Mary Cecelia Hart Court

Performance Report

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**Commission ID:** 6026

**Provider name:** Boneham Aged Care Services Incorporated

**Assessment Contact - Site date:** 2 March 2022

**Date of Performance Report:** 4 April 2022

# Performance report prepared by

Marek Dubovinsky, 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 7 Human resources** |  |
| Requirement 7(3)(a) | 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 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;
* Infection Control Monitoring Checklist dated 2 March 2022; and
* the Performance Report dated 8 July 2021 for the Assessment Contact undertaken on 12 May 2021.

# 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. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in this Standard was found non-compliant following an Assessment Contact conducted 12 May 2021, as the service was not able to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies 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 the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under 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.*

This Requirement was found non-compliant following an Assessment Contact conducted 12 May 2021, as the service was not able to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services. There was insufficient staff at the correct times of day to meet the care and needs of the consumers, including responding to call bells for consumers requiring assistance with care or assisting consumers to engage in activities of their choice at agreed times.The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Increase of staffing hours approved by the Board.
* Review of equipment by allied health staff and purchase of additional equipment resulting in an overall staffing efficiency gain.
* Increased available trainee positions to support recruitment activities.
* Improvement in monitoring processes of call bell response times and escalation processes.
* Implementation of staff and consumer surveys to better monitor sufficiency of staffing.

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

* Nine out of 10 consumers reported that staffing numbers are adequate to deliver the care and services they need.
* All nine staff interviewed reported there are enough staff across the service to undertake duties and meet the needs of consumers.
* For the previous fortnight period, allocation sheets recorded no unfilled shifts.
* Processes support the monitoring and actioning of call bell response times greater than the service’s key performance indicator.
* Board meeting minutes show workforce issues are discussed and communicated to the governing body.
* Lunch time meal service was observed and indicated staff had sufficient time to assist consumers with meals.
* A range of staff were observed in each wing of the service throughout the Assessment Contact and appeared to have sufficient time to undertake their duties.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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.