Coastal Waters Aged Care

Performance Report

100 The Wool Road
Worrowing Heights NSW 2540
Phone number: 02 4443 0077

**Commission ID:** 0583

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 10 September 2020

**Date of Performance Report:** 6 November 2020

# Publication of report

This Performance Report **may 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 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 considered 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
* A Desk Assessment Contact with the service’s General Manager conducted on 15 September 2020 and review of documentation provided
* the provider’s response to the Assessment Contact - Site report received 7 October 2020.

# STANDARD 7 NON-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

One (1) of the seven specific requirements under this Standard were assessed and has been found 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.

The Quality Standard is assessed as non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 Assessment Team found that most consumers interviewed said that the staff were kind and caring; that care was provided in a timely manner and that they were satisfied overall with the staffing. However, some consumers said that they had to wait for a length of time for care to be provided and that this impacted negatively on them, particularly in regard to continence needs. Some consumers expressed concerns about the manner and tone of voice of staff. Some consumers and staff said that there were insufficient number of staff to provide care and services required. For example, one consumer representative said that there were not enough staff on the weekends to complete COVID 19 screening and therefore could not visit their relative during this time. Some consumers said that agency staff did not always have a good understanding of individual consumer needs and often had to ask the consumer what was required.

Staff interviewed said that they work as a team to get things done with the registered nurses assisting when they can. Most of the staff interviewed said that they worked short most of the time; that they are often asked to work double shifts or have their shift length extended to cover absenteeism; that the registered nurse is not always available to assist and that they are often moved to another area of the home to assist.

The Assessment Team interviewed management who said that the service was not fully occupied and the current roster was based on full occupancy. Management said that the service had recently recruited fifteen staff. Management acknowledged that staff are asked to work extended shifts where replacements for unfilled shifts could not be obtained. There is close monitoring of unfilled shifts and rostering requirements. Management stated that additional support had been offered to staff to maintain morale. Some staff are being performance managed in relation to their abrupt manner with consumers.

The Assessment Team identified that documentation supplied did not clearly identify how many shifts were left unfilled and how many agency staff members were rostered during the period of 16 August to 12 September 2020. However, management advised that on certain dates staff worked late or commenced early to cover most hours.

The Assessment Team reviewed call bell response time data for the week of 4 September 2020 to 9 September 2020. The report identified there were 211 calls over 10 minutes, including 29 calls over 20 minutes, 8 calls over 30 minutes and two calls over 40 minutes.

The Approved Provider was requested to provide a response, including but not limited to the concerns expressed by consumers and staff, the information about call bell response times and additional information on staff coverage in the period 16 August 2020 to 12 September 2020.

In relation to staffing, the Approved Provider submitted information about the ratios of staff to consumers for each shift, that staff are allocated where possible to ensure continuity of care and to maintain an appropriate skill mix and that the roster does not differ from weekdays to weekends. It did not specifically address the concerns raised by consumers in regard to timely delivery of care and the impact that this had on consumers. There was no additional information provided to clearly identify how many shifts were left unfilled for the period of 16 August to 12 September 2020, how many staff had worked double shifts or had their shift lengths extended. The response did not include how the Approved Provider specifically orientated agency staff to ensure that they were fully informed as to consumer care needs and service delivery.

In relation to weekend visitor access raised by a representative, the Approved Provider stated that the registered nurse conducts the COVID 19 screening over the weekend. The response does not specifically address how the service has managed the concern raised by the representative or how the service communicates visitor access restrictions. I have noted the comments made by staff in relation to limited availability of the registered nurse to assist with care delivery.

In relation to call bell response times the Approved Provider submitted the rolling average for six selected periods. The rolling average at 28 August showed a 4-minute response time. The response indicated that call bell response times are reviewed daily; staff wear call bell alert pagers; high response times are followed up with the consumer and consumers with cognitive impairment are also reviewed; regular audits are conducted for maintenance and repairs of the system and staff receive training on the call bell responses and attendance. However, I am concerned about the information about lengthy delays in call bell response times identified by the Assessment Team and consumer sentiment regarding the length of time for care to be provided and that this impacted negatively on them.

While I acknowledge the Approved Provider’s response and the improvements identified, and that most consumers interviewed provided positive commentary on their interactions with staff, the timeliness of care and levels of staffing, there were concerns expressed by some consumers and staff about the number and mix of staff numbers and the impact this has on consumers. The Approved Providers response has not comprehensively addressed the concerns raised.

I find that the Approved Provider is Non-compliant with this requirement

# 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 7**

### Requirement 7(3)(a)

*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.*

* Ensure that the service’s 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, including but not limited the delivery of timely care
* Regularly review the number and mix of staff to ensure the delivery of timely care