Performance

Report

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| Name of service: | ACH Group Residential Care - West Park |
| Service address: | 7 Partridge Street GOOLWA SA 5214 |
| Commission ID: | 6977 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 July 2023 |
| Performance report date: | 2 August 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 - West Park (**the service**) has been prepared by M Glenn, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others; and
* the Performance Report dated 13 March 2023 for a Site Audit undertaken from 11 January 2023 to 13 January 2023.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 11 January 2023 to 13 January 2023 where it was identified that consumers were not always treated with dignity and respect by agency staff. The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified, including, but not limited to:

* Encouraging consumers, representatives and permanent staff to provide both positive and negative feedback when working with agency staff to inform areas of improvement and potential recruitment opportunities. An improved feedback form has also been implemented.
* Implementation of an intensive induction checklist for agency staff.
* Assigning agency staff with a permanent staff member while ensuring an appropriate ratio of agency staff is distributed amongst the services.

At the Assessment Contact undertaken on 3 July 2023, staff were observed treating consumers with kindness and warmth, demonstrating an understanding of individual choices and preferences. Permanent staff said agency staff always treat consumers with dignity and respect describing how they always knock on doors prior to entering consumers’ rooms. Care planning includes information about consumers’ individual preferences and what is important to them. Consumers and representatives stated consumers are treated with dignity and respect, and their identity and diversity valued.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Requirement (3)(f) was found non-compliant following a Site Audit undertaken from 11 January 2023 to 13 January 2023 where consumers were not happy with the quality and variety of the food provided. The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified, including, but not limited to:

* Installation of new ovens to facilitate freshly cooked food.
* Addition of healthier food options for afternoon tea.
* Development of new menus in consultation with consumers and a Dietitian.
* Implementation of a monthly food focus group.

At the Assessment Contact undertaken on 3 July 2023, staff said they have noticed an improvement in food quality and less food wastage since the new ovens have been installed. All consumers were observed interacting with staff and enjoying their meals and menu choices. Consumers’ dietary requirements are updated in the system to alert central kitchen of any consumer dietary changes. Consumers expressed satisfaction with the quality and quantity of meals provided and felt encouraged to provide feedback.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

Requirements (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken from 11 January 2023 to 13 January 2023 where it was found the service did not undertake appropriate action in response to complaints and were not reviewing and recording all feedback to improve the quality of care and services. The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified, including, but not limited to:

* Training for the Customer Service Coordinator in recording feedback and complaints in the electronic system.
* Responsibility given to the Residential Service Manager to acknowledge feedback and complaints on the day it is received and ensure appropriate timely action is taken.
* Development of a feedback dashboard that provides live data to the management team for monitoring and analysis of feedback and complaints.
* At staff and consumer meetings, feedback and complaints are regularly raised with strategies, actions and improvements discussed.

At the Assessment Contact undertaken on 3 July 2023, the service demonstrated effective management of feedback and complaints with evidence to support actions taken to acknowledge and respond to complaints. The continuous improvement plan includes changes implemented and strategies developed to prevent issues from reoccurring. All consumers and representatives said they feel encouraged to make complaints and have seen an improvement in the response and action taken resulting in better care and services.

For the reasons detailed above, I find requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints compliant.

# 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 |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken from 11 January 2023 to 13 January 2023 where it was found the workforce was not planned and did not have the necessary mix of skills to deliver safe and quality care and services. Agency workforce interactions with consumes were not always kind, caring and respectful and consumers did not feel safe when agency staff provided care. The Assessment Team’s report provided evidence of actions taken to address the deficiencies identified, including, but not limited to:

* Formal meetings are held every two weeks with agency staff providers to provide regular feedback and to discuss key performance indicators, review staff behaviours and set expectations.
* Feedback forms were implemented to capture feedback and inform agency providers of any gaps in care, knowledge and behaviours so training and/or upskilling can occur.
* The centralised rostering team notify staff in advance of the roster to encourage regular staff to fill shifts to minimise the use of agency staff. Contingencies are in place for unfilled shifts or unexpected absences, including senior staff filling these positions before agency staff are engaged.
* Ongoing engagement with consumers, representatives and staff to consolidate workforce interactions which support kind, caring and respectful outcomes.

At the Assessment Contact undertaken on 3 July 2023, the service demonstrated sufficient staffing levels and mix of staff to meet the consumers’ needs. Management seek daily feedback regarding staff practices and staff confirmed they raise both positive and negative feedback on agency staff. Consumers and representatives indicated an overall improvement in agency staff behaviours, confirmed staff are kind, caring and respectful, and felt there were enough staff available to provide care and services. A reduction in agency staff being used has also been noticed by consumers and representatives.

For the reasons detailed above, I find requirements (3)(a) and (3)(b) in Standard 7 Human resources compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)