Performance

Report

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| Name: | ACDMA Aged Care Services |
| Commission ID: | 0365 |
| Address: | 2 First Avenue, CANLEY VALE, New South Wales, 2166 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 May 2024 |
| Performance report date: | 28 June 2024 |
| Service included in this assessment: | Provider: 950 Australian Chinese & Descendants Mutual Association Ltd  Service: 381 ACDMA Aged Care Services |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for ACDMA Aged Care Services (**the service**) has been prepared by J. Cayabyab, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives,
* the provider’s response to the assessment team’s report received 12 June 2024, and
* the performance report dated 24 January 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7 Human resources** | **Not Compliant** |
| **Standard 8 Organisational governance** | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – The approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Consumer pain, falls, and changed behaviour is appropriately assessed, managed, and monitored to optimise their health and well-being.
* Requirement 7(3)(c) – The approved provider must ensure the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Requirement 8(3)(d) – The approved provider must ensure effective risk management systems and practices are in place to identify, manage, and monitor high impact high prevalence risks, incidents, and conflict of interests and ensure consumers are supported to live the best life they can.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Not Compliant |

Findings

The Performance Report dated 24 January 2024 found the service was non-compliant in this Requirement. Deficiencies identified related to safe and effective personal and clinical care to meet the consumers’ needs particularly in area of nutrition and weight loss, behaviour support, bowel management, medication management, and post fall manual handling.

The Assessment Contact Report recommended Requirement 3(3)(a) was non-compliant after the Assessment Contact – Site on 24 May 2024 as there was ongoing concerns related to management of behaviour and post fall, and further concerns on management of pain and incidents.

The service implemented several actions and improvements in response to the identified non-compliance reflected in the Performance Report dated 24 January 2024, including education on appropriate manual handling post fall; a review the restrictive practices policy, framework, and documentation; and appointment of clinical champions to oversee staff in managing consumers’ clinical needs including their nutrition, weight, bowels, and medication. Consumers and representatives provided positive feedback on the care they receive and confirmed their care needs are met. However, during the Assessment Contact – Site on 24 May 2024, information evidenced ongoing inconsistencies in the post fall management including regular monitoring of consumers for signs of pain and neurological observations in line with the service’s policy and procedure. Care documentation review did not evidence an updated restrictive practice policy, identification and assessment of consumers’ changed behaviour including consideration and management of pain as a contributing factor. The Assessment Contact Report noted staff and clinical management were unable to demonstrate the process of providing clinical care to consumers including effective management of pain, changed behaviour, and post fall. However, staff confirmed consumer care needs are provided in line with consumers’ preference including when a consumer chooses to receive non-pharmacological strategies to manage their pain. In relation to incident management, the Assessment Contact Report identified deficiencies and I have considered this information under my decision for Requirement 8(3)(d).

The Approved Provider submitted a response and Plan for Continuous Improvement (PCI) with additional information and clarification around documentation unavailable during the Assessment Contact – Site on 24 May 2024. The response includes evidence of updated policies and procedures, frameworks, and meeting minutes agenda. The Approved Provider acknowledged areas for improvement specifically on staff knowledge and gaps in documentation and provided additional actions added to the PCI that are scheduled to be completed on 12 July 2024. I have considered the Approved Provider’s response and the clear strategies documented in the PCI to address the concerns raised by the Assessment Team, and the commitment the Approved Provider has evidenced to improving care associated with management of post fall, pain, changed behaviour, and incidents. However, further time is required to ensure the additional strategies proposed and implemented are able to be embedded in practice and evaluated for effectiveness.

As a result, I find Requirement 3(3)(a) as non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

The Performance Report dated 24 January 2024 found the service was non-compliant in this Requirement. Deficiencies identified related to staff competency and qualification to effectively perform their role as evidenced in the gaps identified in staff knowledge and practices in relation to medication management, behaviour support, and manual handling.

The Assessment Contact Report recommended Requirement 7(3)(c) was non-compliant following the Assessment Contact – Site on 24 May 2024 as there was ongoing deficiencies in staff and clinical management, knowledge and skills in the provision of clinical care and incident and risks management.

The service implemented improvements to address deficiencies in response to the identified non-compliance reflected in the Performance Report dated 24 January 2024, including the appointment of a human resource manager, clinical champions, and nurse supervisors to support staff and provide additional level of clinical oversight. Interviews with staff, management and documentation review evidenced the workforce has qualifications to perform their roles, and education and competency assessment on manual handling, and restrictive practices were undertaken. Consumers and representatives provided positive feedback on staff knowledge and competencies. However, during the Assessment Contact – Site on 24 May 2024, ongoing deficiencies were identified in relation to the understanding and competency of clinical management and staff in the areas of mandatory reporting including Serious Incident Response Scheme (SIRS), assessment and care planning review following incidents, and management of clinical care including pain and changed behaviour. The newly appointed clinical champions did not receive training or induction to perform their roles.

The Approved Provider response as well as an updated PCI was submitted adding further context around identified concerns. The Approved Provider acknowledged areas for improvement specifically in relation staff knowledge that impacts clinical outcomes and provided further actions added to the PCI that are scheduled to be completed by 12 July 2024. I have considered the Approved Provider’s response, commitment, and the actions identified on their PCI to address the concerns raised by the Assessment Team. However, further time is required to ensure the additional strategies proposed and implemented are embedded in staff practice and evaluated for effectiveness.

As a result, I find Requirement 7(3)(c) as non-compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant |

Findings

The Performance Report dated 24 January 2024 found the service was non-compliant in this Requirement. The Assessment Contact Report recommended ongoing non-compliance with Requirement 8(3)(d) following the Assessment Contact – Site on 24 May 2024 as there was ongoing deficiencies in relation to risks and incident reporting, recording and management.

The service has established an improvement plan and implemented some improvements; however, documentation review and management and staff interviews evidenced these have not been effective and robust to address the identified deficiencies. The Assessment Contact Report noted a planned review of the service’s risks management was not undertaken as evidenced by the risk policy dated July 2021. The organisational risk matrix which is used to record identified risks and management was last updated in July 2023. Incident recording and investigation was not accurately undertaken to inform preventative strategies of identified consumer risks including falls. The Assessment Contact Report also noted the lack of adequate risk assessments for consumers undertaking activity which involve risk and adequate identification of incidents as they occur. Staff did not demonstrate understanding of risk assessments and mandatory SIRS reporting. The organisational clinical governance committee meeting minutes did not demonstrate discussion in relation to clinical risk management to ensure risks mitigation strategies are identified and implemented. The implemented conflict of interest policy reflected limited measures to manage the conflict recorded on the declaration.

The Approved Provider response as well as an updated PCI was submitted with additional information including updated policies, procedures, framework, and other relevant processes. The Approved Provider indicated processes are in place, however, acknowledged areas for improvement specifically in relation to staff knowledge that impacts clinical outcomes. I have considered the Approved Provider’s response, commitment, and the actions identified on the PCI to address the concerns raised by the Assessment Team. However, there continue to be concerns related to the overarching principles associated with the identification, prevention and assessment of high-impact or high-prevalence risks associated with the care of consumers and effective risks and incident management. It is acknowledged that significant work has been planned and scheduled to be completed by 12 July 2024, which is evidenced on the updated PCI, however further time to ensure this approach is sustained is required.

As a result, I find Requirement 8(3)(d) as non-compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)