Onkaparinga Valley Residential Care

Performance Report

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**Commission ID:** 6847

**Provider name:** Clayton Church Homes Inc

**Assessment Contact - Site date:** 2 March 2021

**Date of Performance Report:** 1 June 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 25 March 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)(a) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(a) not met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effectively personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team’s report identified issues relating to falls management, clinical assessment and documentation. The Assessment Team’s report provided the following evidence:

* Falls risk assessments (FRAT) were not completed consistently following consumer falls or referrals to Physiotherapists initiated in line with the service’s policy.
* Clinical staff stated a FRAT should be completed and a Physiotherapist review initiated post fall.

Consumer A

* Consumer A entered the service on respite in June 2020. A Psychogeriatric assessment scale (PAS) was not completed on entry.
* A Physiotherapy assessment following a fall indicated the consumer had minimal insight into their own safety and suffers with dementia related strength and coordination. This impaired the consumer’s dynamic balance and puts them at high risk of falls. Recommended strategies included to encourage the consumer to seek assistance when wanting to mobilise to the bathroom, particularly at night.
* Three months later, the consumer again entered the service on respite. The fall sustained in the previous respite period was not considered. A progress note entry by the Physiotherapist indicated the consumer denied any falls with the last fall being two years ago.
* A FRAT was not completed following a fall two days post entry. The Assessment Team’s report indicates no injuries were sustained, a full clinical assessment was completed and neurological observations and a pain chart were commenced.
* A further fall was sustained three days post entry and the consumer was transferred to hospital. A FRAT was completed and a sensor mat implemented.
* The consumer sustained a fracture and was discharged back to the service on the same day. An infra-red sensor unit was installed on both sides of the consumer’s bed. No further falls were sustained for the remainder of the consumer’s respite stay.

Consumer B

* The consumer sustained seven falls over a period of four months. No injuries from the falls were sustained. The FRAT remained the same for the four month period.
* Falls prevention strategies included use of a frame and for the consumer to ask for assistance when wanting to mobilise to the bathroom. However, the consumer’s diagnoses includes short term memory loss and dementia.
* There is no evidence strategies had been reviewed given the consumer’s diagnosis.
* Referrals to the Physiotherapist had not occurred for three of the seven falls.
* A case conference, held the month prior to the Assessment Contact, included discussions relating to Consumer B’s recurrent falls and ongoing management strategies to minimise occurrence of falls.
* A notation indicates representatives accept the consumer will continue to fall but advocated for the consumer’s right and choice to mobilise in line with their personal preference.

Consumer C

* A PAS was not completed on entry in line with the service’s policy.
* Clinical staff stated a PAS should have been completed during the assessment process due to the consumer having a cognitive impairment.

Consumer D

* An interim care plan completed on entry did not include past medical history.

The provider did not agree with the Assessment Team’s recommendation of not met. The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report, including, but not limited to:

In relation to Consumer A

* The provider’s response included an interim care plan, completed on entry for the first period of respite, demonstrating a range of strategies had been implemented to minimise risk of falls.
* Agree a FRAT was not completed following entry for the second period of respite or following the fall which occurred two days after entry.
* An audit completed relating to staff compliance with completion of assessments demonstrates improved staff practice and completion of assessments following implementation of a Falls review group.

In relation to Consumer B

* The provider rejects the Assessment Team’s assertion that there was no evidence to support strategies had been reviewed given the consumer’s diagnosis.
* Minutes for a Residents at high risk of changes to their health and well-being meeting demonstrate the consumer’s frequent falls and management strategies were discussed. The minutes were included as part of the provider’s response and indicate the meeting was conducted five days prior to the Assessment Contact.
* The majority of the consumer’s falls occurred in the corridor of the service. This supports the organisation’s commitment to respect the consumer’s preference to continue to mobilise freely around the service.
* The Falls management procedure does not mandate a Physiotherapy assessment be completed following each fall. The procedure requires a Physiotherapist review to occur as clinically indicated.

In relation to Consumer C

* It is not the organisation’s current practice to complete a PAS or other cognitive assessments on the day of entry. However, the organisation recognises the benefit of completing an objective assessment on entry and is currently in the process of identifying a suitable assessment.
* The consumer’s impaired cognition was clearly identified as a key consideration in care planning and identification of risk alerts communicated to staff.

In relation to Consumer D

* An audit conducted of all consumers confirms each consumer’s medical health history is clearly documented in the electronic management system. The omission for Consumer D was a one off event.
* The consumer’s health conditions/summary had been clearly documented in a comprehensive progress note which was provided to care and clinical staff.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In relation to Consumer A, I have considered that whilst a FRAT was not completed following a fall, the Assessment Team’s report indicates no injuries were sustained and appropriate post fall measures were implemented. Additionally, following a second fall, additional strategies to minimise risk of falls were implemented with no further falls sustained for the remainder of the consumer’s respite stay.

In relation to Consumer B, whilst I acknowledge the consumer sustained seven falls over a four month period, information included in the Assessment Team’s report and the provider’s response demonstrates monitoring of the consumer was occurring. The consumer’s frequent falls and management strategies had been discussed with the consumer’s representatives and the consumer’s right and choice to mobilise upheld. I have placed weight on information included in the provider’s response demonstrating the consumer’s frequent falls and management strategies were known to the service and were being monitored as evidenced through clinical meeting minutes. Additionally, an incident form included in the provider’s response outlined a range of preventative strategies, some of which aligned with information provided to the Assessment Team by staff sampled.

For Consumers C and D, I have placed weight on information included in the provider’s response demonstrating the consumers’ cognitive status and health conditions had been clearly identified and documented.

Based on the information detailed above, I find Clayton Church Homes Inc, in relation to Onkaparinga Valley Residential Care, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and support for daily living

### 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.

## Assessment of Standard 4

## The Assessment Team assessed Requirement (3)(f) in relation to Standard 4 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

## I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 4 Requirement (3)(f) and find the service Compliant with Requirements (3)(f). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found overall, most consumers sampled considered they receive meals that are varied and of suitable quality and quantity. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* satisfied with meals, in between snacks and stated they are offered a choice of meals at lunch and dinner.
* feel meals are repetitious and they like to bring in their own food for the consumer.
* satisfied they can come and assist the consumer with meals and has no concerns about the quality of the food.

The Assessment Team found the service’s entry processes identify consumers’ food preferences, intolerances, allergies, supplements, and assistance required with meals. This information was noted in a sample of consumer files viewed. Established communication processes ensure staff, including hospitality staff, are notified of consumers’ dietary preferences. Where consumers are identified as at risk of malnutrition, referral to specialist medical and allied health services are initiated.

A seasonal menu is in place and food is cooked fresh on-site. Catering staff will make alternative meals for consumers if they do not like what is offered on the menu. The menu has been reviewed by a Dietitian for its nutritional content and was noted to be a ‘highly commendable menu which offers excellent variety, flexibility and nutritional adequacy.’ Religious and cultural considerations are catered for and include celebrations as part of the lifestyle program and ongoing monthly celebrations.

Consumers are supported and encouraged to provide feedback on the menu, including through feedback processes, surveys and meeting forums, such as the Resident food focus group. Additionally, consumers are consulted on a daily basis regarding their food choices. The Hospitality manager described how consumer feedback relating to the meal service is used to improve the menu and food choices. Documentation sampled demonstrated improvements to the meal service have been implemented in response to feedback received.

Based on the information detailed above, I find Clayton Church Homes Inc, in relation to Onkaparinga Valley Residential Care, Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

# 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 relation to Standard 7 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirements (3)(a). The reasons for the finding are detailed 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 Assessment Team found most consumers and representatives sampled were satisfied with staffing levels. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* There are enough staff and they are adequately trained to meet consumers’’ clinical and care needs.
* When consumers ring the call bell it is answered quickly.
* Response time for the call bell is dependent on the time of day.

One representative stated the service could do with more care staff and there are instances when the consumer has had to wait up to 15 minutes. However, the representative did confirm staff have sufficient time to undertake their duties most of the time.

Management described how they ensure staffing levels are sufficient and stated this is regularly monitored based on occupancy rate and consumer acuity. Planned and unplanned leave is managed through the use of a casual pool, available staff from other service’s within the organisation and agency staff. Staff sampled stated they have enough time to complete their work and stated they work as a team to complete their duties.

The service have recently changed the call bell response time key performance indicator from 10 to six minutes. Call bell data is reviewed on a daily basis and where extended call bell response times are identified, the consumer involved is consulted to identify any impact to their care and well-being and an apology is provided. Additionally, meetings with staff involved occur to understand reasons for the delayed response times. Consumers sampled were satisfied with call bell response times.

Documentation sampled by the Assessment team demonstrated the service’s monitors sufficiency of staffing, including throughs surveys, feedback processes and meeting forums. The Feedback register and Resident and representative meeting minutes for a three month period sampled demonstrated there have been no concerns relating to staffing levels or call bell response times raised.

Based on the information detailed above, I find Clayton Church Homes Inc, in relation to Onkaparinga Valley Residential Care, 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.