings and set out a number of measures it had or will implement to address the issues identified. This included the organisational improvements identified under Standard 2 requirement 2(3)(a). Specific to the issues identified under this requirement, improvements implemented or planned include clinical re-assessment of all consumers, provision of training to staff on involvement of health professionals in the care of consumers, and instruction on recognition and management of clinical issues. The approved provider also identified specific actions taken in relation to identified consumers.

I acknowledge the approved provider’s comprehensive plan for improvement and note that a number of measures have been implemented. I also acknowledge its strong engagement with the issues. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the Assessment Contact the approved provider did not demonstrate that all consumers get safe and effective care that is right for them.

I find this requirement Non-compliant.

### 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 found that the service does not effectively manage high impact or high prevalence risks associated with the care of each consumer. Information is not reflected in care planning documentation, including the identification of risks and implementation of strategies or provision of guidance to staff who regularly provide services to minimise or prevent high impact high prevalence risks that have impacted on three consumers. In addition, the Assessment team found that the service does not consistently seek information from or refer consumers to health professionals involved in their care, for assessment and/or review when high impact or high prevalence incidents have impacted on the consumer.

In its response the approved provider acknowledged the Assessment team’s findings and set out a number of measures it had or will implement to address the issues identified. This included the organisational improvements identified under Standard 2 requirement 2(3)(a). Specific to the issues identified under this requirement, improvements implemented or planned include regular review by the organisation’s Clinical Governance Committee of clinical indicators, including analysis of strategies to minimise or prevent high impact or high prevalence risks, and analysis of issues and complaints trends to identify remedial actions.

I acknowledge the approved provider’s comprehensive plan for improvement and note that a number of measures have been implemented. I also acknowledge its strong engagement with the issues. However, I consider that these improvements will take time to become embedded and for the approved provider to demonstrate their sustainability. I consider that at the time of the Assessment Contact the approved provider was not compliant with this requirement.

I find this requirement Non-compliant.

### 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.*

### Based on the information reviewed I find this requirement to be Compliant.

# STANDARD 4 Services 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers through interviews and reviewing documentation. Consumers and representatives were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Consumers and representatives interviewed advised that the service supports them to do the things that are important to them, and also indicated that staff are aware of the consumer’s needs and preferences that are important to them. Review of care planning documentation and interview with staff confirmed Information about the consumer’s condition, needs and preferences is generally communicated within the organisation, and with others where responsibility for care is shared.

One (1) of the seven specific requirements of this Standard was assessed and I have that requirement to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### 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.*

### Based on the information reviewed I find this requirement to be Compliant.

# STANDARD 8 Organisational 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff (including brokered care staff), and reviewed a range of documents.

The organisation has:

* An information system to give the workforce access to the information they need to perform their roles and consumers are able to access information on their care and services. However, inconsistencies were identified in the information that is documented in care plans to inform service delivery (Refer to Standards 2 and Standard 3).
* A continuous improvement systems and processes to assess, monitor and improve the quality and safety of services delivered consumers.
* A workforce governance system and generally have enough skilled and qualified staff (including brokered) to deliver safe and quality care and services.
* Processes in place to ensure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines.
* A feedback and complaints system to improve services for consumers and consumers confirm they provide feedback on the services they receive.

One (1) of the five specific requirements of this Standard was assessed and I have that requirement to be Compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

### Based on the information reviewed I find this requirement to be Compliant.

# 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.

### Requirement 2(3)(a)

*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.*

* Ensure that assessments consistently and comprehensively identify risks to the consumers’ health and wellbeing, and that focussed assessments are undertaken in response to risks identified
* Demonstrate that the need for a validated assessment is consistently identified.

### Requirement 3(3)(a)

*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.*

Ensure that each consumer get safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, and specifically that:

* best practice guidance is accessed and implemented, including but not limited to, in relation to falls prevention and pain management;
* review or referral and effective communication occurs with other health professionals involved in the consumer’s care, and
* that specific information regarding individual consumer’s skin integrity, management, needs or preferences is obtained.

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

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

Demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including but not limited to:

* ensuring that such risks are identified and strategies implemented and guidance given to effectively manage these risks
* seek information from or refer consumers to health professionals involved in their care to assist in this process; and
* regularly review the management of these risks.