All Care Aged Care The Vales

Performance Report

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**Commission ID:** 6933

**Provider name:** Tickled Pink Aged Care Pty Ltd

**Assessment Contact - Site date:** 02 August 2021

**Date of Performance Report:** 02 September 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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
* other information and intelligence held by the Commission in relation to the service.

# 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 did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

### 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.*

Consumers received safe and effective personal and clinical care that was tailored to their needs and optimised their health and well-being. Consumers and representatives confirmed consumers had access to a Medical officer or allied health services when required. Consumers confirmed they were receiving the care they needed. Consumers provided positive feedback in relation to the management of their specific care needs by clinical staff.

For one named consumer, the Assessment contact report included information relating to the consumer’s representative and feedback provided relating to a lack of care in relation to hygiene, dental care and activity participation. Further information contained in the Assessment contact report supported the consumer was provided care and services in line with their preferences, care planning guidelines assisted staff in delivering care to the consumer and cares staff had a comprehensive knowledge of the consumer’s care needs.

Documentation was reviewed that assisted in informing staff of consumers’ personal and clinical needs, including a range of assessments were completed for consumers on entry to the service and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans were developed from information gathered through assessment processes and conversations with consumers and/or representatives ensuring management strategies were tailored to consumers’ needs and optimised their health and well-being. Consumers’ care plans were stored in the personal care workers office or in consumers’ rooms and were reviewed annually or as needed. All shifts had an allocated consumer list which included consumers the staff member working the shift was responsible to care for and any additional information, including consumers’ preference, such as female or male staff members.

Clinical staff confirmed they informed care staff of any changes to consumers’ health and/or well-being during handover. Staff stated they had access to policies and procedures to guide practice and consumer care. Care staff confirmed they attended handover and had access to consumers’ information, care needs and preferences in care plans and on handover sheets. Staff had access to policies and procedures relating to best practice care delivery, including in relation to pain and skin integrity to reflect best practice principles and guidelines

The organisation had a Skin and Wound Management Policy and procedure which referenced best practice guidelines. Validated assessment tools relating to skin integrity were completed, including a skin assessment. Information gathered from assessment tools was used to develop individualised management plans for each consumer. Pressure relieving devices were observed to be in use at the service.

Where changes in skin integrity were identified, incident forms were completed, wound management plans were initiated, and care plans updated. Wound management plans demonstrated treatments were undertaken in line with management plans

Consumers were monitored and reviewed, including in relation to restrictive practices including chemical restraints. Documentation post administration of as required medications included non-pharmaceutical interventions trialled prior to administration or monitoring or review after the medication was administered. The service was effectively working with the Medical Officer in the reduction of chemical restraint medication prescribed at the service. Consumers had a completed restraint authorisation form for restrictive practices. Authorisation and consent of restraint was reviewed every three to six months or as required. Restraint authorisation forms included detailed information, the type of restraint, the reason for the restraint, circumstances in which the restraint was to be used and the duration of the restraint and reviews that have occurred.

The organisation's 'falls report’ evidenced how management monitored and reviewed consumers at high-risk of falls or increased falls to implement strategies to reduce the risk of further falls. For one named consumer who sustained three recent falls, documentation demonstrated evidence of completed falls report forms for the consumer, which included neurological observations as outlined by the organisation’s clinical pathway relating to falls. Following falls consumers are assessed in relation to medication which may affect their risk of bleeding following falls and a skin integrity assessment. Regular monitoring of consumers occurred at regular intervals. All falls were reviewed and evaluated by management and included in monthly incident data.

Based on the information contained above, it is my decision consumers received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Therefore, it is my decision this Requirement is Compliant.

# 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 did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## 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.*

Feedback and complaints were reviewed and used to improve the quality of care and services. Management described how the service monitors the frequency of complaints through the complaints register and discussed complaints through a range of forums, including the formal management meetings, consumer meetings and the care and clinical staff meetings.

Consumers and representatives confirmed management always considered their feedback. One consumer confirmed they attended the Consumer meeting and complaints were discussed during this meeting, consumers were asked for their opinions about food, new recipes and if they had any suggestions to make. One consumer expressed dissatisfaction with the meals and were provided a staff member to discuss their concerns on an individual basis. One consumer stated they did not fill in complaints forms but talked to staff, who were readily available.

Management advised, and provided documentation demonstrated, feedback was analysed for trends and opportunities for improvement, and reported monthly to various meetings, including staff, consumer and management meetings. Management confirmed they had several ways to collect feedback, including formal complaints forms, however, consumers preferred to provide feedback verbally. The service appointed a Resident Liaison Officer whose role was to talk to consumers, determine consumer satisfaction and seek feedback and suggestions. Management provided examples of continuous improvement activities as a result of consumer feedback or complaints, including an increase in staffing levels, the implementation of a fortnightly barbeque, stoma and bowel care and skin assessments.

Consumer meeting minutes evidenced all complaints and feedback were itemised, discussed, and feedback was sought. There was a process for gathering feedback from consumers using the service of a Resident Liaison Officer who chaired the Consumers’ committee and liaised with all consumers who had issues they wished to discuss. The service’s improvement plan captured improvement actions as a result of suggestions from staff and consumers and showed feedback acquired through the use of the Resident Liaison Officer. The feedback log demonstrated comments and complaints were analysed and trended to highlight any systemic failures. Changes to processes occurred regularly in line with consultations from consumers.

The service’s policies and processes for Feedback and Suggestions and the service’s commitment to Open Disclosure statement, contained information relating to the response to both internal and external complaints mechanism to guide staff as well as how feedback and suggestions were considered as a possible continuous improvement.

Based on the information contained above, it is my decision feedback and complaints were reviewed and utilised to improve the quality of care and services for consumers, therefore, it is my decision 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## 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.*

Consumers and representatives considered that consumers received quality care and services when they need them from caring staff. Consumers reported staff were caring and confirmed staff were providing them with care and services in line with their needs and preferences. They confirmed there was sufficient staff to provide personal care, answer their call bell and administer medications in a timely manner. One consumer observed making their own bed and confirmed while staff could perform this task it was their preference to be as independent as possible. A second consumer noted staff were providing them assistance with their hygiene cares as their ability to undertake these tasks independently had diminished.

Staff interviewed confirmed there were sufficient staff to provide care and services in line with consumers’ needs and preferences. Staff advised care and nursing shifts had been reviewed and increased and this enabled them to provide care in a timely manner. Staff had sufficient time to read handover sheets and care plans and attend shift handover. Staff advised assigned tasks were well-managed and staff were able to complete their work and finish on time. Shifts were replaced when staff called in sick and very rarely staff worked short, in which case there were sufficient staff who can assist. Clinical staff interviewed confirmed carer hours had recently been increased and this had increased the timeliness of services provided.

Rostering staff described workforce planning, including staff providing their work availabilities on the service’s allocation book and rostering staff were able to finalise staff rosters with permanent and casual staff. The service did not use temporary staff and all planned and unplanned leave was filled by permanent and casual staff. Additional care and clinical hours had recently been implemented due to consumers’ changing needs and to give staff more time to attend to consumers. These additional hours included additional morning and afternoon care shifts have been implemented in each area, some short shifts have been extended, and additional Enrolled Nurse and Registered Nurse shifts had been allocated to provide additional support to staff. New clinical and care staff had recently been recruited to accommodate the new shifts and replace staff who had left the service.

Management described workforce planning processes to enable safe and quality care and services, including monitoring of consumers’ care and service's needs, rosters review, recruitment of new staff and implementation of additional care, clinical and hospitality staffing hours. The allocation of staff had been reviewed to ensure effective infection control practices and staff are cohorted in designated areas. This also enabled continuity of care and services to consumers.

Workforce rosters were reviewed according to consumer numbers, acuity, incidents and feedback. For example, following feedback and observations, additional roles have been implemented as follows, this included two new catering positions to assist consumers with menu choices and to provide feedback regarding meals, and a surge workforce in the event of an outbreak. Additional Registered and Enrolled Nurse shifts had been implemented due to staff cohorting requirements and to provide additional staff support, including new staff supervision and training, and reporting requirements

Call bell data was monitored monthly, and management conducted weekly spot check of calls over 10 minutes. Clinical nursing staff monitored call bell response times through call escalation processes and, when required, followed up with consumers and staff. Observations throughout the Assessment Contact indicated staff were in attendance throughout the service and responded to consumers’ clinical and personal care needs and services.

Based on the information contained above, it is my decision the workforce was planned to enable the delivery of safe and quality care and services. Therefore, it is my decision 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.