Advantaged Care at Edensor Gardens

Performance Report

39 Sweethaven Road   
EDENSOR PARK NSW 2176  
Phone number: 02 9774 6400

**Commission ID:** 1090

**Provider name:** Advantaged Care 4 Pty Limited

**Assessment Contact - Desk date:** 11 November 2021 to 12 November 2021

**Date of Performance Report:** 1 December 2021

# Performance report prepared by

Elise Woodley, 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 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(e) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers, representatives, and others.

# 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

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 – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The consumers and representatives interviewed who had not made formal complaints, stated they were comfortable raising concerns about care and services, and felt confident action would be taken. Consumers and representatives interviewed who had raised concerns with management, stated they were satisfied with the response and action taken by the service.

All consumers, representatives and staff interviewed were aware of avenues for consumers to make a complaint including advocacy services such as Senior Rights Service (SRS) and Older Persons Advocacy Network (OPAN). Consumers and staff were aware of the location of internal complaint forms, and advocacy and language service brochures and posters.

The organisation has a complaint policy and maintains a register of all complaints to assist actioning and follow up with consumers. Management demonstrated and discussed how appropriate action is taken in response to complaints and when things go wrong.

Two of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### 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.*

Consumers and representatives interviewed by the Assessment Team were satisfied they have been made aware and have access to advocates and language services if they wish to raise a complaint. Consumers and staff were aware of the location of internal complaint forms, and advocacy and language service brochures and posters.

I find this requirement is Compliant.

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

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

Consumers and representatives interviewed by the Assessment Team were satisfied with the action taken regarding complaints, and how staff and management acknowledge mistakes and apologise if things go wrong. Staff were able to describe the process of open disclosure and have received education about this. Policies and procedures reviewed on open disclosure reflected this process.

I find this requirement is Compliant.

# 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

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 records including staff rosters, training records and performance reviews.

Consumers and representatives interviewed by the Assessment Team considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable, and caring. Seven of the seven consumers and representatives interviewed felt there was enough staff at the service and call bells were responded to promptly most of the time. All consumers and their representatives interviewed felt the number and mix of staff members enabled the service to deliver safe and quality care and services.

Feedback from management, staff, and a review of the staff rosters, show that the service plans its workforce into the future to account for staff leave and short-notice absences. The service is supportive of its staff and have coherent and robust systems in place for skill development and performance appraisal.

The service demonstrated ongoing monitoring of performance to identify staff development needs. The service engages in annual performance appraisals to identify goals and areas for improvement for staff. Staff interviewed by the Assessment Team felt confident and supported by management to deliver the safe and quality care and services.

Two of the five specific requirements have been assessed as Compliant.

## 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.*

All consumers and representatives interviewed by the Assessment Team felt the number and mix of staff members enabled the service to deliver safe and quality care and services. Feedback from management, staff, and a review of the staff rosters, demonstrated the service plans its workforce into the future to account for staff leave and short-notice absences. Call bell response times are within service policy and demonstrate a prompt response to call bells.

I find this requirement is Compliant.

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

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

The service demonstrated a robust system for staff appraisals and performance management processes. There is a formal performance appraisal process, and all staff in the service have completed or have an appraisal scheduled. Management also informally review performance through the observation and supervision of staff practice, as well as monitoring the feedback processes of the service. Staff interviewed by the Assessment Team provided positive feedback on the performance appraisal process and the support from clinical and management team members.

I find this requirement is Compliant.

# 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.