Ross Robertson Memorial Care Centre

Performance Report

19 Cornhill Road
VICTOR HARBOR SA 5211
Phone number: 08 8551 0600

**Commission ID:** 6898

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 18 January 2022 to 19 January 2022

**Date of Performance Report:** 14 March 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | 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
* the provider’s response to the Assessment Contact - Site report received 10 February 2022
* The Performance Report dated 3 August 2021 for the Site Audit undertaken from 29 March 2021 to 31 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)(b) in Standard 3 Personal and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in this Standard was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, where it was found the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer with respect to safe and effective management of medications, behaviours of concern and restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(b) 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)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer with respect to safe and effective management of medications, behaviours of concern and restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education for staff on behaviour management, dementia, medication management and incident reporting.
* Reviewed and updated relevant reporting to the Medication Advisory Committee.
* Review of consumer care planning and assessment documentation, relevant consents and dignity of risk and associated documentation.
* Increased monitoring of psychotropic medication usage.
* Reviewed and updated referral processes for external services in the management of consumers who have dementia and associated behaviours.

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

* Care plans sampled identify high impact and high prevalence risks for consumers and include strategies for six consumers sampled. This included strategies to address risks associated with behaviours of concern, choking and weight loss and falls.
* Consumer and representatives interviewed were satisfied with the provision of care and services.
* Nursing, allied health and non-clinical staff were aware of and able to describe high impact and high prevalence risks for individual consumers and how they manage these risks.
* Incidents documentation confirmed incidents are identified and actioned in relation to the management of behaviours of concern and medication usage.
* Clinical indicators are reviewed to identify opportunities for improvement on a set schedule.
* High Impact and high prevalence risks for individual consumers are identified on handover documentation to inform staff.
* Policies, procedures and flow charts guide staff on identification and management of clinical risks.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and supports 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 Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(f) in this Standard was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, where it was found the service was not able to demonstrate where meals were provided, they were varied and of suitable quality and quantity. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(f) 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)(f) in Standard 3 Services and supports for daily living. I have provided reasons for my finding under 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.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate where meals were provided, they were varied and of suitable quality and quantity. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Updating consumer diet preferences to ensure meals offered to consumers are more aligned to their preferences.
* Conducting training with catering staff.
* Corrective action logs detailing implemented improvements in response to food safety audit findings.
* Increased monitoring processes in relation to meal services, including implementing a monthly food focus group.
* Process to implement consumer feedback to increase meal variety.

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

* Consumer and representative feedback indicated overall, consumers were satisfied with the quality of meals provided, that they can have choice in their meals and can contribute to the ongoing development of the service menu.
* Consumers who said they had been dissatisfied with meals and had raised this with the service, said the service acted to address their concerns.
* Dietary care planning documents for a sample of consumers and documents viewed were noted to be contemporary and aligned with feedback from both staff and consumers regarding consumer meal preferences.
* Staff sampled were aware of individual consumer preferences and referred to where they would access relevant documentation.
* Hospitality staff described how they are notified of changes in diet from the Registered nurse and how this information is updated.
* Lunchtime meal service was observed to have a pleasant and calm atmosphere.
* Feedback processes which ensure consumers have input into the menu.

Based on the information summarised above, I find the service compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

# STANDARD 5 Organisation’s service environment

### 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.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(c) in Standard 5 Organisation’s service environment. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in this Standard was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, where it was found the service was not able to demonstrate all furniture and equipment was safe, well maintained and suitable for the consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(c) 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)(c) in Standard 5 Organisation’s service environment. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate all furniture and equipment was safe, well maintained and suitable for the consumer. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Immediate removal of unsafe consumer equipment.
* Review of all electrical equipment for test and tag status.
* Realignment of staff processes for management of maintenance requests using in-house electronic portal.
* Use of an electronic management system for maintenance requests and carbon copy/duplicate book for improved traceability of requests.

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

* Consumers and representatives interviewed were satisfied with the furniture, fittings and equipment.
* Equipment and furniture appeared to be clean and in sound condition.
* Mobility equipment, such as lifters and wheelchairs appeared to be appropriately stored.
* Fixtures throughout the service, such as shelving, window dressings, displays and artwork appeared to be clean and in good condition.
* Staff interviewed were able to describe maintenance processes and how they are actioned.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 5 Organisation’s service environment.

# STANDARD 6 Feedback and complaints

### 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.

## Assessment of Standard 6

The Assessment Team assessed Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(c) and (3)(d) in this Standard were found non-compliant following a Site Audit conducted on 29 to 31 March 2021, where it was found the service was not able to demonstrate;

* appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong; and
* feedback and complaints were reviewed and used to improve the quality of care and services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirements (3)(c) and (3)(d) 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 Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong. Consumers and representatives who provide feedback to the service did not always have their feedback addressed and responded to and the service was not able to demonstrate they were aware and consistently undertook open disclosure practices. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Placing additional feedback boxes in dining rooms.
* Education on feedback and complaints to staff.
* Processes for actioning of feedback reviewed and strengthened.
* Feedback discussed weekly at relevant meetings.
* Distributing the service’s open disclosure policy to staff.
* Increased use of electronic system to manage, track and monitor all feedback.

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

* Overall, consumers and representatives interviewed confirmed if they raised issues, management responded to their concerns and provided them with progress updates and an apology, if required.
* Clinical and lifestyle staff were able to discuss the principles and application of open disclosure.
* Management described how feedback is captured, actioned and monitored for compliance.
* Two clinical staff said they understand their role in the open disclosure process.
* Policies and procedures support the actioning of feedback which is available to staff and has been reviewed following the Site Audit. In addition, the service has a policy to support open disclosure.
* Documentation viewed confirmed feedback is actioned and open disclosure practices are undertaken.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Increased use of electronic system to manage and monitor feedback to identify opportunities for improvement.
* Management confirmed they have better oversight as more feedback is captured and actioned to ensure compliance.

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

* Two consumers said improvements are discussed at meetings.
* One representative said they were pleased with the response they had received from the manager and how it would improve care and service outcomes for consumers overall.
* Management was aware of the main trends in relation to feedback and how they were addressing the feedback.
* Management demonstrated how reports are run to assist with identifying trends from feedback.
* Staff reported their feedback was considered and improvements were implemented.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# 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 Requirements (3)(a) and (3)(c) in Standard 7 Human Resources. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(a) and (3)(c) in this Standard were found non-compliant following a Site Audit conducted on 29 to 31 March 2021, where it was found the service was unable to demonstrate;

* the workforce was planned to enable, and the number and mix of the workforce deployed enabled the delivery and management of safe and quality care and services, specifically in relation sufficiency of staffing; and
* processes to ensure the workforce was competent and staff had the qualifications and knowledge to effectively perform their roles in the delivery of safe and effective care and services to all consumers, specifically in relation to medication management.

The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(c) met.

However, in relation to Requirement (3)(a), the Assessment Team were not satisfied the service was able to demonstrate 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, specifically in relation to sufficiency of staffing.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find the service compliant with both Requirements (3)(a) and (3)(c) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirements 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 a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate the workforce was planned to enable, and the number and mix of the workforce deployed enabled the delivery and management of safe and quality care and services, specifically in relation sufficiency of staffing. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Management arranged staff meetings with the human resources department to better understand and address staff concerns and planning of staffing.
* Discussions with the Union and staff in relation to the staffing concerns.
* Review of daily allocations of staff and implemented block booking of staff to fill vacancies.
* Implemented additional staffing capacity though labour hire services.
* Secured additional accommodation for visiting staff.
* Implemented a range of new shifts following consultation.
* All staff received a copy of their ‘Position statements’ to ensure they are working to their role requirements.
* Implemented processes to support the trending of call bell data. In addition, two extra phones have been purchased to support care managers and escalation processes.

However, at the Assessment Contact, the Assessment Team were not satisfied the service was able to demonstrate 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, specifically in relation to sufficiency of staffing. This was evidenced by;

* Six consumers and/or representatives asked about staffing levels said there are insufficient staff numbers, however, only one of the six interviewed were able to describe how the staffing levels had impacted on the care being provided.
* Four consumers and/or representatives asked about staffing levels said they were overall satisfied.
* Call bell data indicates response times greater than the service’s key performance indicator.
* Feedback from nine staff in relation to insufficiency of staffing.
* Recent recruitment which is underway for two new clinical staff and six new care staff with a further two interviews scheduled.
* Documentation and interviews with staff which showed staff are working double and split shifts due to ongoing staff shortages.

The provider’s response indicates the service was compliant with the Requirement at the time of the Assessment Contact and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* Re-affirmed their view there have been no negative impacts as a result of current staffing levels.
* Acknowledge the current staffing challenges which exist in the industry and that they have implemented significant improvements.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate 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.

I have considered, and placed weight on, feedback provided by consumers and representatives which indicates they are overall satisfied with the care and services being delivered. In addition, I have considered the significant improvements implemented and acknowledge the challenges in the current workforce and pandemic environment. To further support my view, I have considered evidence in Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living which indicates staff are delivering services according to consumers’ needs, goals and preferences. Furthermore, I have considered the ongoing recruitment which is underway and the additional capacity to be implemented in the near future.

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

This Requirement was found non-compliant following a Site Audit conducted on 29 to 31 March 2021, as the service was not able to demonstrate how they ensured the workforce was competent and staff had the qualifications and knowledge to effectively perform their roles in the delivery of safe and effective care and services to all consumers, specifically in relation to medication management. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Care workers completed medication management competencies. All staff have undertaken this training.
* All staff have completed their donning and doffing refresher training. Education attendance will now be recorded through a new system.
* New signage has been implemented in relation to infection control.

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

* Consumers interviewed said staff know what they are doing, they provide safe care, including the administration of their medications.
* Staff are employed based on their knowledge, skills, qualification and fit for the role and organisation. All staff receive an orientation to the site and are provided their position description which guides their practice.
* Management said they have two infection prevention and control lead staff employed in the service and both have completed their qualifications and are competent in their role.
* Management demonstrated they are continuing to monitor medication incidents monthly to ensure staff are competent in their roles.
* All care staff interviewed confirmed they undertake mandatory training and have had recent infection control, hand hygiene and COVID training.
* Two of the care staff interviewed said they have had medication management training and have undertaken a competency assessment.
* Position descriptions were viewed for a range of staff outlining roles and responsibilities.
* Staff were observed to be wearing personal protective equipment (masks, googles, gloves), and attending to hand hygiene.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) 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.