Alwyndor Aged Care - City of Holdfast Bay

Performance Report

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**Commission ID:** 6931

**Provider name:** City of Holdfast Bay

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

**Date of Performance Report:** 1 February 2022

# Performance report prepared by

Michelle Glenn, 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider did not respond to the Assessment Contact - Site report
* the Performance Report dated 18 November 2021 for the Assessment Contact – Site conducted 1 September 2021.

# 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 assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

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 an Assessment Contact conducted 1 September 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks for three consumers who had been assessed as a high risk of falls and had ongoing incidents of falls or other incidents. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 1 September 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks for three consumers who had been assessed as a high risk of falls and had ongoing incidents of falls or other incidents. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a review of all consumers, identifying those at high risk of falls, and ensured effective interventions are in place. Falls risk assessment tools were completed and falls interventions were reviewed by the Physiotherapist and monitored for effectiveness.
* Updated procedures relating to falls and post falls management.
* Communication provided to all staff to ensure staff had a clear understanding of the new falls management and post falls procedure.
* Completed an analysis of falls and call bell response times to monitor effectiveness of consumers’ current falls interventions.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives expressed satisfaction with the care provided to consumers, including management of risks associated with falls.
* Consumers’ high impact or high prevalence risks are identified through assessment and review processes. Information gathered is used to develop a care plan which provides guidance to staff on consumers’ personal and clinical care needs.
* A sample of consumer files demonstrated appropriate management and review of risks related to falls, pressure injuries, weight loss and swallowing. Care files demonstrated where issues are identified, monitoring and reassessments occur, care plans are reviewed and updated and referrals to allied health specialists and/or Medical officers are initiated.
* Staff sampled described interventions to minimise risk of falls for one sampled consumer which were in line with the consumer’s assessed needs.

For the reasons detailed above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 1 September 2021 where it was found the service was not able to demonstrate the workforce was effectively planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services, specifically in relation to addressing the needs, goals and preferences of consumers and those at risk of falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## 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.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 1 September 2021 where it was found the service was not able to demonstrate the workforce was effectively planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services, specifically in relation to addressing the needs, goals and preferences of consumers and those at risk of falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Personal care worker hours each day have been increased in response to continued evidence of higher acuity and consumer needs. Improvements in call bell response times have been noted as a result.
* There has been an increase in staff, including in the areas of care, clinical and hospitality. Recruitment is ongoing.
* Introduced quarterly mandatory carers meetings to ensure up-to-date information is provided and issues identified are discussed with all staff.
* Call bell reporting demonstrated a decrease in call bell response times and falls incidents.
* Installed 12 annunciators and purchased additional DECT phones.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives indicated staff attend to consumers’ care needs promptly and call bells are answered in a timely manner.
* There are systems and processes for planning and managing the workforce, which is continually reviewed in accordance with workforce model guiding principles and business process maps. There are processes to manage staffing shortfalls.
* Consumer acuity, consumer preferences, incident reports, feedback and complaints and call bell response times are regularly reviewed to ensure the staff model is appropriate to meet the current needs of consumers.
* Most staff sampled said there are enough staff rostered on each day to enable them to undertake their duties and attend to consumers’ care needs in a timely manner.
* Results from a quality survey conducted in November 2021 indicated 98% of consumers surveyed felt the service had sufficient staff to provide the care they need.

For the reasons detailed above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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

The Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 1 September 2021 where it was found the service was not able to demonstrate effective risk management systems and practices for consumers who were at risk of falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(d) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### 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.*

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact conducted 1 September 2021 where it was found the service was not able to demonstrate effective risk management systems and practices for consumers who were at risk of falls. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and updated falls management procedures and ensured staff were aware of their responsibilities in preventing falls and injury from falls.
* Reviewed and updated policies and procedures relating to incident reporting and analysis and ensured falls practices were aligned with policies and procedures.
* Reviewed and updated policies and procedures relating to call bell management. Call bell reports are now completed daily, and calls outside of the service’s key performance indicator are investigated.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers also indicated they are able to live the best life they can.
* The service demonstrated effective risk management systems and practices relating to management of high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents, including use of an incident management system.
* The organisation has a documented quality and risk management framework, including policies and procedures which underpin the service’s approach to identifying and managing risks to consumers’ care and to the organisation. High impact or high prevalence risks associated with the care of consumers are identified and managed, including through service and organisational meeting forums.
* A mandatory training program is place to ensure staff are aware of their responsibilities relating to responding to and reporting of allegations or suspicion of abuse and neglect of consumers. Staff sampled confirmed they have had training relating to the incident management system and how to identify and respond to abuse or neglect.
* Consumers are supported to live the best life they can through assessment and care planning processes which occur in consultation with consumers and/or their representatives to enable them to undertake activities that are important to them.
* An incident management reporting system assists the service and organisation to report against legislative requirements and identify trends or risks. A formal critical incident escalation process is in place and incidents are reviewed at various meeting forums where consideration is given to the associated risk of each incident.

For the reasons detailed above, I find City of Holdfast Bay, in relation to Alwyndor Aged Care – City of Holdfast Bay, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.