Performance

Report

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| Name: | ACH Group Residential Care - Highercombe |
| Commission ID: | 6289 |
| Address: | 5-11 Sirius Avenue, Hope Valley, South Australia, 5090 |
| Activity type: | Site Audit |
| Activity date: | 15 May 2024 to 17 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 1757 Aged Care & Housing Group Inc  Service: 5981 ACH Group Residential Care - Highercombe |

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 - Highercombe (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers reported they were valued, and staff treated them with dignity and respect. Staff confirmed they were familiar with consumer identity and preferences, and described how they treated consumers with dignity and respect by using preferred names and understanding their care delivery preferences. Management advised staff were guided by a Code of Conduct and received training to ensure consumers were treated respectfully.

Consumers and representatives advised staff were aware of consumers’ diverse backgrounds, and provided culturally safe care. Staff demonstrated an understanding of consumers’ cultural backgrounds, explaining culturally safe care was captured in care planning documentation, and received mandatory training and ongoing reminders about cultural safety for consumers. Care planning documentation included sufficient information about the consumer’s backgrounds, needs, and preferences to support delivery of culturally safe care.

Care planning documentation captured consumers’ choices regarding how care was to be delivered, who should be involved in the decisions regarding their care and services, and key relationships. Consumers confirmed they were supported to maintain their independence and make decisions about the delivery of their care, and when others should be involved in decision making processes. Staff provided examples of how they supported consumers’ decisions through offering choices and were kept updated with changes to preferences.

Care planning documentation evidenced risk mitigation strategies were identified and discussed with consumers and representatives. Staff outlined the importance of supporting consumers to safely engage in activities which may contain risk, and advised they would consult with consumers and representatives to ensure the risks were understood and mitigated. Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk and were engaged in development of mitigation strategies.

Consumers and representatives advised they were provided with current information to support them to make choices, and their communication preferences and abilities were considered. Staff confirmed they provided consumers with timely information through conversations, meetings and printed information displayed around the service. Care planning documentation captured consumers’ communication preferences and sensory impairments.

Consumers confirmed their personal privacy was respected, and staff knocked on their doors prior to entry. Electronic care management systems were observed to be kept password protected when not in use, and printed confidential information was securely stored. Staff described actions to ensure consumers’ privacy needs and preferences were met, such as by knocking on consumers’ doors and maintaining the confidentiality of electronic information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Care planning documentation evidenced a range of validated assessment tools were utilised to ensure the assessment and care planning processes identified risks and needs of consumers. Staff demonstrated an in depth understanding of the initial and ongoing assessment process, and confirmed an admission checklist was used to identify consumers’ key risks and develop their care and services plan. Policies and procedures were in place to guide staff practice on the assessment and care planning process.

Consumers and representatives confirmed they discussed their care delivery needs and preferences with staff, inclusive of advance care planning. Management advised consumers were invited to discuss their end of life planning goals when they enter the service and during care and service plan reviews. Care planning documentation captured consumers’ care needs and preferences and included their advance care directives.

Consumers and representatives confirmed their involvement in the assessment, planning and review of their care and service plans, in collaboration with allied health professionals and specialist services. Management described how consumers and representatives were partnered in assessment and planning processes to ensure consumers’ care decisions and preferences were understood. Care planning documentation evidenced regular input from consumers, their representatives allied health professionals and other specialist providers.

Consumers and representatives reported assessment outcomes were regularly communicated to them and a copy of the consumer’s care and service plan was offered. Care planning documentation evidenced assessment outcomes and consultations were documented, and a copy of the care and service plan offered to consumers and representatives. Staff advised care planning outcomes were regularly communicated during care and service plan evaluations.

Care planning documentation evidenced the occurrence of incidents prompted review of consumers’ risk mitigation strategies with changes to care directives made where needed. Staff described consumers’ care and services were reviewed every 6 months, during monthly Resident of the Day reviews and in response to changes or incidents. Representatives confirmed they were involved in regular care and service plan reviews, and changes in the consumer’s condition led to a reassessment of their care.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives advised consumers received a high level of personal and clinical care which was tailored to their needs. Care planning documentation evidenced consumers’ health and well-being was optimised through the implementation of effective monitoring, review practices and care directives. Staff demonstrated an understanding of best practice care, and were supported through extensive training, competency requirements and access to relevant policies and procedures.

Consumers and representatives reported the risks to consumers’ health and well-being were effectively managed. Staff demonstrated an understanding of consumers’ high impact or high prevalence risks, including the monitoring and risk mitigation strategies in place. Care planning documentation identified risks and corresponding strategies, and management advised clinical data was effectively monitored and trended.

Staff described how they would provide support to consumers during end of life care, including by ensuring their comfort was maximised and their needs and preferences were respected. Care planning documentation for a late consumer demonstrated application of comfort measures, including monitoring and management of symptoms, and provision of emotional support. Policies and procedures guided staff practice to deliver end of life care to consumers and to support their families.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and responded to in a timely manner. Staff described how they recognised change of condition, and document and escalate changes or concerns. Representatives confirmed staff were responsive to identifying and managing deterioration in the consumer’s condition.

Staff advised information regarding the consumer’s condition and care needs were communicated during handovers and through documentation within the electronic care management systems. Consumers and representatives confirmed consumers’ information was effectively communicated and well known by staff. Care planning documentation evidenced progress notes were regularly created and the consumer’s condition care needs were updated when required.

Care planning documentation evidenced referrals to allied health professionals and specialist providers were made in response to changes to the consumer’s condition. Staff demonstrated an understanding of the referral process and outlined the various external providers of care involved in the delivery of consumers’ care and services. Consumers and representatives confirmed consumers received appropriate referrals which enhanced the delivery of their care.

Management advised infectious outbreaks were managed in alignment with their outbreak management plan and under the guidance of the Infection Prevention and Control lead. Staff were observed to wear appropriate personal protective equipment and practice hand hygiene. Staff described their roles and responsibilities in relation to antimicrobial stewardship, and advised they would await pathology results and the medical officer’s assessment prior to the commencement of antibiotics. Consumers described actions taken to prevent and manage infections.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers provided positive feedback regarding the supports provided for consumers to engage in daily living activities, and confirmed the supports optimised their independence and well-being. Staff described how they adjusted the delivery of daily living activities to enable engagement of consumers living with physical or cognitive impairments. Care planning documentation outlined the supports required by consumers to meet needs and preferences and optimise independence and quality of life.

Consumers advised they received emotional support, when needed, and were able to attend church services. Staff advised they were familiar with consumers and would recognise changes in their mood by observing their behaviours and level of engagement in activities, and outlined additional supports that would be provided to consumers if they were feeling low. Care planning documentation captured information regarding consumer’s emotional, spiritual and psychological well-being needs.

Consumers outlined how they were supported to participate in activities within the internal and external community, and to make and maintain relationships of importance to them. Staff advised they supported relationships of importance to consumers by encouraging visitors to join them for meals and helping consumers call their friends and family. Consumers were observed to be engaged in activities, and socialising with each other or entertaining visitors in various indoor and outdoor communal spaces.

Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff. Care planning documentation evidenced consumers’ needs and preferences were regularly updated to ensure current information was accessible. Staff advised consumers’ information was communicated through handover, meetings, documents and ongoing staff conversations.

Consumers said they received supports from external organisations, including volunteer services. Staff described how referrals to a range of external services were used to enhance the supports offered to consumers, and provided examples of various services consumers could be referred to.

Consumers provided positive feedback regarding the quality and quantity of the meals they received, with options available and preferences known. Staff advised they could access care planning documentation which outlined consumers’ dietary needs and preferences, and confirmed they sought consumers’ feedback on the meal service. The seasonal menu was created with input from consumers, with Dietitian review, and considered consumer requests and cultural preferences.

Consumers confirmed their equipment was kept clean and well maintained. Staff outlined their responsibilities to ensure equipment was clean and suitable for consumer use, and described how they could raise any equipment related issues. A range of leisure and lifestyle equipment was observed to be clean, suitable 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers advised the service environment was welcoming, easy to understand. Staff advised they optimised a sense of belonging and independence by encouraging consumers to personalise their rooms and receive visits from friends and family. The service environment was observed to be welcoming and fitted with navigational signage to assist consumers to mobilise.

Consumers and representatives confirmed consumers were able to move around freely through indoor and outdoor areas and expressed satisfaction with the cleanliness of personal rooms and communal areas. Staff described their responsibilities to ensure the cleanliness of the service environment, and demonstrated how cleaning tasks were monitored and reviewed. Maintenance processes including monitoring for requests and responding to feedback for improvements. Gardens were well maintained, with clean and non-slip pathways for access.

Consumers confirmed their equipment, furniture and fittings were safe, clean, and well maintained. Staff advised of the process to report any issues with furniture, fittings and equipment for repair. The preventative maintenance schedule evidenced the regular servicing of equipment to ensure it was safe and suitable for consumer use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives advised they were comfortable and encouraged to provide feedback or make complaints through a variety of avenues. Management described the various methods available to consumers and representatives to make complaints, including through feedback forms, direct conversations with management and staff, surveys, consumer meetings and care and service plan evaluations. Feedback forms and collection boxes were observed to be accessible in multiple locations.

Consumers and representatives were aware they could access external advocacy services to assist them to raise a complaint, including through the Commission. Staff demonstrated an understanding of the advocacy and language services available to consumers, and advised representatives from advocacy services attend the service on a regular basis to enhance consumers’ understanding of available supports. The consumer handbook provided information on advocacy services upon consumer entry into the service.

Consumers and representatives confirmed their complaints were appropriately responded to and resolved, and they received an apology when things went wrong. Staff demonstrated an understanding of open disclosure principles, including acknowledging the complaint, and providing an apology with ongoing open and transparent communication. Complaints documentation evidenced incidents were appropriately managed and open disclosure practices were applied.

Consumers and representatives reported their feedback and complaints were reviewed and have led to care and service improvements. Management provided examples of the improvements implemented in response to consumers’ feedback, and how continuous improvement actions were informed through the review of feedback.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported there enough staff to meet consumers’ needs and provide them with quality and timely care and services. Staff confirmed staffing levels were sufficient to perform their roles, and unplanned leave was able to be filled. Management advised the staffing roster was developed in consideration with the number and needs of consumers and regulatory care minute requirements, with monitoring undertaken and adjustments made as needed.

Consumers and representatives confirmed staff interactions kind, caring and respectful. Staff described how they ensured positive interactions with consumers by respecting their privacy, culture, care preferences and decisions, and observed interactions demonstrated they treated consumers with kindness and respect.

Consumers and representatives confirmed staff were skilled and knowledgeable to perform their roles and provide care to consumers. Management advised staff competency was monitored during the onboarding process and on an ongoing basis. Personnel records evidenced all staff had the appropriate qualifications and/or registrations, checks, and vaccinations required for their respective roles.

Staff reported they completed online and face to face training on a regular basis on areas of care including the Quality Standards, open disclosure, incident management, restrictive practices and infection prevention and control. Management advised staff received comprehensive training prior to the commencement of their employment and were required to complete annual mandatory training. Training records evidenced staff were provided with and had completed training on a range of areas to ensure they could effectively meet consumers’ care needs.

Management advised the performance of staff was monitored and reviewed through performance appraisals, the analysis of incidents, documentation reviews, feedback, and observations, and outlined how they would address underperformance. Staff confirmed they received a performance appraisal on an annual basis, and said they were able to discuss their performance, areas for improvement and request further training with their manager. Appraisal documentation evidenced performance appraisals were regularly completed.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services. Management described involvement of consumers and representatives through verbal and documented feedback processes, care and service plan reviews, consumer meetings and the Consumer Advisory Body. Consumer committee meeting minutes evidenced consumers were in attendance and they were engaged and encouraged to provide their feedback on the service.

Management advised they had reciprocal communication with the governing body to ensure effective oversight, and they regularly reported on clinical trends, incidents, regulatory compliance and feedback and complaints. A review of clinical governance committee meeting minutes demonstrated the governing body maintained accountability and monitored performance. Management stated the members of the governing body had access to a live dashboard which provided information regarding key data which provided further oversight of care and services.

Effective governance systems for key areas were evident within staff feedback and documentation. Staff advised the information required to perform their roles was accessible and communicated through emails, meetings and the electronic care management system. Management stated feedback and complaints were monitored to inform continuous improvement opportunities, and initiatives were communicated to the governing body to maintain oversight. Management outlined the governing body’s oversight of the budget approval process, and advised they were able to seek additional funding to ensure the service environment and equipment was safe and suitable for consumers. Management advised regulatory compliance changes were managed by the organisation’s clinical and quality team, and updates were disseminated across the workforce through meetings and emails.

Management described the systems and practices in place to manage and provide oversight of the high impact or high prevalence risks of consumers. Staff advised consumers were supported to live the best life they can through collaborating with consumers to identify, assess, and mitigate risks. A review of the Serious Incident Response Scheme register evidenced incidents, including abuse, were reported to the Commission within the required timeframe and improvements were implemented to manage the incident and prevent further similar incidents from occurring. Staff demonstrated an understanding of their responsibilities to report and escalate incidents to ensure the safety of consumers.

A clinical governance framework with supporting policies, procedures, and training was in place to guide staff practice. Staff were aware of antimicrobial stewardship principles, with oversight maintained through clinical indicator reviews and evaluation within Medication administration committee meetings. Management explained monitoring of restrictive practice use, and actions to cease the order once no longer required. Staff confirmed they had received open disclosure training, and continuous improvement activities are developed in response to mistakes.

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)