Performance

Report

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| Name of service: | ACH Group Residential Care - Colton Court |
| Service address: | 84 Valley View Drive MCLAREN VALE SA 5171 |
| Commission ID: | 6980 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 6 March 2023 to 8 March 2023 |
| Performance report date: | 3 April 2023 |

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 ACH Group Residential Care - Colton Court (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are treated with dignity and respect in all interactions with staff and they can maintain their identity, live the life they choose, and make their own informed choices. Staff showed an understanding of consumers’ care needs and preferences and spoke about consumers in a respectful way. Staff were observed treating consumers with dignity and respect when interacting with them.

Consumers said they felt their cultural and religious needs are valued within the service. Staff stated they were aware of consumers’ cultural and religious needs. Care planning documentation included information about consumers’ cultural and religious needs and preferences. The monthly lifestyle calendar showed information on up-coming cultural dates and church services.

Consumers said they are supported to make informed choices to maintain their independence, maintain relationships and make their own choices. Staff said they assist consumers to make video calls to family and friends or they’ll assist consumers to contact family on their own mobile phones if they need. Care planning documentation identified family and significant others important to the consumer involved in care planning and supporting the consumer.

Consumers said they felt supported to take risks, to live the life the way they choose and do the things they enjoy. Management said consumers are supported to take risks, and to understand the benefits and possible harm when they make decisions about taking risk. The service had policies concerning risk activities. Care planning documentation identified the service supports consumers to take risks and manages the risks taken.

Consumers said they were satisfied with the information provided by the service regarding activities, upcoming events and meals. Staff explained how the service provides up to date information in a timely manner to consumers through meetings, activity calendars, menus and verbally speaking to the consumers. Staff were observed informing consumers about activities, including content, location and timing, and providing them choice in whether to attend. Activity calendars and newsletters in consumer’s rooms were on display throughout the service.

Consumers said they felt their privacy is respected by staff who always knock on their doors before entering their rooms. Staff said they know to knock on consumers doors and call out their name before entering and close the door and blinds when attending to care. Staff were observed attending handover which was being conducted behind closed doors and observed staff members logging onto computers and phones which were locked by individual log in details and passwords.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they are involved in their assessments and planning. Staff described the process of assessment and planning, including consideration of risks to the consumer’s health and well-being, and how it informs the delivery of safe and effective care and services. Care planning documentation supported the provision of safe and effective clinical care including for complex care needs involving risks including for restrictive practices, skin integrity and pain management.

Consumers and representatives said staff regularly discuss their needs, goals and preferences, including what their end-of-life wishes are. Staff described how they initiated end of life discussions with consumers and their families during the assessment and care planning process. Care planning documentation included information regarding the consumer’s end of life wishes.

Consumers and representatives said they are involved in assessments and the development of their care plan. Staff said consumers and, where relevant, their representatives and other providers are involved in the assessment, planning and review of consumer care plans. The service has a policy and procedure for advanced care planning and palliative care guiding staff in assisting consumers with advanced care planning and providing end of life care.

Consumers and representatives said they were aware of what was in their care plan and could access a copy if they chose. Staff demonstrated how they access consumer’s electronic care plan through the electronic care management system or on individual tablets, and the outcomes of assessment and planning are communicated during handover and documented in the care plan. Care planning documentation evidenced that consumers and their families are engaged in planning and assessment.

Consumers and representatives said the service engages with them when care plans are reviewed, incidents occur and when care needs change. Staff described the practice of partnering with consumers and their representatives as part of care plan reviews either at 6 monthly intervals, post incident or if the consumer’s care needs changed. Care planning documents demonstrated engagement with consumers and their representatives during care plan reviews or when circumstances changed, on an ongoing basis.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said the service provides safe and effective personal and clinical care, which reflects the consumer’s needs and preferences. Staff said they were provided with support, resources and training, which ensures they are kept up to date with industry best practice and the needs of consumers. Care planning documentation demonstrated personal and clinical care provided is aligned to best practice and the personal and clinical needs of consumers, which optimises their health and well-being.

Consumers and representatives said the service effectively delivers care needs and preferences including for high impact risks to consumers such as weight management, choking, medication management, psychotropic medications, restraint, pain, pressure injuries, behaviours and sensory loss. Care planning documentation evidenced assessment tools to support the management of these risks. Staff demonstrated a good understanding of consumers’ risks and strategies to reduce the risks.

Consumers and representatives said they had discussed their end of life wishes with staff. Staff explained processes to support end of life care, including the involvement of family and other health professionals. Policies and processes guide staff when providing end of life care and care planning documents demonstrated the consumers’ end of life wishes are documented.

Consumers and representatives said staff respond to any changes in the consumer’s health promptly. Staff described how they recognise and respond to deterioration or changes in the consumer’s condition, including observing consumers, completing assessments, providing relevant referrals and notifying families. Care planning documentation showed where deteriorating and changing conditions occurred, appropriate assessment, referrals, engagement with families and outcomes were recorded.

Consumers and representatives said staff were aware of their needs and preferences and felt confident that this information is communicated to their medical officers, allied health workers and families. Staff described how consumer information is accessed and shared during handover, and in care planning documents. Care planning documentation reflected appropriate and relevant information regarding the consumer’s condition, needs and preferences is recorded and accessible to staff, medical practitioners and allied health workers involved in consumer care.

Consumers and representatives sampled were satisfied consumers get the care they need, including referrals to allied health professionals. Management and clinical staff were able to describe the referral process, including examples of specialist providers that consumers have been referred to. Care planning documents sampled demonstrated appropriate and timely referrals to external health providers and the service has guiding documentation relating to the provision of referrals.

Consumers and representatives said they observe staff engaging in hand hygiene and wearing personal protective equipment when needed and they were provided with updates regarding COVID-19 requirements and restrictions. Staff demonstrated a good understanding of infection prevention and control of infection practices and said they undertake regular infection control training. Staff explained antimicrobial stewardship and the steps the service takes to minimise the use of antibiotic medications, such as pathology testing for urinary tract infections before commencing antibiotic treatments. The infection prevention and control lead described the infection prevention and control program and how it is regularly monitored.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said they receive services and supports for daily living which meet the consumer’s needs, goals and preferences and they can maintain their independence, well-being and quality of life. Staff demonstrated a good understanding of the consumer’s needs and preferences, what was important to them, and how they supported them to do what they wanted to do. Consumers were observed participating in group activities such as bingo, individual activities, gym sessions with the physiotherapist and going for walks with a volunteer.

Consumers and representatives described services and support available to promote emotional, spiritual, and psychological well-being and said they are connected and engaged in meaningful activities. Church service schedules were displayed in consumers’ rooms and volunteers were observed having one-on-one visits with consumers. Care planning documentation recorded consumers’ individual spiritual and emotional needs, support strategies and how these are implemented.

Consumers and representatives said they felt supported to participate in activities within the service and outside in the community as they choose, and the service supports them to maintain social and personal connections that are important to them. Staff demonstrated a good understanding of what consumers enjoyed doing and who was important to them. Care planning documentation identified the people important to individual consumers, the activities of interest to the consumer and how to support them.

Consumers and representatives said consumers’ services and supports are consistent, staff are aware of their needs and preferences, and they do not have to repeat their preferences to multiple staff members. Staff demonstrated a good understanding of consumers’ conditions, needs and preferences, and described how these are communicated to them, including changes to consumer’s care needs. The electronic care management system enabled information about the consumer’s current condition, needs and preferences to be communicated within the organisation.

Consumers and representatives said the service provides appropriate referrals to allied health providers. Staff said they work with consumers and their families so consumers can do what they enjoy and source services as the need is identified such as regular visits by a companion animal. planning documentation showed timely and appropriate referrals to other organisations.

Consumers and representatives said the service provides meals which are varied, of suitable quality and quantity and reflects their choice. The service has processes and systems in place to include consumers in the development of the seasonal rotating menu, and to provide feedback on the quality of the food provided. Staff described how they meet individual consumer dietary needs and preferences and explained processes to ensure food safety requirements are met.

Consumers and representatives said consumers had access to equipment that was suitable, safe, clean and well maintained, and felt confident to tell staff if there were any concerns. Staff confirmed consumers had access to safe equipment that reflects their needs and described the process of reporting issues regarding equipment. Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel at home and are able to maintain their independence and interact with whoever they chose. Representatives said they are made to feel welcome and encouraged to treat the service as the consumer’s home. Staff said consumers are encouraged to individualise their rooms, interact with whom they chose, and the environment supports independence. A communal dining room and lounge room, private seating areas and wheelchair friendly courtyards and garden areas can be easily accessed by consumers residing in units and wings.

Consumers and representatives said the service was clean, well maintained and consumers could access areas of the service, both inside and outside, as they chose. Staff explained how the service is cleaned and maintained and how consumers are supported to move freely and safely throughout the service. Maintenance documentation demonstrated cleaning is conducted as scheduled and maintenance issues are resolved in a timely manner.

Consumers and representatives said furniture and equipment is suitable and well maintained and consumers have access to a call bell. Staff explained the preventative maintenance of equipment and fittings and how assessments are conducted to ensure equipment used for consumers is suitable and safe. The service has policies, procedures and schedules to ensure furniture, fittings and equipment is suitable, clean, safe and maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they can provide feedback or make a complaint and were aware of the process to do so. Feedback forms, suggestion boxes and information on advocacy services were observed throughout the service. The service has a feedback and complaint policy and procedure and an open disclosure policy.

Consumers and representatives said they know what advocates and translators do, and how to access them. Staff knew how to access advocacy and interpreter services for consumers. Information promoting external support and advocacy organisations were observed within the service.

Consumers and representatives said they feel appropriate action is taken in response to complaints. Staff demonstrated a good understanding of the complaints management process, such as documenting and resolving complaints and using open disclosure, including using open communication and providing an apology when things go wrong. The feedback and complaints register detailed the nature of the complaint and the actions taken to rectify the complaint.

Consumers and representatives said feedback and complaints was reviewed and used to improve the quality of care and services. Management described how improvements had been made in response to feedback from consumers/representatives such as introducing a microphone and speaker as consumers with hearing deficits reported not being able to hear staff through their face masks.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said there are adequate staff, who respond to their needs and answer call bells within an appropriate timeframe. Staff reported that shift vacancies are usually adequately filled. Rosters demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers and representatives said staff interacted with consumers in a kind, caring and respectful way regardless of their individual needs and cultural background. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers said staff knew what they were doing. Management said they determine if staff are competent and capable in their role through the service’s competency assessment process, which is monitored and reviewed during probationary performance reviews, and ongoing annual performance reviews. Staff records and recruitment documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said staff are adequately trained and equipped to do their jobs. Management said they train and equip the workforce through online learning and face-to-face training. Staff said they receive adequate training to perform their assigned duties.

Management described how staff performance is assessed, monitored, and reviewed, such as through receiving supervision and participating in performance appraisals. Staff advised that they feel supported in their jobs and that the training provided is relevant and useful to their roles. Staff performance appraisal documentation identified that all performance appraisals were up to date.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said the service is well run and they were confident when providing feedback or suggestions for change. Management and staff described various mechanisms used to engage consumers such as consumer/representative meetings, feedback forms, surveys and verbal feedback from consumers and representatives. The service’s feedback and complaints policy demonstrated the service’s commitment to actively encourage and seek feedback from consumers, their families, and representatives.

Consumers said that they feel safe and receive the care they need. Management described how the Board, is involved in the delivery of care and services as indicated in its organisational chart and outlined in its clinical governance policies. A review of the Clinical Governance Framework indicated that the organisation’s governing body plays a role in promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The service has demonstrated that appropriate governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings and reports including information for the governing body to satisfy itself that the Quality Standards are met.

The service’s risk management framework and person-centred framework ensures current and emerging risks are identified and their potential consequences understood, so that appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks are escalated to management and further to the Board.

The organisation has a clinical governance framework in place which includes policies, procedures, service delivery practices, and staff training requirements for antimicrobial stewardship, restrictive practices, and open disclosure. The infection control lead said as part of the infection control program, they conduct monthly audits, including standard precautions, staff knowledge, hand hygiene and donning and doffing. Staff were familiar with all types of restrictive practices and the importance of dignity of risk and ensuring that restrictive practice is only used as a last resort. Staff demonstrated a practical knowledge of open disclosure, including clear, and timely communication and apology when something goes wrong.

1. The preparation of the performance report is in accordance with Section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)