Performance

Report

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| Name of service: | ACH Group Residential Care - Kapara |
| Service address: | 80 Moseley Street GLENELG SA 5045 |
| Commission ID: | 6805 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 17 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 - Kapara (**the service**) has been prepared by Katrina Sharwood, 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 and others.
* the provider’s response to the assessment team’s report received on 13 April 2023 indicating that they agree with the Assessment Team’s report and do not wish to provide any further information.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The Assessment Team considered evidence from the interviews with sampled consumers and representatives, staff and management, observations and reviewed documentation and found that the service demonstrates that consumers are supported to be independent and exercise choice in the way that their care is delivered, that their personal privacy is respected, and that confidential information related to their personal care is protected. Consumers are treated with dignity and respect, and diversity is embedded in the culture of staff. Each consumer is supported to take risks and make decisions about their care and involve the people who are important to them.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Identifying risks to a consumers’ health and well-being, assessing risks using validated assessment tools and planning strategies to mitigate risks in consultation with the consumer.
* Involving consumers and representatives with the care planning process on entry to the service while ensuring consumers and representatives are informed of the outcomes of assessments and care planning.
* Capturing consumers’ needs, goals and preferences in assessment and care planning, including advance care planning/end of life wishes, where the consumer chooses to do so.
* Demonstrating that consumers, representatives, medical doctors and other allied health professionals are involved in the consumer’s care planning, as evidenced through documentation.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Most consumers and representatives interviewed stated they are satisfied with the clinical and personal care they receive. Consumers’ care planning and documentation contain appropriate and individualised interventions that are tailored to each consumer’s needs and preferences. Care is reviewed following incidents and when circumstances change, and care plans are updated. The service has processes in place to prevent the spread of infections and to allow staff to use antibiotics responsibly to reduce the risk of antimicrobial resistance.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Ensuring consumers get the care they need. Consumers and representatives interviewed indicated that staff know their needs and provide adequate care.
* Involving consumers and representatives in discussions with staff about advance care planning and end of life care.
* Ensuring senior clinical staff, medical officers and other health professionals are available for advice and support in relation to clinical care.
* Ensuring staff review consumers’ care planning documentation regularly and as required or when a consumer experiences deterioration, change in care or upon clinical incident.

On balance, when I consider all evidence before me, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is providing a range of group or individualised leisure and lifestyle activities that are planned for consumers to participate in, are of interest to them and that optimise their quality of life. The service is also supporting consumers at the service to engage in activities that they are interested in, both inside and outside of the service.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Supporting consumers to do the things they like to do to optimise their independence, health, well-being and quality of life.
* Able to demonstrate consumers’ participation in their community and that they are supported to do the things of interest to them.
* Completing appropriate referrals to other organisations and providers of other care services.
* Providing meals of suitable quality, quantity and variety.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

Most consumers sampled said that they feel at home at the service, and that it is a nice place to live and they feel safe. Signage and directions for each unit of the service are clear with consumers and representatives stating it is very easy to navigate throughout the service. The service has a hairdresser salon, lounge and reading areas and a number of outside courtyard areas with comfortable seating and planter boxes for consumers to tend. The Assessment Team observed consumers participating in activities and interacting in communal areas and walking or sitting outside and, one occasion, having lunch served outside enjoying the lovely weather. Several visitors were observed to visit consumers sitting in either their rooms or the sitting areas enjoying a chat.

Consumers interviewed stated that they can move freely both indoors and outdoors and the service is clean and well maintained. The service has an on-site maintenance team who are responsible for reactive maintenance, preventative maintenance and maintaining the gardens. The reactive and preventative logs are maintained through a paper-based system which were reviewed by the Assessment Team.

Consumers said they feel that furniture, fittings, and equipment are safe, clean, well maintained, and suitable for them, with consumers saying they feel safe when staff are providing care using mobility or transfer equipment with them. Staff and consumers demonstrated awareness of how to report any maintenance issues through the maintenance logs and feel that all maintenance requests are actioned quickly. The Assessment Team sighted the responsive and preventative maintenance logs, showing their allocated priority. The preventative maintenance schedule is retained in folders broken up into weekly, monthly, quarterly and annual servicing requirements.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service demonstrated that consumers, representatives and staff are encouraged and supported to make complaints and provide feedback. Consumers sampled said they are encouraged and supported to make complaints and provide feedback and had no concerns talking with staff or management if they want to make a complaint. Information was observed in communal areas and in-service publications, including the consumer handbook given to all consumers, detailing the internal and external complaints systems, and the feedback/suggestion box was observed at the entry to the service. Methods for consumers to make complaints and provide feedback include a formal feedback form, raising issues at meetings, or speaking directly with staff and management. The service provided written confirmation that it had communicated the Assessment Team’s arrival on 21 March 2023 to all consumers, representatives and staff.

Consumers and representatives said that they are comfortable raising concerns with management and staff and will escalate their complaint if it is not resolved to their satisfaction. They said that they are aware of other avenues for raising a complaint, such as through the Commission or an advocacy service. Staff demonstrated that they understood the internal and external complaints and feedback mechanisms and were aware of the advocacy and translation services that are available for consumers and/or representatives if needed. Staff were able to describe how they would assist consumers to raise a complaint or provide feedback. Documentation is obtainable in other languages as needed.

Most consumers and representatives said management responds promptly and seeks to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and were able to describe the process that is followed when a complaint or feedback is received. Staff said they direct consumer and representative complaints to the relevant management and log it into the electronic complaints management system. Staff and management have received training on, and demonstrated an understanding of, the principles of open disclosure.

The service has systems in place to record and trend complaints, feedback, compliments and suggestions. Management were able to demonstrate that all feedback and complaints are reviewed and, where appropriate, used to improve the quality of care and services. Consumers provided examples of improvements as a result of their raised suggestions. Staff provided examples of where complaints and feedback have been used to improve care and service provision. The Assessment Team reviewed the CIP and found evidence of recent improvements made that resulted from feedback or complaints.

Based on this evidence, and that the Service does not dispute the finding of the Assessment Team, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Employing an adequate number and mix of staff to enable the delivery of safe and quality care and services.
* Ensuring that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Ensuring that, on balance, staff have appropriate skills and receive ongoing development to competently perform their roles and to deliver the outcomes required by these Standards.
* Ensuring that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and, where required, providing support to improve performance.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service can demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service can demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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