Performance

Report

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| Name of service: | ACH Group Residential Care - Vita |
| Service address: | 17 Rockville Avenue Daw Park SA 5041 |
| Commission ID: | 6308 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 6 March 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 - Vita (**the service**) has been prepared by D. McDonald, 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 24 February 2023.

# 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 were treated with dignity and respect. Staff were knowledgeable of consumer’s needs, preferences and were observed interacting with consumers in a respectful manner. Care documentation reflected consumers’ background, identity, cultural and personal preferences.

Consumers said their cultural and religious needs were valued at the service. Staff described accessing bilingual volunteers, cultural music, books, holding cultural lunches and activities. The activities calendar reflected upcoming cultural events and church services.

Consumers said they were supported to make decisions, including choosing those involved in their care and maintaining relationships. Staff assisted consumers to contact family and friends and were guided by policies and procedures to support consumers in making informed choices.

Consumers said they were supported to take risks to live the life they choose. Staff supported consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessment, consultation with the consumer, mitigation processes and ‘dignity of risk’ agreements.

Consumers said they received information regarding activities, events and catering through meetings and a monthly activity calendar. Staff confirmed information was also distributed in newsletters and through direct discussion with consumers. The activities calendar and newsletter were observed in consumer’s rooms.

Consumers said staff respected their privacy by knocking on their bedroom door prior to entry. Staff said they respected consumers by closing curtains and doors prior to care delivery. Consumer information was observed to be secured in the service’s password protected electronic management system.

# 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 were involved in care assessment and planning. Staff described the assessment and planning processes commencing from entry which is used to identify risks. Care documentation evidenced risks to consumers had been identified and mitigation strategies implemented.

Consumers and representatives confirmed staff discussed consumers’ needs and preferences, including end of life care. Staff described discussing end of life care with consumers upon entry, and care documentation reflected individualised needs, goals and preferences including for advance and end of life care, where applicable.

Consumers and representatives confirmed they were involved in care assessment, planning and review processes. Staff said care assessment and planning was undertaken in partnership with consumers, representatives, allied health professionals and other services, and this was evidenced in care documentation.

Consumers and representatives said they were aware of information contained in care plans and could access copies. Staff confirmed consumers were updated during meetings regarding their care and services. Care documentation evidenced current and accurate care plans and records of consultation with consumers and their representatives.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services. Staff described and care documentation evidenced review of care plans occurred every 6 months, or in response to changing circumstances. Staff were guided by procedures regarding assessment and review of care and services plans.

# 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 provided positive feedback regarding the tailored personal and clinical care they received. Staff were knowledgeable of consumers’ needs and were trained in best practice processes. Care documentation evidenced consumers were receiving care that was safe, effective and tailored to consumers’ needs and preferences. Staff were guided by systems, policies and processes for restrictive practice, pain and skin management.

Staff were knowledgeable of consumers’ high-impact and high-prevalence risks such as choking, pressure injuries, weight loss and restraint. Care documentation evidenced identification, intervention and monitoring of risks, resulting in positive outcomes. Staff were supported by validated risk assessment tools and procedures.

Consumers and representatives confirmed discussions with staff regarding the consumer’s end of life plans. Staff described palliative care that recognised the needs and preferences of consumers, reduced discomfort and preserved dignity. Care documentation evidenced consumers’ needs and preferences during the palliative process.

Consumers and representatives confirmed staff promptly recognised and responded to signs of deterioration. Staff described recognising consumer deterioration through observation, assessment, and referral to allied health professionals which was reflected in care documentation.

Consumers provided positive feedback regarding care and services and were confident staff informed others of their care needs. Staff described sharing information regarding consumers’ care with relevant staff and providers through handovers and the electronic care management system. Care documentation evidenced communication between those involved in consumers’ care regarding condition, treatment, and interventions.

Consumers and representatives gave positive feedback regarding consumers’ care, including referrals to allied health professionals. Staff were knowledgeable of referral pathways and selection of specialists from an established network of providers. Care documentation reflected timely and appropriate referrals to dementia support, dieticians, and speech pathologists.

Consumers confirmed staff adhered to infection control practices and advised consumers of COVID-19 requirements. Staff were knowledgeable of infection control practices, antimicrobial stewardship, and appropriate antibiotic use. Staff were supported by an Infection Prevention Control lead who confirmed staff had undertaken relevant training. The service was observed to be clean and staff and consumer vaccinations against COVID-19 and Influenza up to date.

# 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 provided positive feedback regarding services and supports that met their needs, preferences and supported their independence. Staff confirmed consumers’ needs and preferences at entry, annually or when needs changed. Consumers were observed undertaking a range of group and individual activities that optimised their independence, health and quality of life.

Consumers said the service supported their spiritual, emotional and psychological well-being and felt engaged in meaningful activities. Staff gathered information regarding consumers’ needs upon entry to inform delivery of supports and services. Care documentation evidenced consumers’ spiritual needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Consumers were observed interacting with family, exercising and socialising in communal areas. Care documentation evidenced consumers’ preferred activities and people of importance to them.

Consumers said staff knew their needs, preferences and provided consistent support. Staff said they share consumer information such as health status, observations and assessments through daily meetings and handovers. Staff were observed referring to consumer care plans to confirm and assess current information.

Staff confirmed the service referred consumers to a range of services including support volunteers, pet therapy, and dementia services. Care documentation reflected timely and appropriate referrals and information about other services and supports was available to consumers in the service’s communal areas.

Consumers said meals were varied and of suitable quality and quantity. Staff said they eat the same meals as residents to monitor quality and tour consumer groups through the kitchen to allow feedback and questions. Consumers also provide feedback through meetings and complaint processes. Meal service was observed to be a pleasant experience and staff assisted consumers where required.

Consumers said they had access to safe, suitable, clean and well-maintained equipment to assist mobility and independence. Staff said equipment was assessed by a Physiotherapist, was subject to scheduled and responsive maintenance and cleaned following each use, if shared.

# 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 and representatives said the service was welcoming and consumers felt able to maintain independence. The service environment included multiple communal and private spaces, gardens and a cafe. Consumers personalised their rooms with furniture, photos and artwork.

Consumers and representatives said the service was clean, well-maintained and enabled consumers to move freely. Staff supported consumers to move between areas of the service as required and documentation evidenced routine cleaning and maintenance.

Consumers and representatives said furniture and equipment was well-maintained, safe and clean. Staff described the preventative maintenance program and documentation evidenced scheduled maintenance had been completed. Equipment was observed to be clean and in good condition.

# 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 had no issue providing feedback or making a complaint and were aware of the processes. Staff described encouraging consumers to provide feedback or make complaints and said they could do so through feedback forms, online or through direct discussion with staff. Consumer meeting minutes evidenced encouragement and consideration of feedback.

Consumers were familiar with advocacy and language services and how to access them. Staff described assisting consumers to access such services which were shown in consumer handbooks, along with information about feedback and complaint processes.

Consumers said appropriate action was taken in response to their complaints. Staff said all complaints were investigated and promptly resolved, where possible, including using principles of open disclosure. A register of feedback and complaints evidenced timely acknowledgement, investigation and resolution.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management gave examples of upgrading the internal gardens and commercial ovens in the kitchen in response to poor consumer feedback. A register of complaints and feedback recorded consumer input and the service’s response.

# 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 provided positive feedback regarding staffing numbers and the care provided to them. Staff said they were sufficiently resourced, and management filled service gaps firstly with available permanent staff, then with agency staff if required. Documentation evidenced consistent staff coverage throughout each 7-day period.

Consumers and representatives said staff were kind, respectful and caring. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed.

Consumers said staff were skilled to perform their duties and management confirmed staff competence was reviewed within six months of engagement, then annually thereafter. Position descriptions articulated accountabilities, qualifications, training and experience required to undertake roles. Personnel documentation evidenced staff met requirements.

Consumers said staff were appropriately trained to perform their roles. Management confirmed staff underwent annual training for a range of topics including, but not limited to, falls management, serious incidents and restrictive practice. Staff could describe learnings from their training and records evidenced further training scheduled for the year.

Staff participated in annual performance appraisals which included identification of further training needs or on the job development. Management said more frequent discussions regarding staff performance could take place if required and documentation evidenced completed and scheduled performance appraisals.

# 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 said they were engaged in the development and delivery of care and services. Management confirmed consumer inclusion through consumer committees, meetings, feedback, complaints, surveys, case conferences and daily interactions with staff. Meeting minutes confirmed consumer inclusion and participation.

Consumers said they felt safe at the service and received quality care and services. Management advised the service and governing body exchange information through reports and meetings under the clinical governance framework. Meeting minutes evidenced compliance monitoring, staff training, policy updates and a plan for continuous improvement.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk reporting, management and mitigation processes. Staff discussed risks through a range of clinical meetings and utilised an electronic care management system to manage risk.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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