Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Eldercare Allambi |
| **RACS ID:** | 6183 |
| **Name of approved provider:** | Eldercare Inc |
| **Address details:** | 86 Oaklands Road GLENGOWRIE SA 5044 |
| **Date of site audit:** | 19 November 2019 to 20 November 2019 |

**Summary of decision**

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| **Decision made on:** | 23 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 10 February 2020 to 10 February 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 22 March 2020 | |
| **Revised plan for continuous improvement due:** | By 16 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Eldercare Allambi (the Service) conducted from 19 November 2019 to 20 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers and representatives | 32 |
| Management | 3 |
| Nursing and personal care staff | 11 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff and pastoral care staff | 2 |
| Allied health | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements in relation to Standard 1.

Of the consumers and representatives interviewed as part of the consumer experience report:

* 100% said staff treat them with respect most of the time or always;
* 94% said they are encouraged to do as much as possible for themselves most of the time or always; and
* 88% said staff explain things to them most of the time or always.

Consumers described ways in which the service and staff treat them with dignity and respect, deliver care and services that are culturally safe, support them to exercise choice and take risks, communicate information and respect their privacy.

Staff were observed interacting with consumers in a respectful and polite manner and could readily identify consumer’s individual preferences and interests. Staff provided examples of how they assist consumers to make choices and support them to take risks.

The service promotes the value of culture and diversity through staff training, in the range of activities it offers for consumers and individual preferences and delivery of care is tailored to each consumer.

The service uses information from surveys and feedback processes to ensure consumers’ needs are being met by staff, and that staff are supporting consumers to maintain their identity and live the life they choose.

The service has policies and procedures in place to direct and guide staff on codes of conduct, privacy, confidentiality, resident choice and independence, cultural and spiritual life, diversity and inclusion.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected, and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements in relation to Standard 2.

Of the consumers and representatives interviewed as part of the consumer experience report, 100 % confirmed that consumers have a say in their daily activities most of the time or always.

Consumers and representatives interviewed confirmed they are involved in ongoing assessment and planning to enable them to get the care and services they need.

Staff interviewed described their role in assessment and planning and the ongoing consultation they have with consumers and representatives to ensure assessment and planning meets the consumers care needs.

The organisation demonstrated initial and ongoing assessment and planning for care and services is in partnership with consumers and representatives. Six-monthly or as required care plans are reviewed to ensure the consumer’s needs, goals and preferences remain current.

The organisation monitors and reviews their performance through audits, surveys, feedback and consultation with the consumers and their representatives to ensure assessment and care planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met all seven requirements in relation to Standard 3.

Of the consumers and representatives interviewed as part of the consumer experience report, 94 % confirmed consumers get the care they need most of the time or always with 6 % recording some of the time.

Consumers and representatives interviewed described ways staff assist them to meet their personal and clinical care needs that is right for them. Staff interviewed described how they use care plans, handovers and consultation with consumers and representatives to deliver safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise consumers’ health and well-being. Staff described training they received relevant to their role to optimise personal and clinical care that is safe and effective. Policies and procedures and care plans guide staff to deliver personal and clinical care that is best practice, tailored to the consumers’ needs and optimises the consumers’ health and well-being.

The organisation monitors and reviews their performance through scheduled audits, care plan reviews, incident data review and evaluation, monthly clinical indicators and consultation with consumers and representatives.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that all 7 requirements in relation to Standard 4 were met.

Of consumers and representatives randomly interviewed, 94% said they do as much as possible for themselves most of the time or always. Comments from consumers/representatives include, “If I asked for help I know I’d get it’, and ‘Does not do anything much but can do what she wants’,

Of consumers randomly interviewed, 59% said they like the food most of the time or always.

Staff described examples of how consumers are supported to connect with their community and family within and outside of the service. The organisation demonstrated how it seeks advice from consumers about activities of interest to them within the service and how consumers’ mental health and well-being is supported. Consumer and staff interviews, observation and consumer files viewed demonstrated how consumers’ emotional, spiritual and cultural needs and preferences are identified, supported and monitored.

The organisation demonstrated that it makes timely referrals to medical officers and allied health professionals.

The Assessment Team observed that the organisation provides safe, suitable, clean and well-maintained furniture.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong, and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that all 3 requirements in relation to Standard 5 were met.

Of consumers randomly interviewed, 88% said they feel at home here most of the time or always. Of consumers randomly interviewed, 88% said they feel safe most of the time or all of the time. Consumers and representative feedback received confirmed that they were satisfied that the service environment was clean, tidy and comfortable. Consumer and representative feedback received confirmed that consumers feel at home.

Staff could describe the various systems and processes in place to ensure the service environment is safe for consumers such as hazard identification processes and environment and equipment audits. Management of the organisation could demonstrate that they maintain a safe and comfortable environment for consumers.

The service environment was observed to be calm, welcoming and homely for consumers. The organisation has reactive and preventative maintenance schedules in place to ensure equipment and assets are maintained appropriately.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service has met all four requirements in Standard 6.

Of consumers and representatives randomly interviewed as part of the consumer experience report, 88% said staff follow up when they raise things with them most of the time or always.

Consumers interviewed said they are aware of feedback systems available to them and are encouraged by the service to utilise them to raise concerns and make suggestions for improvements to the services provided. Consumers gave examples of concerns and suggestions raised which had been appropriately managed by the service and said they have access to advocates and other external methods for raising and resolving complaints.

Staff interviewed were aware of policies and procedures for managing feedback and described what they are required to do when they receive verbal or written feedback or complaints from consumers or their representatives.

The service demonstrated action is taken in response to complaints received from consumers and their representatives and that an open disclosure process is used when things go wrong.

Feedback received is reviewed, reported and analysed and the results used by the organisation to inform its continuous improvement systems and are used to improve the quality of care.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met three of the five requirements in relation to Standard 7.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them, including in relation to the kindness and support shown to them when they came to the service after the death of their spouse. Interactions by consumers, representatives and staff were observed to be kind, caring and respectful.

The organisation demonstrated staff are recruited to specific roles, are required to have a specified amount of experience dependant on the role. Undertaken an orientation processes to equipped them to undertake these roles and supported to deliver outcomes for consumers. Consumers are encouraged to provide feedback regarding staff satisfaction. New staff are satisfied with orientation and support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing.

The organisation could not demonstrate the number and mix of staff of the service is planned to enable safe and quality care and services. Consumers state staff are regularly available to assist them when they need it, however, comment on occasion staff are rushed and often supported by agency workers who do not always understand their needs and preferences. Consumers and management were able to demonstrate effective use of call bell systems as means of monitoring however consumers and staff have reported multiple times when they were busy and had to defer and delay requests for assistance and that on occurrences these were not actioned or completed to the consumers satisfaction.

The organisation could not demonstrate the workforce is competent, and staff have the qualifications and knowledge to effectively perform their roles. Four consumers have expressed that not all staff, agency staff, do not always know what they are doing, are often instructed by the consumer as to what to do and how to do it. Staff said they undertake regular performance appraisals and are supported to participate in extra training for professional development. Mandatory and targeted training is undertaken by staff and attendance and feedback monitored. Annual staff satisfaction surveys are undertaken.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Not Met**

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated all five requirements in relation to Standard 8 were met.

The organisation demonstrated they involve consumers in the delivery and evaluation of care and services and provided examples of how consumers are involved. Consumers said they are involved in discussions regarding their care and services through participation in Resident meetings, and resident representative roles. Resident meeting agendas include items to discuss the changes to the Aged Care Standards and how much they want to be involved in their care. Lifestyle programs are co-designed and food focus groups work with the chef. Consumer surveys occur regularly.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The service has no physical restraints currently in use. Management said alternative strategies are always used and staff undertake training to minimise their use.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.