

**Performance Report**

**1800 951 822**

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| Name: | Edenfield Family Care |
| Commission ID: | 6142 |
| Address: | 20-36 Gardenia Drive, PARAFIELD GARDENS, South Australia, 5107 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2025 to 7 February 2025 |
| Performance report date: | 5 March 2025 |
| Service included in this assessment: | Provider: 2829 El-Jasbella Pty Ltd  Service: 4159 Edenfield Family Care |

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 Edenfield Family Care (**the service**) has been prepared by Marek Dubovinsky, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others; and
* the provider’s response to the assessment team’s report received 15 February 2025 stating the service will not be responding to the assessment team’s report.

# 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 and representatives confirmed consumers are treated with dignity and respect. Staff demonstrated understanding of consumers' cultural backgrounds and how they actively promoted cultural awareness in their daily practices. Policies and procedures described how consumers need to be treated with dignity and respect and their identities valued.

Consumers and representatives described care and services provided as culturally safe and provided examples of staff treating consumers with respect and kindness and understanding their cultural background. Documentation detailed important personal information to inform staff about each consumer’s diversity including consumers’ past history. Staff described how they support consumers’ cultural beliefs through the provision of multi-denominational worship services.

Consumers and representatives confirmed they are supported to exercise choice and independence and provided examples relating to being supported in maintaining relationships and exercising choices relating to personal and clinical care. Documentation outlined how consumers are supported to maintain their relationships and develop new relationships and outlined individual preferences for care delivery such as daily routine, choice of activities and meals.

Consumers and representatives reported consumers feeling supported by staff to take risks and provided sufficient information, including in relation to smoking and leaving the service unaccompanied. Care documentation included dignity of risk assessments detailing consumers’ activity and associated risks and mitigation strategies. Staff have access to a relevant policy which outlines the risk assessment process and identifies how management strategies are developed.

Consumers and representatives described the information they receive as current and easy to understand. A range of information was observed to be accessible and on display to support consumers to exercise choice, including the aged care charter of rights, food menu and activities calendar. Management, lifestyle and hospitality staff described processes to inform consumers and enable them to exercise choice including newsletters, verbal reminders and information on notice boards.

Consumers and representatives expressed satisfaction with how their privacy and confidentiality is maintained. Staff were observed respecting the personal privacy of consumers and were observed knocking on doors, seeking permission prior to entry, and closing doors while undertaking the scope of their duties. Privacy and confidentiality processes support staff in maintaining consumers’ privacy.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 1 Consumer dignity and choice.

# 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

Feedback from consumers, representatives and staff demonstrated they are encouraged and supported to provide feedback and make complaints. Staff were able to provide examples of how they can raise complaints or provide feedback, and how they assist consumers. Staff have access to polices and processes to support assessment, planning and risk management.

Consumers and representatives confirmed assessment and planning identifies current needs, goals and preferences, and advance care planning discussions are undertaken to support end of life care. Clinical staff described and provided evidence of palliative care assessments and care plans developed in consultation with the consumer. Staff described, and care documentation showed, assessment and planning is personalised and supports all aspects of care and service needs including meals, psychosocial wellbeing, lifestyle activities, personal and clinical care, and advance care planning.

Consumers and representatives confirmed being involved in assessment and planning and described the comprehensive assessment process undertaken when the consumer first enters the service. A range of clinical and non-clinical staff confirmed being involved in assessment and planning. Documentation confirmed assessment and planning being undertaken in partnership with the consumer.

Consumers and representatives described how staff communicate outcomes of assessment and planning and have access to a care plan. Staff access information through the electronic documentation system and have access to handover processes. Clinical staff demonstrated consulting with consumers and representatives regarding following falls and changes in mobility and weight.

Consumers and representatives confirmed review processes, including for one consumer who confirmed a review being undertaken following an adverse medication incident. Staff conduct 6-monthly reviews based on a set schedule and as required. Documentation showed assessments being regularly reviewed including following falls, changes in mobility, changes in diet, and changes in lifestyle services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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 and representatives confirmed care is personalised, tailored to them, and improves their wellbeing and said staff are attentive, kind and caring. Clinical and care staff were knowledgeable of consumers’ specific care needs and preferences and how they tailor care accordingly. Consumers were observed to have their personal care attended to, well-presented, groomed and wearing clean clothing.

Staff demonstrated effective management of high-impact or high-prevalence risks impacting consumers including in relation to wound management, nutrition and hydration, changed behaviours, pain management, medication management and restrictive practices. Consumers and representatives expressed satisfaction in how staff manage these clinical risks. Clinical and care staff were knowledgeable of individual consumer risks and described personalised management strategies.

Clinical and care staff provided examples of how they support consumers nearing end of life. Care documentation for one consumer who recently died following active end of life care showed their dignity, privacy and comfort was maintained and their personal preferences and wishes respected. Care documentation showed a person-centred, holistic and multidisciplinary approach to care, tailored to their individual needs.

Consumers and representatives said staff recognise and respond to consumer deterioration with an example provided of staff recognising consumer deterioration following an infection. Staff are guided in recognising and responding to deterioration or a change in a consumer’s condition through policies, processes and training. Policies, processes and training support staff in recognising and managing deterioration.

Consumers and representatives were satisfied with information sharing processes. Care documentation, progress notes and handover processes demonstrated communication is effectively shared within the service and where responsibility for care is shared. Internal and external staff described receiving current and relevant information and demonstrated methods of communication used to obtain information from consumers’ care plans.

Consumers and representatives confirmed referrals being undertaken and provided examples including to dietitians. Clinical staff described referrals being undertaken. Documentation demonstrated referrals being undertaken to allied health service providers and dementia specialists.

Consumers and representatives confirmed staff seeking pathology as part of infection management. Clinical staff displayed an understanding of antimicrobial stewardship and provided examples relating to urinary infections and wounds. Staff were knowledgeable of additional infection control strategies implemented during outbreaks and have access to an outbreak management plan. Staff have access to policies, processes, training, and outbreak management plans to guide staff in antimicrobial stewardship and infection control.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 3 Personal care and clinical care.

# 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 and representatives described how services provided support their well-being including meaningful activities to maintain their independence. Clinical and care staff described individual consumers’ preferences including for one consumer who prefers a late lunch to support their well-being. Lifestyle staff described how each consumer’s preference is captured through initial consultation, feedback and care plan reviews to support the delivery of services and supports.

Consumers and representatives confirmed their emotional, spiritual and psychological well-being is supported. Lifestyle staff described arranging religious services every month to meet consumers’ spiritual needs. Observations of staff interactions with consumers were kind and caring and supported consumers’ emotional and psychological well-being.

Consumers were observed participating in group activities, meeting in communal areas with other consumers and visitors and participating in individual activities of interest. Lifestyle staff described how they assist consumers with video calls to support consumers’ social and personal relationships. Care planning documentation outlined how consumers’ interests and personal and family relationships are supported.

Consumers and representatives were satisfied with communication sharing processes. Catering staff described processes for the sharing of information including when changes occur in dietary requirements. Consumers’ care plans, progress notes and one-to-one conversations support the sharing of information.

Consumers and representatives confirmed referrals being undertaken. Staff said referrals are conducted in collaboration with consumers and/or their representatives and provided examples relating to local libraries and volunteer organisations. Care documentation demonstrated referrals being undertaken to a range of service providers.

Consumers and representatives said meals provided are of variety and of suitable quality and quantity with consumers enjoying the varieties of meal options. Management described how the menu is a 6-monthly summer and winter menu developed in consultation with the dietitian and consumers. Documentation demonstrated consumers’ dietary requirements and preferences were incorporated into care plans, and the kitchen had up-to-date information.

Consumers and representatives confirmed the service provides consumers clean, suitable and well-maintained equipment. Mobility aid equipment was observed throughout the service to be clean and in working condition. Observation of lifestyle activities confirmed safe and appropriate use of equipment, including regular cleaning and sanitising between each use.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports for daily living.

# 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 consumers can personalise and decorate their rooms with personal memorabilia that is important to them. Management explained how consumers are encouraged to decorate their rooms based on their individual preferences. Consumers were observed safely and effectively navigating the environment.

Consumers and representatives said the environment is safe, clean, well maintained, and comfortable, and they can move freely both indoors and outdoors. The service has established preventative and reactive maintenance, a cleaning schedule, and regular audits in place. Staff from various roles demonstrated their understanding of internal process for lodging maintenance requests and hazards through the electronic system and consumers were observed freely navigating both the internal and external areas of the service.

Consumers and representatives described the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers’ use. Staff demonstrated understanding of how to ensure the equipment, furniture, and fittings are clean and well maintained and processes for identifying and reporting hazards and maintenance concerns. Records demonstrated furniture, fittings, and equipment are regularly cleaned and well maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 5 Organisation’s service environment.

# 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

Feedback from consumers, representatives and staff demonstrated they are encouraged and supported to provide feedback and make complaints. One consumer described how they can raise any issues or concerns including through the quality advisory meetings with management. Staff were able to provide examples of how they can raise complaints or provide feedback, and how they support consumers.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Feedback from consumers, representatives and staff confirmed awareness of service providers available to assist in raising complaints or feedback. Pamphlets are located throughout the service and the Aged Rights Advocacy Service recently attended and provided information to consumers and staff on advocacy.

Consumer and representative feedback confirmed the service takes appropriate action when responding to complaints and provided an example relating to environmental temperature. Management and staff demonstrated an understanding of open disclosure principles and provided examples of how open disclosure practices are incorporated into their work including in relation to significant incidents.

There are systems and processes in place to ensure feedback and complaints are reviewed and used to improve the quality of care and services. Management showed how the service analyses and trends feedback and complaints data to identify continuous improvement initiatives. Improvements included implementing a falls prevention program and improvements in catering services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 6 Feedback and complaints.

# 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 and representatives said they feel supported by staff who are knowledgeable, and there are enough staff to provide care and services. All staff sampled reported sufficient staff with systems in place to cover vacant shifts. Staff monitor call bell data usage to support staff planning and rostering.

Consumers and representatives spoke positively of staff with observations showing staff to be kind caring and respectful when engaging with consumers. Staff displayed knowledge of individual consumer’s needs, preferences and personalities and knowledge of where they could find additional information if required. Management described processes and systems in place to monitor consumer satisfaction regarding staff interactions through feedback forms and surveys.

Consumers and representatives said staff were competent and had the necessary skills to undertake their roles, stating both care and clinical staff are knowledgeable of their care needs and preferences. Processes support the monitoring of qualifications, clearances and competency evaluations. A training schedule is used to monitor staff training and competency and includes records of training in infection prevention and control, restrictive practices and fire and emergency.

Consumers and representatives reported they are confident staff are well trained and equipped to undertake their roles. Staff confirmed they are supported and have access to training, with staff providing examples of recently completed training modules such as in infection control. Management described how they monitor, train and support staff including when staff are non-compliant with training.

Regular assessment, monitoring and review of staff performance is undertaken on each member of the workforce, including during their probationary period and as part of a 2-yearly schedule. Staff said they participate in performance reviews where they can discuss topics or areas they would like further support or training in. Staff files demonstrated completion of staff appraisals and management described processes for the ongoing monitoring of staff performance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 7 Human Resources.

# 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 and representatives are supported to engage in the development, delivery and evaluation of care and services through various feedback methods including care evaluations, resident/representative meetings, surveys, and feedback forms. Management said they conduct monthly consumer meetings and bi-annual quality care advisory body meetings which includes attendance by the advisory body. Other participation inputs for engagement include regular onsite attendance by the managing director, advocacy services, noticeboards, and feedback and complaints processes.

Consumers and representatives sampled said they feel safe living at the service and overall felt it was well run. The organisation’s framework includes systems to ensure responsibilities, accountabilities and care and service expectations through reporting and monitoring mechanisms. The organisation has a strategic plan and includes mechanisms to support service and quality delivery, governance, infrastructure, community, finance and administration.

Effective organisational wide governance systems support safe effective service delivery. The information management system is supported with electronic systems with minimal paper-based documentation. A variety of mechanisms are in place to identify and action continuous improvements including meetings, surveys and audits. Management described financial delegations and expenditure protocols to support financial governance. The organisation has processes to support human resources with workforce screening, training and performance monitoring. Process support regulatory with legislative updates and legislative changes are discussed at various levels within the organisation. Processes support the capture of feedback and complaints and support resolution, with data reviewed and analysed to identify opportunities for improvement.

The organisation has implemented an effective risk management framework with policies and procedures to support the organisation’s management of risk and in response to incidents, including significant incidents. Staff were aware of consumers with high impact or high prevalence risks and how policies and procedures support them in risk management. Monthly quality data analysis shows reporting on clinical risks including falls, changed behaviours, skin injuries, significant incidents and hospital admissions. An incident management system is integrated into the electronic care system to support incident reporting, analysis and management. Consumers and representatives said they are supported to live the best life they can, including engaging in risky activities.

A documented clinical governance framework supports the delivery of care and services in relation to antimicrobial stewardship, minimising restraint and open disclosure. Clinical staff displayed knowledge of antimicrobial stewardship and processes to minimise use of antibiotic usage consistent with policies and procedures. Reporting processes supported the monitoring of restrictive practices and antibiotic usage. Records supported the practice of open disclosure following incidents.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all requirements in Standard 8 Organisational governance.

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