Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Edenfield Family Care - Nerrilda |
| Commission ID: | 6974 |
| Address: | 71 Stokes Terrace, PORT AUGUSTA WEST, South Australia, 5700 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 19 August 2024 |
| Service included in this assessment: | Provider: 9266 El-Jasbella Nerrilda Pty Ltd  Service: 4382 Edenfield Family Care - Nerrilda |

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 - Nerrilda (**the service**) has been prepared by M 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, consumers/representatives and others; and
* the provider’s response received 20 July 2024 accepting the findings in the assessment team's report.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

All consumers and representatives confirmed consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers felt safe and comfortable in expressing their culture openly and are supported to make decisions in relation to their care and services, including where an element of risk is involved. Both consumers and representatives confirmed communication processes ensure they are informed of changes to their care and services and that communication is received in a way they can understand.

Care documentation confirmed consumers are consulted and partnered in assessment and care planning and was consistent with information provided through consumer and representative interviews. Documentation was inclusive of consumers’ preferences and described the consumer’s culture, life history, diversity and identity. Where an element of risk is identified, consultation processes are evident in care documentation.

Staff demonstrated knowledge of consumers’ needs and provide care in line with identified needs. Additionally, staff described how they support consumers to take risks and make decisions in relation to care and services delivered. Observations of staff practices confirmed staff interact with consumers in a respectful manner, while ensuring care and service delivered is culturally appropriate with privacy and confidentiality maintained.

Observations showed information regarding consumers’ care and service information is securely stored, with access restricted to authorised staff, and management confirmed systems and processes are in place to protect consumers’ privacy and confidentiality. Service documentation confirmed policies and procedures, with staff training programs are in place to guide and support staff practices. Management and documentation described how the service is reviewing and implementing cultural safety training and practices to ensure staff can support consumers within the local community.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives expressed satisfaction with the care and services provided and felt confident consumers are receiving safe and effective care and services. Consumers and representatives confirmed undertaking a consultative and comprehensive assessment process, including understanding consumers’ needs, goals and preferences, the risks associated with their care and advance care directives. Consumers and representatives confirmed they are provided access to their care plans and described how staff communicate the outcomes of assessment and planning to them.

Staff described assessment and planning processes and described using validated tools and assessments in consultation with consumers and their representatives. Allied health professionals confirmed staff communicate any changes, needs or preferences to consumers’ care when incidents or reviews are required.

Service documentation includes policies and procedures to guide and support staff in assessment and planning processes and is inclusive of a 28-day admission checklist to be completed on admission to the service. Care documentation demonstrated assessments are undertaken in line with service policies and procedures and included validated assessment tools and end of life or advance care directives. Additionally, care documentation demonstrated, and staff described undertaking reviews of consumers assessments and care plans on a regular basis and following a change or incident occurring, with referrals to allied health professionals undertaken when indicated.

While for 3 consumers who experienced falls, documentation showed staff did not undertake neurological observations in line with service policies, management were responsive to feedback and implemented actions to investigate and respond. Additionally, 6 consumers who experienced falls did have neurological observations taken and all 9 had a reassessment using validated tools.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with the care and services provided to consumers and confirmed consumers receive safe and effective personal and clinical care that meets their needs and optimises their health and wellbeing. Consumers confirmed staff know them well, they do not have to repeat their needs, goals and preferences for care and services to other providers of care, and are confident risks associated with care and service delivery are managed well. Consumers’ end of life needs, goals and preferences are respected, recorded, and communicated, and consumers’ comfort and dignity maximised.

Care documentation showed where there are risks to consumers’ health, including falls, skin integrity and restrictive practices, they are documented with strategies to guide staff to deliver care in a safe and effective manner. Care plans reflected consumers’ needs, goals, and preferences in relation to personal care. Consumer notes showed changes in the condition of consumers is identified promptly, with actions taken to address changes, including referrals to external providers of care. Consumers and representatives confirmed referrals are placed to external providers of care when needed, with outcomes and recommendations communicated and implemented.

Staff demonstrated understanding of consumers personal preferences, needs and goals in relation to personal and clinical care and described how risks associated with consumers care are mitigated. Documentation confirmed processes to reduce the inappropriate prescribing of antibiotics, with staff demonstrating an understanding of antimicrobial stewardship. Staff confirmed communication processes to ensure changes to a consumer’s condition is communicated to staff and external providers of care. Observations showed staff undertaking infection control practices throughout the site audit.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed supports for daily living are tailored to consumers’ needs and optimises their health, well-being and independence, including where undertaking activities of interest to them. Consumers described how they can maintain personal and social relationships and how staff support them emotionally, spiritually or psychologically. Overall consumers expressed satisfaction with the quality and quantity of the meals provided, however 4 consumers expressed dissatisfaction with the quality, temperature and taste. Eleven consumers confirmed there has been an improvement to the meal service and meals over the last few months with greater variety, temperature, and improved taste.

Staff were knowledgeable of consumers’ likes and preferences in relation to the lifestyle program, and described ways in which they were able to support them to engage in things that interest them and maintain connections with the community. Lifestyle staff described developing a consumer’s profile to develop a lifestyle plan to suit their individual needs, goals and preferences.

Care documentation reflected consumers’ likes, dislikes and requirements for meals and lifestyle activities, and included strategies to support their emotional, spiritual, and psychological needs. Referrals to other organisations or providers of care and services were noted in care documentation. Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ services and supports for daily living felt staff were knowledgeable of their preferences and needs.

Consumers felt safe using equipment to engage in the lifestyle program or support them with daily tasks. Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was clean, safe, and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

All consumers and representatives confirmed they feel welcome at the service and can personalise their rooms. Consumers and representatives expressed satisfaction with the cleanliness of the service, furniture and equipment provided, and consumers confirmed they felt safe within the service and when using the equipment provided.

Observations showed consumers were able to move freely both inside and outside of the service with signage in place to assist with wayfinding. Consumers and representatives confirmed they can freely move around the service. Consumers were observed to be utilising all the service areas and consumer rooms were personalised.

Staff demonstrated knowledge of reporting processes when issues are identified and confirmed processes in place for cleaning of shared equipment and furniture. Service documentation confirmed reactive maintenance is reported and actioned by maintenance staff in a timely manner.

Service documentation included preventative maintenance schedules, and included maintenance carried out by external contractors. Audit schedules are in place specific to the service environment, including monitoring the internal and external environment, furniture, fittings and service equipment. A cleaning schedule is maintained across the service, with staff confirming additional cleaning undertaken when infections outbreaks occur.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

All consumers expressed satisfaction with feedback and complaints processes and confirmed they feel comfortable and supported to raise complaints. Consumers confirmed various methods of providing feedback and complaints, including resident meetings and said provided examples of changes in the service based on their feedback. Consumers and representatives described advocacy services and confirmed they knew how to access them if required.

Staff felt comfortable and supported with providing feedback or suggestions to management and described assisting consumers to raise complaints and feedback. Staff confirmed undertaking training in relation to feedback and complaints and could describe open disclosure principles and the use of advocacy services. Lifestyle staff described how they use consumer feedback to improve lifestyle programs.

Service documentation included a feedback register which was maintained, and included compliments, suggestions and complaints. The feedback register includes detailed information on the complaint or feedback provided, actions taken in relation to the complaint and the outcome of the complaint and were noted to be addressed in a timely manner. While the assessment team identified gaps within feedback documentation and within the continuous improvement register, management implemented actions to remedy the identified deficiencies during the site audit.

Organisational documentation shows feedback and complaints are tracked and reviewed at local and organisational meetings which management confirmed. Additional documentation shows the organisation seeks feedback via various mechanisms, including surveys, and displays material on internal and external complaints mechanisms and advocacy support.

Management was knowledgeable about organisational feedback and complaints processes and demonstrated an awareness of open disclosure and advocacy services, providing examples of where consumers or representatives had accessed services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 were satisfied with the mix and number of staff to deliver care and services in a way that meets consumers’ needs, goals, and preferences. Consumers confirmed they were assisted in a timely manner when they used the call bell and described staff as trusting, supportive and caring. Consumers and representatives described staff as competent and well trained in their roles.

Staff interactions were observed to be kind and caring, with staff speaking to consumers respectfully. Staff were observed to be respectful of consumers’ privacy and personal space, including knocking on doors prior to entering and closing them during care delivery. Staff described consumers using respectful language and were knowledgeable of their needs, goals and preferences in care and service delivery.

Recruitment screening processes include reviewing qualifications and clearances, visas and banning orders. Additional documentation confirmed staff training and induction processes are completed, with staff performance monitored through various methods, with all staff compliant with training and review requirements. Staff confirmed they have regular performance appraisals, and management provided specific examples of where performance management had been undertaken because of staff performance monitoring systems and processes. Staff confirmed they are provided regular training and have access to additional training if they need or request it and feel supported during induction and recruitment processes.

Based on the assessment team’s report, I find all requirements in Standard 7 human resources compliant, therefore, the Standard is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 confirmed the service is well managed, and they are engaged in the development and delivery of care and services and feel supported in this process. Service documentation, including meeting minutes and surveys, confirmed consumers’ feedback in relation to meals, lifestyle and service environment are discussed with improvements actioned.

Documentation demonstrated several ways the organisation’s governing body is accountable for the delivery of safe, inclusive and quality care and services. Management described organisational structures, including quality of care advisory body and clinical and quality committee to ensure oversight for the delivery of safe and quality care. The governing body is supported by sub-committees designed to conduct initial analysis of quality indicators, implement strategies and report actions and outcomes to the managing director and governing body.

Organisational governance systems are effective to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure continuous improvement is driven by multiple sources, including feedback and complaints. The governing body has oversight of financial performance to ensure viability and reduce risk of misappropriation of funds, while the workforce is monitored at an organisational level to ensure right numbers, skills, and training is being provided.

Documentation demonstrated high impact or high prevalence (HIHP) risks are identified through clinical assessment and incident review, with an additional electronic HIHP risk management system to allow organisational management of HIHP risks to consumers. Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Consumers are supported to live their best life and where risks are taken, with processes to identify and assess risky activities and guide staff in supporting consumers. Staff described how they use the incident management system to manage and prevent incidents, including those that require reporting to external services, which is supported through a range of policies and procedures in relation to incident management. Staff described, and documentation confirmed, mandatory training is undertaken in recognising and responding to abuse and neglect.

The organisation has a documented clinical governance framework which outlines all aspects of managing risk and delivering care and services, including a suite of policies and procedures to guide staff practice. Staff were aware of the clinical governance framework, including infection control practices, antimicrobial stewardship and the use of open disclosure. Service documentation included monitoring, trending and analysing clinical risks, infections and antimicrobial usage to ensure clear oversight by the clinical governance committee. Documentation confirmed restrictive practices are monitored through a psychotropic register, with regular medical reviews and reporting to the governing body.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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