Ananda Aged Care Findon

Performance Report

2 Malken Way
FINDON SA 5023
Phone number: (08) 8445 9720

**Commission ID:** 6861

**Provider name:** K N H Nominees Pty Ltd

**Assessment Contact - Site date:** 9 June 2022

**Date of Performance Report:** 29 June 2022

# Performance report prepared by

Janine Renna, 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)(a) | 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;
* the provider did not submit a response to the Assessment Contact - Site report; and
* the Performance Report dated 22 December 2021 in relation to the Site Audit conducted on 3 November 2021 to 5 November 2021.

# 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)(a) in Standard 3 Personal care and clinical care. As no other Requirements were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted on 3 November 2021 to 5 November 2021, where it was found the service was unable to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

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

*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.*

This Requirement was found non-compliant following a Site Audit conducted on 3 November 2021 to 5 November 2021, as the service was unable to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Specifically, there was no evidence informed consent had been obtained for consumers subject to environmental restraint.

The Assessment Team’s report for the Assessment Contact conducted on 9 June 2022 provided evidence of actions taken by the service in response to the non-compliance, including, but not limited to:

* policies and procedures have been reviewed and updated;
* a restrictive practices survey has been developed to support an understanding of restrictive practices for consumers and representatives;
* staff training has been undertaken; and
* a restrictive practice and psychotropic consent form has been introduced.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives said consumers get the care they need and staff know them well, and were confident staff would recognise, report and manage any issues related to consumers’ health and well-being.
* Staff demonstrated an understanding of restraint and described how they provide best practice care in relation to skin integrity and behaviour management.
* Documentation for sampled consumers indicated safe, effective, best practice and tailored care in relation to management of medication, restraint, behaviours, skin integrity, wounds , oxygen therapy and pain.
* Policies and procedures relating to skin, wound and pain management, and use of restraint were reflective of best practice guidelines.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# 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 (3)(c) in Standard 8 Organisational governance. As no other Requirements were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(c) was found non-compliant following a Site Audit conducted on 3 November 2021 to 5 November 2021, where it was found the service was unable to demonstrate effective organisation wide governance systems relating to information management and regulatory compliance. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirement below.

## 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 a Site Audit conducted on 3 November 2021 to 5 November 2021, as the service was unable to demonstrate effective organisation wide governance systems in relation to information management and regulatory compliance.

The Assessment Team’s report for the Assessment Contact conducted on 9 June 2022 provided evidence of actions taken by the service in response to the non-compliance, including, but not limited to:

* policies and procedures in relation to restrictive practices, wound management and governance information systems have been updated;
* staff training has been undertaken; and
* the organisation’s website has been updated to include information in relation to best practice care.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Management and staff described the various organisation wide systems for information sharing, including changes to consumer information, legislative and industry updates, and policies and procedures.
* The organisation maintains a Continuous improvement plan, which is informed by consumer/representative feedback and complaints, clinical incidents and indicators, audits and legislative changes.
* Management described the process for seeking changes to the budget or expenditure to support changing needs of consumers and explained that income and expenditure is reviewed monthly.
* Workforce governance systems are in place to ensure staff understand and are supported in their role, including duty statements, supervision, clinical support and annual performance reviews.
* Changes to relevant legislation is tracked through advice from peak bodies and networking with other providers. Evidence of legislative changes relating to the Serious Incident Response Scheme were noted to have been communicated to staff through various channels.
* The organisation has a complaints management system that incorporates an open disclosure framework and follows the principles of transparency, procedural fairness and natural justice. Feedback and complaints are logged and opportunities for improvement are identified.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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.