Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | ACH Group Residential Care - Milpara |
| Service address: | 147 St Bernard's Road ROSTREVOR SA 5073 |
| Commission ID: | 6930 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 29 May 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 - Milpara (**the service**) has been prepared by T Wilson 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.

**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.

**Assessment summary**

|  |  |
| --- | --- |
| 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**

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are treated with dignity and respect, with their identity, culture and diversity valued and celebrated. This was reflected within organisational documentation, lifestyle activities and consumer files. Staff interviewed demonstrated familiarity with consumer backgrounds and specific strategies implemented to maintain their identity, culture and diversity, and said they had received mandatory training in relation to dignity and respect. Consumers were observed to be treated with dignity and respect by staff.

Consumers confirmed staff understand their needs and preferences and know what to do to make sure they are valued and safe when receiving care and services. Staff were able to identify consumers with specific cultural needs and described how they tailor care and services for those consumers. Care planning documentation identified consumers’ backgrounds and strategies to support them.

Consumers stated they were supported to make decisions about their care and maintain their connections. Documentation confirmed consumers were able to exercise choice and decision making in relation to their care. Staff were familiar with consumers’ relationships with family and friends and how this influenced their involvement in care and services.

Consumers confirmed they are supported to take the risks they wish to take with the support of the service to assist them to mitigate any risks. Risk assessments are undertaken and include discussions with consumers and their families about mitigating the risks to ensure their safety. Staff interviewed demonstrated knowledge of consumers’ risky activities and could discuss how risks were mitigated. There are policies and procedures to guide staff in managing risk.

Consumers and representatives sampled said they are provided with the right information, at the right time and in a way they can understand. Information provided to consumers is communicated through emails to consumer representatives, noticeboards, menu boards in the dining rooms, the activity program, resident meetings, newsletters and via care plan reviews. Consumer care plans indicated consumers are given opportunities to make personal choices.

Consumers confirmed their privacy respected and raised no concerns about the management of their personal information. Staff were also observed to be respecting consumers’ personal space and privacy when their family or friends visited the service. Induction training guides staff on the requirement for consumer privacy and directs the correct use of consumers’ personal information.

Accordingly, I find all requirements in Standard 1 Consumer dignity and choice, Compliant.

**Standard 2**

|  |  |  |
| --- | --- | --- |
| 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 confirmed staff are knowledgeable of consumers’ individual risks and expressed satisfaction with care and services received. Staff demonstrated familiarity with assessment processes and confirmed care plans contained sufficient information to inform care. Care plans identified risks to consumers’ mental and physical health and well-being, including falls, pain, skin integrity, nutrition and dietary needs, behaviours and restrictive practices, and included personalised strategies to minimise risk of harm.

Consumers and representatives confirmed current needs, goals and preferences, including end-of-life planning and wishes are identified and documented. Assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including advance care planning and end-of-life planning if the consumer wishes. Sampled care files viewed identified consumers’ current needs, goals and preferences, including in relation to diet, mobility, toileting, behaviour, pain, falls, skin integrity and advance care planning and end-of-life wishes.

Consumers and representatives could describe their involvement in care plan discussions with other health professionals involved. Staff were able to demonstrate how referrals for care and services are made to other health professionals and how consumers are involved in their care. Documentation reviewed showed consumers and/or representatives are part of the assessment and care planning review processes on entry, at the 6-monthly reviews and had been informed of incidents/changes to the health status of consumers.

Representatives confirmed they are offered a copy of the consumer’s care plan and they are notified of any events and updates, including test results. Staff stated when review of care plans occurred, feedback is provided to consumers and their representative and a copy of the care plan is offered. Care planning documents evidenced the outcome of assessment and planning had been communicated and discussed with consumers and representatives.

Representatives confirmed they are notified following incidents or changes in condition, and they are regularly involved in care planning discussions. Progress notes viewed for sampled consumers indicate care and services are reviewed frequently and when changes occur that impact on consumers.

Accordingly, I find all requirements in Standard 2 Ongoing assessment and planning with consumers, Compliant.

**Standard 3**

|  |  |  |
| --- | --- | --- |
| 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 confirmed the service has processes in place to ensure each consumer receives effective clinical care that is best practice, tailored to their needs and which optimises health and well-being, and documentation supported this. Sampled care plans demonstrated each consumer receives safe and effective clinical care, specifically in relation to pain, wounds, diabetes and specialised nursing needs. Staff could describe best practice guidance in relation to clinical care and how to access a range of policies and procedures to guide them.

Consumers and representatives confirmed they are satisfied the service was managing individual consumer risk, such as falls, pain and behaviours of concern. Documentation viewed demonstrated the service utilises and regularly reviews assessments, care plans and charting to identify, assess and monitor risk to consumers. Staff were knowledgeable about sampled consumers’ high impact and high prevalence risks and could detail how they identify, assess and manage such risks.

Consumers and representatives confirmed needs, goals and preferences of consumers nearing the end-of-life are recognised, addressed, comfort maximised and dignity preserved. Consumers’ care plans included advance care directives, where appropriate, and engagement of family to confirm wishes. Staff confirmed they had received training in end-of-life care and management of pain.

Representatives and consumers confirmed the service had taken appropriate and prompt action to deterioration of consumers’ health. Staff could describe the escalation process for deterioration of health in line with the service’s policy. Care planning information showed consumers who have had a deterioration were identified in a timely manner and escalated so they received appropriate treatment.

Consumers and representatives said staff were familiar with consumers’ preferences and needs, and representatives said they received updates following reviews, changes or incidents. Care files demonstrated entries from other providers of care and reports were communicated effectively within the organisation and with external providers where appropriate. Staff described the range of methods used to receive updates, including handovers.

Consumers, staff feedback and documentation demonstrated timely and appropriate referrals to providers and organisations. Staff described a range of organisations/providers and referral processes. There are policies in place to guide staff practices in relation to referrals.

Consumers confirmed that staff use appropriate personal protective equipment and representatives confirmed the service undertakes screening before they enter the facility. Documentation confirmed that antibiotics are not given unless clinically indicated and screening is undertaken to ensure consumers are well. The service has two infection prevention and control leads who monitor staff practices, provide training, and monitor and order personal protective equipment.

Accordingly, I find all requirements in Standard 3 Personal care and clinical care, Compliant.

**Standard 4**

|  |  |  |
| --- | --- | --- |
| 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 confirmed services and supports for daily living met consumer needs, goals and preferences to optimise their independence, health, well-being and quality of life. Staff were able to describe consumer interests and preferences and how they support consumers to maintain independence in line with consumer care plans. Documentation confirmed lifestyle care plans were completed in conjunction with consumers and contained their goals needs and preferences.

Consumers and representatives confirmed services and supports are provided to promote consumers’ emotional, spiritual and psychological well-being. Documentation viewed showed consumers are engaging in the lifestyle program and activities that align with their needs and preferences. Staff were observed providing consumers with emotional support and demonstrated ways in which they can provide support to meet consumer needs.

Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them. Staff were able to describe how they knew what the interests were for consumers to whom they provide care. Care planning documentation included detailed information about consumers’ likes, dislikes and preferences, and history to assist in identifying who and how consumers can be supported in this area by staff.

Consumers confirmed they felt staff understood their care needs and representatives confirmed they are kept well informed when changes occur. Staff were able to describe how systems and processes, including handover, handover sheets, staff meetings, and the electronic clinical care system ensure accurate and current information is communicated effectively.

Consumers sampled said the service makes timely referrals to other individuals, organisations or providers to meet their services, supports and needs. Staff sampled provided examples of consumers being referred to other providers for care and services. Care plans reviewed demonstrated referrals to individuals, other organisations and providers has been timely and appropriate for the consumer.

Consumers confirmed satisfaction with the quality, quantity and variety of the meals being provided. Staff described how to meet consumer dietary needs and preferences in consultation with a dietician and their recommendations to ensure consumers receive a balanced diet which is recorded in the kitchen’s care plan documentation. Observations made during lunch time meal services showed a relaxed environment where the consumers were socialising with each other while eating their meals. Staff were observed interacting with consumers in a polite manner.

Consumers confirmed the equipment they use is always clean and well maintained and they feel safe using it. Staff interviewed could describe how equipment is kept safe, clean and well maintained and were aware of the process to report equipment requiring repairs or replacement. Mobility aids were observed to be clean and functional.

Accordingly, I find all requirements in Standard 4 Services and supports for daily living, Compliant.

**Standard 5**

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they felt at home and the staff are helpful and friendly. The environment was observed to be welcoming with adequate lighting, wayfinding signage and comfortable spaces indoors and outdoors for interaction or quiet reflection.

Consumers and representatives confirmed consumers felt safe at the service, and it is always clean and well maintained and they can manage the natural light, fresh air and temperature in their rooms. Staff confirmed they knew how to report hazards and what to do in an emergency. Communal areas were observed to be consistently cleaned several times during the day, including high touch areas, with monthly audits conducted by hospitality staff to ensure they are clean, tidy and maintained. Consumers were observed to be moving freely throughout the service, including both indoor and outdoor areas.

There are systems in place for preventative and reactive maintenance which are managed by the maintenance team. Observations of communal areas and outdoor furniture settings showed they are well maintained and were observed being used safely by the consumers.

Accordingly, I find all requirements in Standard 5 Organisation’s service environment, Compliant.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are supported to provide feedback or make complaints. Information is displayed around the service to show how to provide feedback or make a complaint, including deposit boxes which management advised are collected each morning by staff. Staff could describe the ways in which they support consumers to provide feedback. Consumers and representatives described a positive experience after providing feedback or a complaint.

Consumers and representatives confirmed they are aware of advocacy services and how to lodge an external complaint. Staff said if a situation arose where a consumer required assistance, they would act as an advocate by lodging feedback and complaints on their behalf. Observations by the Assessment Team confirmed information about advocacy and external complaints information is made available to all consumers, along with language services if they require them.

Consumers and representatives said they are satisfied when issues are raised, staff and management respond appropriately using open disclosure. Staff and management described the open disclosure process and provided examples of where it had been used. There are policies and procedures for staff to follow in relation to complaints and open disclosure to ensure best practice is followed.

Consumers and representatives confirmed the complaints and feedback system is used to improve care and services provided. Documentation demonstrates feedback and complaints are tracked and reviewed at an organisational level, and management provided examples of improvements made throughout the home in relation to consumer feedback. Surveys are distributed to consumers annually and were observed to have been completed by most consumers and covered topics, including activities, leisure interests, dignity and independence.

Accordingly, I find all requirements in Standard 6 Feedback and complaints, Compliant.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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 and representatives confirmed staffing levels are sufficient and there is a good mix of staff at the service. Staff reported there is enough staff rostered to get things done and vacant shifts are covered. Management stated they review rosters regularly based on the needs of consumers. Call bells are monitored monthly and regular follow up is undertaken with consumers to ensure they are happy with response times, with delayed response times being investigated individually.

Consumers and representatives spoke positively of staff, and observations confirmed staff are kind, caring and respectful when interacting with consumers. Staff felt their colleagues' interactions with consumers are kind and respectful, and stated they felt comfortable discussing with management if they felt other staff members were not treating consumers respectfully.

Consumers and representatives felt staff are competent and understand the needs of consumers in their care. All staff felt they were supported by management and have had sufficient training to undertake their roles. The organisation has policies and procedures in place to monitor and ensure all staff have the appropriate qualifications and registrations required for their role.

Consumers and representatives stated they were confident in the ability of staff to deliver consumers’ care and services. An onboarding process is undertaken for all new staff which includes mandatory training, an induction and buddy shifts. Staff stated they can raise concerns or suggestions about their training with management. The organisation has policies and process in place to ensure staff are appropriately trained and equipped to undertake their roles.

Staff interviewed confirmed they undertake regular performance reviews where they can identify their personal strengths and areas for improvement as well as any additional training they may wish to undertake. Management monitor staff performance through peer feedback, complaint data and audits.

Accordingly, I find all requirements in Standard 7 Human resources, Compliant.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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 confirmed involvement in the development, delivery and evaluation of care and services through things, such as conversations and surveys. Resident committee meetings take place regularly and provide consumers an opportunity to get involved. The Plan for Continuous Improvement (PCI) demonstrates items which occurred directly as a result of consumer feedback.

Consumers confirmed they feel safe living in the service and feel it is well run. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of care and services provided. Documentation confirmed the information that is reported to the Board, including clinical indicators, feedback and complaints, and incidents.

The service demonstrated they have effective systems and practices in place, including effective systems for information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance.

The service has frameworks, policies and procedures in place which outline the process to support safety and quality of services provided when identifying and managing risks and providing care. Consumers are supported and encouraged to take risks and consumers confirmed risks and mitigation strategies are discussed with them to enable them to live the best life they can. The service has clinical incident management procedures, policies and risk registers in place to guide staff practice. Incidents of abuse and neglect are managed and documented through the service’s incident log, with strategies implemented to prevent incidents recurring.

The service has a clinical governance framework which identifies the roles and responsibilities of staff and management and involves a range of monthly reporting and clinical meetings. Staff demonstrated an understanding of open disclosure and antimicrobial stewardship and could describe where they would find policies and procedures to guide them in practice. Clinical processes and policies support the management of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed understanding of open disclosure and provided examples of where it has been used.

Accordingly, I find all requirements in Standard 8 Organisational governance, Compliant.

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)