Performance

Report

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| Name: | ACH Group Residential Care - Yankalilla Centre |
| Commission ID: | 6196 |
| Address: | 175 Main South Road, YANKALILLA, South Australia, 5203 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 14 August 2024 |
| Service included in this assessment: | Provider: 1757 Aged Care & Housing Group Inc  Service: 5224 ACH Group Residential Care - Yankalilla Centre |

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 - Yankalilla Centre (**the service**) has been prepared by R Beaman, 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 Assessment contact (performance assessment) – site 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 29 July 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 4** Services and supports for daily living | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully 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 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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken in March 2024 as consumers were not receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing, particularly in relation to hygiene and continence care, and the administration of time sensitive and psychotropic medications.

The service implemented actions to address deficiencies, including mandatory training sessions for staff, consultation with agencies utilised by the service to ensure additional training is undertaken by agency staff, alerts to the electronic medication system to prompt staff when administering psychotropic medications to ensure alternative strategies are trialled prior to administration. Consumers with time-sensitive medications were reviewed, with additional information provided to staff regarding the administration of these medications.

At this Assessment Contact, the Assessment Team were not satisfied improvements were implemented, monitored or evaluated to ensure ongoing effectiveness and systemic change. The Assessment Team’s report included deficiencies in relation to the management of changed behaviours, wound management and the provision of personal care in line with consumer needs.

* In relation to behaviour support care, documentation did not evidence non-pharmacological interventions were trialled consistently or recorded accurately prior to the administration of as required psychotropic medications. One consumer had on 5 out of 10 occasions medication administered, without interventions, although one was directed by the medical officer (MO). The second consumer recorded 5 administrations of as required psychotropic medications, with one dose administered at the MO request.
* Both consumers were discussed at the consumer risk meeting in June 2024, where additional interventions and referrals to Dementia Support Australia (DSA) and MO were undertaken with recommendations implemented.
* Three named consumers were identified as requiring ongoing wound care for pressure injuries. Corresponding wound documentation showed inconsistencies in wound staging, completion of charting and wound care in line with treatment plans. One consumer was identified as having bilateral heel pressure injuries, and care documentation showed an offensive odour was noted on 1 July 2024 to 7 July 2024. Progress notes recorded the MO had reviewed on the 2 July 2024 with no signs of infection noted.
* Consumers care file included registered nurse (RN) chronic wound assessments with skin management strategies, wound innovation referrals and reviews, MO reviews and commencement of nutritional supplements and additional supplements to aid wound healing. A second consumer with a stage 3 pressure injury on their left heel, documentation showed inconsistencies with wound staging. Wound stages varied from stage 2 to unstageable. The size of the wound was noted to be decreasing. Care documentation included an RN chronic wound assessment with skin management strategies and wound innovations referrals and reviews.
* The third consumer’s documentation showed identified pressure injuries were not attended to in line with wound treatment plans, and incident reporting and referrals to allied health professionals for preventative strategies, were not completed until 3 days following the wound identification.

The provider acknowledge the information in the assessment team’s report and included actions taken since the Assessment Contact which included a plan for continuous improvement to address the deficits identified in their response.

In relation to behaviour support the service implemented actions including but not limited to the following:

* All consumers with as required psychotropic medications have had their behaviour support plan reviewed and updated to reflect non-pharmacological interventions.
* A snapshot on non-pharmacological interventions for behaviour support was designed and implemented for clinical staff for reference prior to administration of as required psychotropic medications.
* To improve clinical monitoring of administration of psychotropic medications, a new process of clinical staff contacting the home manager prior to the administration of as required psychotropic medications has been implemented.

In relation to wound management the service implemented actions including but not limited to the following:

* An internal audit conducted in May 2024 was provided which identified noncompliance with wound management plans, incident reports, chronic wound assessments, dressing changes, and the assessment and review of wounds.
* A range of actions was proposed to address the identified concerns, including education and training for clinical staff, including a competency which assesses on wound dressings and documentation.
* Additionally, wound audits have been increased to weekly with care managers reviewing the documentation daily.

I acknowledge the information in the Assessment Teams report, however I have come to a different view and find the service is providing personal and clinical care that is best practice, tailored to the individual and optimises their health and wellbeing.

In coming to my finding, I have considered the information in the Assessment Teams report, care documentation and the feedback provided by staff that shows strategies to manage behaviours and wounds are implemented by staff in line with best practice. Additionally, I have considered feedback from 2 consumers and one representative in Standard 7 Requirement (3)(a) in who expressed satisfaction with personal care and described how staff assist them and deliver care in a way that is tailored to their needs and preferences.

In relation to behaviour support, I have considered that while care documentation did not reflect all described behaviours from consumers, staff described actions taken to support consumers with changed behaviours which was confirmed through additional information included with the providers response.

I have also considered for the two named consumers, care documentation demonstrated the service was undertaking reviews of their behaviour support at consumer risk meetings, with referrals to the MO and DSA being undertaken. Further, the actions outlined in the plan for continuous improvement submitted with the providers response includes the service’s commitment to improving the documentation, which is more relevant to Standard 2, and delivery of care and services.

In relation to wound management, I have considered additional information in the providers response that shows internal audits were undertaken prior to the Assessment Contact, which identified issues with wound documentation, including staging of wounds, and associated delivery of wound care and place weight on the information in the provider’s response that shows the actions taken to address the identified issues from the internal audit.

In coming to my finding, I have placed weight on evidence included in the provider’s response that shows consumers with identified pressure injuries are attended to by clinical staff and where issues are identified or chronic wounds occur, they are referred to the MO or external wound care specialist with strategies to improve healing implemented as per recommendations.

For the reasons above, I find Requirement (3)(a) in Standard 3 personal and clinical care 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) in this Standard was found non-compliant following a Site Audit undertaken in March 2024 as the meals provided were lacking variety, cold and overcooked.

The Assessment Team’s report included actions taken to address deficiencies identified, including capturing consumer feedback on the menu in a meeting with the chef, monitoring consumer satisfaction with the menu changes by a survey, auditing meal services and implementing ongoing training for staff on catering and meal service.

At the Assessment Contact undertaken in July 2024, consumers and representatives expressed satisfaction with meals provided, confirming there is variety in the menu, and they enjoy mealtimes. Staff described consumer’s needs, preferences, likes and dislikes in relation to dietary requirements. Management described processes to ensure consumers have choice in meals provided, including a rotational menu and alternative options available. Feedback is sought from consumers and their representatives through resident meetings.

For the reasons detailed above, I find Requirements (3)(f) in Standard 4 services and supports for daily living 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 |

Findings

Requirement (3)(a) in this Standard was found non-compliant following a Site Audit undertaken in March 2024 as the number and mix of staff was insufficient to ensure the delivery of safe and effective care and services.

The Assessment Team’s report included actions taken to address the deficiencies identified, including undertaking a review of the roster to ensure care minutes are meeting the needs of consumers, undertaking a review of staff workflows in each unit, recruitment of additional catering, clinical and care staff, ensuring agencies utilised provide staff with appropriate skills and experience, and reviewing induction processes, including processes for agency staff.

At the Assessment Contact undertaken in July 2024, consumers and representatives expressed satisfaction with the number, mix and experience of the staff delivering care and services. Staff confirmed they have sufficient time to deliver safe and quality care and services to consumers, and observations showed staff were not rushed when attending to consumers care. Service documentation demonstrated processes in plan to ensure the workforce is planned, with daily roster reviews to ensure planned, unplanned leave and clinical risks are managed.

For the reasons detailed above, I find Requirement (3)(a) 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)