Aldinga Beach Court

Performance Report

6 Pridham Boulevard   
ALDINGA BEACH SA 5173  
Phone number: 08 8550 2100

**Commission ID:** 6164

**Provider name:** Churches of Christ Life Care Incorporated

**Assessment Contact - Site date:** 12 April 2022 to 13 April 2022

**Date of Performance Report:** 10 May 2022

# Performance report prepared by

Tracey Clerke, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) with regard to Standard 3. No other Requirements were assessed, as such, an overall rating for the Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers described management of their medical needs, in relation to wound care and pain management.
* Two representatives described the deterioration in condition, physically and cognitively, of their relative and how the care was adapted to their needs.

Care files sampled included use of validated assessment tools to identify risk and inform care, and staff interviewed could identify key areas of risks for consumers and strategies in alignment with care plans.

Progress notes were reviewed daily by the Clinical Nurse, to identify incident or change and ensure appropriate actions had been taken, which may include commencement of charting, referral for review by allied health or Medical Officer, and to ensure the family had been kept informed.

Staff could describe training undertaken in response to the previous non-compliance and had policies and procedures to guide them in the provision of care. The organisation has employed a geriatrician to work across all services, and sampled care files demonstrated referral and review for consumers with identified need.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found non-compliant at an Assessment Contact conducted between 3 March 2021 and 4 March 2021, at which time it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, particularly in relation to wound management, pressure injury prevention, management of behaviours and nutrition and hydration.

During this Assessment Contact from 12 to 13 April 2022, the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Staff could identify risks for consumers and describe management strategies in alignment with the care plans, processes for referral when strategies were not effective, and consumers and representatives interviewed were satisfied the service could effectively manage care and changes to care when issues arose.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a) and (3)(c) with regard to Standard 7. No other Requirements were assessed, as such, an overall rating for the Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the individual Requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records, including staff rosters, training records and call bell reports.

Overall, consumers said they get quality care and services in a timely manner. Some consumers spoke about a shortage of staff, however, this did not affect the care they received.

Clinical and care staff said there are many unfilled shifts and although this places additional pressure on their workload, such as the ability to complete all tasks within their shift, it does not compromise the quality of care or place consumers at risk.

Management said unfilled shifts were a result of COVID-19 constraints and the service attempted, through different channels, to fill those shifts, however, this was not always possible, particularly with the ability to acquire agency staff. The service is currently undergoing a recruitment campaign to assist in reducing the number of unfilled shifts.

Documentation viewed by the Assessment Team showed the service attempts to fill unfilled shifts where possible; and call bell response times were within the service’s key performance parameters.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

This Requirement was found non-compliant following an Assessment Contact from 3 to 4 March 2021. The organisation was unable to demonstrate the workforce had sufficient numbers and skill and mix of staff to provide safe and quality care and services.

During the Assessment Contact from 12 to 13 April 2022, the service was able to demonstrate the workforce is planned to enable safe and quality care and services to all consumers by reviewing and adjusting its roster against the acuity of consumers and clinical incident trends. Overall, consumers were satisfied with the number of staff, and they did not have to wait long when using their call bell. Staff said there a lot of unfilled shifts and they do not always have enough time, however, this has not compromised the care and safety of consumers.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

This Requirement was found non-compliant following an Assessment Contact from 3 to 4 March 2021. The organisation was unable to demonstrate staff were competent in the management of consumers’ care needs, specifically behaviours, wounds, pressure injuries and nutrition and hydration.

During the Assessment Contact from 12 to 13 April 2022, the service was able to demonstrate the workforce is competent and knowledgeable to effectively perform their roles and provide safe and effective care and services to consumers. Consumers and representatives indicated staff know what they are doing and have confidence in them to perform their duties effectively and safely. The organisation uses a range of methods to assess and ensure members of the workforce have the skills and knowledge and are competent in their roles. Staff felt supported and stated they receive regular training and education tailored to their roles and which enables them to deliver quality care and services.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement 8(3)(c) as part of the Assessment Contact. All other Requirements in this Standard were not assessed, and an overall rating of the Standard is not provided.

To understand how the organisation understands and applies the Requirement, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers interviewed said they feel the service is well run by management and are satisfied with communication from the service.
* Consumers interviewed said they feel safe and can contribute to continuous improvement initiatives at the service by providing feedback and talking to staff.

The service has a range of reporting mechanisms, policies and procedures and various sub-committees of the Board to ensure effective governance systems and communication.

The service has a documented organisational governance framework, to describe key elements and provide an overview of Life Cares governance systems, components, and tools. The framework defines the rules, relationships, systems, and process by which authority is exercised and controlled within the organisation.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

This Requirement was found non-compliant following an Assessment Contact from 3 to 4 March 2021. The service was not able to demonstrate effective organisation wide governance systems relating to workforce management and regulatory compliance in relation to reportable assaults as legislated. The workforce governance process did not support the service in identifying the number of shifts or hours that were budgeted for but not worked. The service did not have an effective process to monitor and action call bell response times and the call bell system was not monitored for effectiveness.

The service demonstrated the following actions were taken in response to the finding of non-compliance:

* Mandatory reporting
  + A review process was undertaken to monitor compliance with legislation.
  + A new process developed, and training provided to staff for SIRS.
* Call bells
  + A review of the call bell system was undertaken by Information Communications Technology (ICT) and subsequent action plan and framework developed.
  + ICT now provide support on site on a weekly basis.
  + Agency induction folder has been developed to provide instructions for electronic access (such as passwords), general facility induction and key policies and procedures.
* Board Risk Committee reporting
  + Chief Executive Officer and Chief Operations Officer met with the Board to review the reporting, escalation and monitoring of high-risk consumer groups.
  + A new terms of reference developed to ensure that all high-risk consumers are captured and discussed at the high-risk consumer meetings.
  + A high-risk consumer report is provided monthly to the risk sub-committee of the Board.

During the Assessment Contact from 12 to 13 April 2022, the service was able to demonstrate organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. The service has a documented Organisational Governance Framework, to describe key elements and provide an overview of Life Care’s governance systems, components, and tools. The framework defines the rules, relationships, systems, and process by which authority is exercised and controlled within the organisation. The service has a range of policies and procedures and various sub-committees of the Board to ensure effective governance systems and communication.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.