Performance

Report

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| Name of service: | Eldercare Acacia Court |
| Service address: | 81 Tapleys Hill Road HENDON SA 5014 |
| Commission ID: | 6187 |
| Approved provider: | Eldercare Australia Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 23 January 2023 |

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 Eldercare Acacia Court (**the service**) has been prepared by G. Hope-Simpson, 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 Site Audit; 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
* the provider’s response to the assessment team’s report received 17 January 2023
* other information and intelligence held by the Commission in relation to the service.

# 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 said staff made them feel valued as an individual. Staff spoke of consumers respectfully and demonstrated an understanding of their individual backgrounds and preferences. Care planning documentation captured consumers’ culture, diversity and identity. Staff were guided by a diversity policy.

Consumers and representatives confirmed care provided was consistent with their cultural preferences. Staff described care delivered to consumers from a culturally diverse background in line with their care planning documentation. Care plans identified consumers’ cultural needs and preferences.

Consumers and representatives said staff respected their choice about how and when care was provided. Staff described, and care plans confirmed, how they supported consumers to make choices, and maintain independence and relationships of choice. The service implemented a family partnership program which encouraged visitors to play an active role in consumer’s care and services.

Consumers described how they were supported by the service to take risks. Staff described how they supported consumers to take risks and live the way they choose. Care plans included completed risk assessments, documented discussion and consent for risks identified. Staff were guided by a policy for consumer choice and risk management.

Consumers and representatives said they were provided with information including meals and activities. Staff explained how they communicated information to consumers with hearing loss or cognitive impairments. Observations showed information about activities were displayed visually and announced via the service’s sound system.

Consumers said their privacy was respected by staff. Staff provided practical examples of how they respected consumer’s personal privacy. Staff were guided by a privacy policy. Computers were password protected and nurses’ station doors were locked while unattended.

# 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

Consumers and representatives said they received the care and services they needed. Staff described how the planning process informed care delivery. A care plan audit demonstrated the identification of risks and documented risk mitigation strategies. The admission checklist showed information about individual consumer risk was collected by the service.

Consumers and representatives said they felt involved in the assessment and planning process, including their end of life (EOL) wishes. Staff described how they approached EOL planning discussions upon admission and on an ongoing basis. Care planning documentation included advanced care plans and EOL information. Staff were guided by polices about palliative and EOL care.

A representative confirmed the involvement of external specialists in the care planning process. Staff described, and allied health professionals (AHPs) confirmed, how the service obtained input from external organisations in the delivery of care and services to consumers. Care planning documentation incorporated strategies recommended by consultants and AHPs.

Consumers and representatives said they were informed about their assessments and care plans. Staff described how they effectively communicated outcomes of assessment and planning to consumers and representatives. Progress notes demonstrated updates provided to representatives in various ways, including telephone calls and electronic mail correspondence.

Consumers and representatives said care and services were reviewed when changes occurred.

Staff explained care plans were reviewed on a 6-monthly basis and as required. Care plans evidenced regular review for continued effectiveness, when circumstances changed, or when incidents occurred. Staff were guided by a clinical care policy.

# 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 said the care provided met their individual needs and preferences. Staff described how they were guided by clinical and personal care policies. The service demonstrated the processes in place to manage restrictive practices, skin integrity and pain are in line with best practice. Care planning documentation reflected individualised care that was safe and effective. Care plans for consumers subjected to restrictive practices were in line with legislative requirements.

Consumers and representatives said their care was safe and right for them. Management and staff described how they identified, assessed, and managed risks for consumers. Care planning documentation demonstrated that high impact and high prevalence risks were identified, monitored and managed by the service. Monthly clinical analysis reports evidenced trending of clinical data.

Consumers and representatives expressed satisfaction about how EOL care was provided by the service. Staff described practical ways in which consumers’ comfort was maximised and dignity preserved when they neared EOL. Care planning documentation included advance care plans and evidenced discussions with representatives regarding palliative care.

Consumers and representatives said the service responded well to a change or deterioration in condition. Staff explained changes in consumer's health were communicated through handover or the electronic care management system (ECMS). Care plans demonstrated changes in consumer’s behaviour were recognised and responded to in a timely manner. Monthly clinical governance meetings identified consumers at risk of deterioration.

Consumers and representatives said their care needs and preferences were effectively communicated between staff. Staff described how care information was communicated within the service and others involved through the ECMS and handover. Care planning documentation showed staff, medical officers (MOs) and AHPs had access to the ECMS.

Consumers and representatives said referrals were timely and appropriate. Staff described how care at the service was supplemented by external providers. Care planning documentation evidenced the involvement of MOs, AHPs and other providers of care when needed. Staff were guided by policies which outlined the referrals process.

Consumers and representatives said, and observations confirmed, staff regularly used personal protective equipment and hand hygiene practices. Staff provided examples of how they minimised the use of antibiotics. The service maintained an outbreak management plan and vaccinations records for consumers and staff. Staff were guided by policies about infection control and antimicrobial stewardship.

# 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 said they felt supported to participate in activities they liked. Staff described what consumers liked to do in line with their care planning documentation. Activity schedules reflected a wide range of activities available for the consumer cohort. Observations showed consumers with varying levels of ability participating in activities during the Site Audit.

Consumers said the service promoted their emotional, spiritual and psychological well-being. Staff explained how they facilitated important personal connections for consumers. Care plans identified consumer’s relationships of choice and activities of interest which met their emotional needs. Staff were observed comforting consumers when they were upset.

Consumers said they felt supported to participate in activities within the service and in the community. Staff explained how they supported consumers to engage in activities, engage with the community and maintain relationships of choice. Consumers were observed leaving independently and spending time with visitors at the service.

Consumers and representatives said their condition, needs and preferences were effectively communicated. Staff described various ways information was shared, including handovers and the service’s ECMS. Care planning documentation reflected consumers' needs and preferences. Dietary information was displayed in the kitchen for catering staff.

Consumers said they were supported by external organisations, support services and providers. Staff described external supports used to supplement care and services provided to consumers. Care planning documentation identified a variety of referrals made to external providers and services. Volunteers were observed engaging with consumers and facilitating activities.

Most consumers and representatives were satisfied with the quantity, quality and variety of meals provided. Hospitality staff described how seasonal menus were developed in consultation with consumers. Care planning documentation reflected dietary needs and preferences. Alternative meal options were available for consumers, and most plates were returned to the kitchen without leftovers.

Consumers and representatives said they had access to safe, clean and well-maintained equipment. Staff described how they cleaned shared equipment between use. Observations showed a range of equipment, including walkers and wheelchairs, were suitable, clean and in good condition.

# 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 the service environment was welcoming and easy to understand. Management described features of the service environment which optimised each consumer’s sense of belonging and ease of navigation. Observations showed clear signage throughout the service and communal areas regularly used by consumers and visitors.

Consumers and representatives said the service environment was safe, clean and well maintained. Staff advised a daily cleaning schedule was followed. Maintenance records confirmed preventative and reactive work was completed in a timely manner. Observations showed consumers and visitors were moving independently between wings and outdoor areas.

Consumers and representatives said furniture and equipment was well maintained and clean. Staff demonstrated how they kept equipment clean and safe. Cleaning and maintenance schedules were complete and up to date. Furniture and mobility equipment were observed to be clean and in good condition.

# 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

Consumers and representatives said they understood how to provide feedback and make complaints. Staff described how they assisted consumers to provide feedback. Management described different feedback avenues available. Staff were guided by a feedback and complaints policy. Observations showed feedback forms and secure complaint boxes displayed.

Most consumers and representatives said they were aware of other ways to raise complaints. Management described how a presentation by an external advocacy service was recently delivered to consumers. The consumer handbook had information about external services. Posters about external complaint mechanisms, advocacy and interpreter services were displayed throughout the service.

Most consumers and representatives said their concerns were addressed after raising complaints. Staff described how they practised open disclosure after an incident. The complaints register confirmed appropriate action taken and issues resolved to the complainant’s satisfaction. Staff were guided by policies about complaints management and open disclosure.

Consumers and representatives said the service found solutions to their feedback and complaints. Staff described actions and improvements made based on feedback and complaints. The complaints register and plan for continuous improvement (PCI) reflected how complaints were resolved and used to inform continuous improvement.

# 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

Most consumers and representatives said the service had enough staff to meet their care needs. Processes were in place to ensure there were enough staff to provide safe and quality care. No unfilled shifts were noted in the fortnightly roster prior to the Site Audit. A call bell report for December 2022 confirmed 98.1% of call bells were responded to within 10 minutes.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff demonstrated they were aware of consumer’s background, needs and behaviours. Staff were guided by policies about person-centred care. Staff were observed engaging in activities of interest with consumers in a kind and respectful manner.

Most consumers and representatives said staff knew their job and what they were doing. Management explained how they ensured staff were competent and capable through ongoing training and performance reviews. Documentation review evidenced current staff registrations, police checks and position descriptions.

Consumers and representatives said staff had the appropriate skills and knowledge to deliver safe and quality care. Staff said the service provided mandatory and supplementary training to support them. Training records confirmed most modules completed by staff, with overdue training followed up individually. Staff were guided by policies and procedures relevant to their roles.

Management described how they maintained regular assessment and monitoring of staff. Staff said their performance was reviewed yearly and they were able to request additional training. The service was guided by a performance management policy. Review of performance assessments reflected evaluations of staff performance and personal development goals.

# 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 confirmed they were involved in the development, delivery and evaluation of care. Management explained how consumers were engaged through care plan reviews, meetings, surveys and direct conversations. Meeting minutes evidenced consumers and their representatives engaged by the service on an ongoing basis.

Management explained clinical incident reports were provided to the governing body and the subcommittees ensured the service was meeting Quality Standards. Review of the medical advisory committee meeting minutes demonstrated key clinical indicators were discussed. Newsletters were distributed by the Board to provide updates directly to consumers and representatives.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

The service had frameworks, policies and procedures to support risk and incident management. Staff provided practical examples of how risks identified were managed within the service. Staff were guided by a policy for Serious Incident Response Scheme (SIRS) reporting. Records demonstrated SIRS reporting occurred within legislative timeframes.

The service had a clinical governance framework, with relevant policies and procedures updated to reflect legislative changes. The clinical governance committee maintained oversight of clinical care through reviews and regular meetings. Staff explained how they applied open disclosure and described strategies to minimise the use of antibiotics and restrictive practices.

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)