Eldercare Allambi

Performance Report

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**Commission ID:** 6183

**Provider name:** Eldercare Inc

**Assessment Contact - Site date:** 4 August 2020

**Date of Performance Report:** 8 September 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** | **Compliant** |
| 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.
* the provider’s response to the Assessment Contact - Site report received 7 August 2020.

# STANDARD 7 COMPLIANT 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 Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

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 a Site Audit conducted on 19 November 2019 to 20 November 2019.

At the Site Audit conducted on 19 November 2019 to 20 November 2019, the Decision Maker found this Requirement was not met as four consumers reported they had been negatively impacted as staff did not provide timely or appropriate assistance to meet their needs. The Decision Maker also noted one consumer had reported they had experienced rough contact due to staff rushing during personal care routines on more than one occasion.

The Assessment Team recommended Requirement (3)(a) in Standard 7 as met following the Assessment Contact conducted on 4 August 2020. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 7 and find the service is Compliant with Requirement (3)(a).

The service has implemented a range of actions to address the deficiencies identified which I have detailed 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 Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Assessment Contact, including:

* The service undertakes regular monitoring of call bells, including daily monitoring of call bell response times and follow-up of all calls in excess of 10 minutes.
* Staff responses to requests for assistance are discussed at Relative and Representative meetings, and consumers who are unable or choose not to attend are encouraged to utilise the feedback system to advise management of staff non-response.
* Management has discussed the barriers to provide timely care with staff. Feedback from staff included the need for additional equipment, issues with staff’s Digital Enhanced Cordless Telecommunications (DECT) phones, the timing of meal services and the needs of consumers in some areas. Management said each issue has been followed up with additional equipment purchased, replaced or relocated, staff mealtimes have been reviewed in relation to consumer mealtimes, and float shifts commenced to assist with the needs of consumers.
* A tool has been developed to assist clinical leaders to identify issues which may occur in particular areas, record the issue, including the time of day, and what strategies may assist in addressing the issues utilising available resources.
* The staff education program has been reviewed to ensure the training supports staff to effectively undertake their roles. Suggestions from staff for future training have been included in the training program.
* The daily staffing allocation worksheets are reviewed several days in advance to ensure adequate staff coverage. Where Agency or casual pool staff are required to cover vacant shifts, their allocation is reviewed to ensure they are rostered across the service and are not working in one area. The clinical agency induction form has been reviewed and feedback sought from staff on the performance of Agency or casual staff.
* Feedback received regarding care not being delivered in line with Eldercare’s Values has been discussed with the individuals who raise the concern and with the staff members involved. Informal coaching and formal disciplinary processes have been implemented where appropriate.
* Dignity of care toolbox training has been undertaken with staff in all areas of the service to prevent rough contact during personal care routines.
* A rostering project is being undertaken to restrict new casual staff members to their ‘home’ site to ensure inexperienced casual staff are not undertaking shifts at Eldercare Allambi.
* There has been ongoing recruitment of personal care staff, registered and enrolled nurses to increase the number of available staff on the roster.
* The reduction in Agency staff usage and the assignment of Agency staff familiar with the service has reduced the workload impact of orientation on Eldercare Allambi staff members.

In relation to Standard 7 Requirement (3)(a), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

* Consumers interviewed said there are enough staff to provide their care and services, they know the staff and they feel safe.
* Nine of the 10 sampled consumers said staff are responsive, and they are not waiting for staff to respond to their call bells or requests for assistance. The consumers said staff know what they are doing, and they do not feel staff are rushing them.
* One consumer said staff take too long to attend to their call bell when they require toileting assistance. Documentation viewed by the Assessment Team indicated there have been no instances over the service’s key performance indicator of 10 minutes. The consumer has a toileting plan and senior staff said there has been ongoing consultation with the consumer which has resulted in a toileting schedule to meet their care needs.
* Staff confirmed they are able to complete their tasks within their shift and that senior staff or managers are willing to assist when required.
* Staff said unexpected vacant shifts are replaced mostly with staff from the organisation’s casual pool, as these staff members know the consumers. If Agency staff are rostered to fill a vacant shift, they are generally staff who have previously worked at the service. Staff confirmed that Agency staff are not often used; however, if Agency staff are used, an orientation is undertaken with the clinical team leader.
* Staff said they have access to training relevant to their roles at induction and on an annual basis either online or face-to-face.
* Clinical staff said staffing is based on the acuity of consumers within the work area. Senior staff said they discuss care needs with consumers when concerns are raised and if necessary, additional staffing shifts are allocated.
* Documentation viewed by the Assessment Team showed there are regular reviews by management of the staffing allocations to each area. Short notice or planned leave is covered either by staff working at the service or from the corporate casual pool staff. This has resulted in a reduction in the number of Agency staff being used at the service. When required, additional float shifts or redeployment of staff from other areas were noted as strategies utilised to meet consumers’ needs.
* Training records confirmed training is delivered regularly to staff. Training needs are identified through various means including staff surveys, and incident and feedback responses.
* Minutes of meetings showed consumers are regularly consulted about their satisfaction with staffing levels, staff practice and staff knowledge and skills. Complaints concerning staff practices raised by consumers and/or representatives are addressed in a timely manner.
* Call bell and sensor mat activation monitoring is undertaken on a daily basis by management and call bell response times in excess of the service’s key performance indicators are followed up with staff. Complaints regarding call bell response times are investigated by management and feedback on the outcome of the investigation is provided to consumers.
* The Assessment Team noted from the compulsory reporting documentation that when allegations of rough handling are reported, actions are taken in accordance with legislative requirements.
* The Assessment Team observed staff attending to consumers’ needs in a kind and caring manner.

For the reasons detailed above, I find the approved provider, in relation to Eldercare Allambi, does comply with Requirement (3)(a) of Standard 7.

# 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.