Performance

Report

**1800 951 822**

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| Name: | Eldercare Cottage Grove |
| Commission ID: | 6180 |
| Address: | 150 Reynell Road, WOODCROFT, South Australia, 5162 |
| Activity type: | Site Audit |
| Activity date: | 9 April 2024 to 11 April 2024 |
| Performance report date: | 30 April 2024 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd  Service: 4193 Eldercare Cottage Grove |

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 Cottage Grove (**the service**) has been prepared by Megha Kalra, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* 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 stated consumers feel respected and valued by staff. Consumers said staff know what is important to them and are aware of their cultural background. Staff described how they maintain consumer’s dignity when providing personal and clinical care. Care plans reflected what is important to the consumer and provided information to guide staff in delivering care that is tailored to the consumer’s goals and preferences.

Consumers and representatives expressed satisfaction with staff practices and knowledge, which showed staff value consumers’ culture, values, and diversity. For the consumers sampled, staff demonstrated an awareness of the consumer’s culture and background and how this influences the way they deliver care. Consumers and representatives stated consumers can make decisions about their care and maintain their independence as much as possible, including maintain relationships with the people important to them.

Consumers and representatives said the service supports the consumers to live the best life they can and take risks if they wish to do so. For the consumers sampled, staff described the ways these consumers choose to take risks, how risk is discussed with the consumer and/or representative, and how the consumer is supported to take risks. A review of documentation showed the service had completed risk assessments for the consumers who chose to take risks.

Consumers said they are provided with information which allows them to make choices about how they live their lives including meal selections, activities available, and what is happening at the service. Representatives said they receive regular and timely communication from the service regarding their loved one’s health and well-being. Staff explained the ways consumers and representatives can exercise choice and described the various ways in which information is provided to consumers including verbal and written communication, such as newsletters. Notice boards were observed on each wing of the service advising consumers of the monthly activities, menus were displayed, and multiple options on how to provide feedback and suggestions to the service were displayed throughout the service.

Consumers and representatives stated the service respects their personal privacy and believe their information is kept confidential. Care and clinical staff described the practices used to protect consumer privacy, including knocking on consumer doors, ensuring doors are closed prior to providing care, and only discussing consumer care needs in private. The service has policies and procedures to ensure appropriate measures are in place to maintain consumers’ privacy.

# 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 stated they were satisfied with the assessment and care planning process at the service and said the care delivered meets the consumer’s needs. Staff described the assessment and care planning processes, which identifies risks to the consumer’s safety, health, and wellbeing. Care documentation showed the service undertakes comprehensive assessment and care planning when the consumer enters the service to identify their needs, goals, and preferences. The service had clinical guidelines, policies, and procedures to guide staff in their practice on how to review care when risks are identified or incidents occur, how they are recorded and investigated, and how care plans are updated to reflect changes and interventions recommended.

Consumers and representatives confirmed their involvement in, or have had discussions regarding general and ongoing assessments, as well as advanced care planning. Registered staff stated advanced care planning and end of life planning information is discussed with consumers and representatives on entry to the service, or when the consumer wishes, and as the consumers’ care needs change. Care plans reviewed reflected consumers’ current needs goals, and preferences and identified whether there was an advanced care directive in place and evidence of consultation with families, if requested.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Staff said they involve consumers and their representatives in assessment and planning on entry to the service and then ongoing to ensure the consumers are actively involved and their personal preferences are identified. Care documentation showed involvement of consumers, their representatives and other multi-disciplinary team members, such as medical officers, geriatricians, physiotherapists, podiatrists, dietitians, speech therapists, and dementia support services.

Consumers and representatives felt staff explained things to them about the consumer’s care and stated that they have been provided with a copy of the consumer’s care plan. Staff described how they communicate with consumers and their representatives about changes to the consumer’s care plan. Staff were observed accessing consumer’s care planning information.

Consumers and representatives confirmed consumers’ care and services are reviewed every 6 months or when the consumer’s circumstances have changed, there is a deterioration of condition or when incidents impact on consumers’ needs, goals, or preferences. Staff were aware of their responsibilities in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment. Care plans sampled demonstrated evidence of review on a regular basis or when circumstances changed and incidents occurred, including falls and changes in mobility and behaviours.

# 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 consumers receive the care they need and stated they were satisfied with management of individual risks, including changed behaviours, weight loss, falls, pressure injuries and pain. Staff described how they provide clinical care in a safe and effective manner, guided by policies, procedures, and training. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation.

Consumers and representatives were satisfied with the management of consumers’ clinical risks. Staff described the service’s high-impact, high-prevalence risks, including management and prevention of risks. Care planning documentation showed risks associated with the care of individual consumers had been identified, with strategies implemented to manage the risks. The service is supported by policies, procedures, and processes, which support staff in managing consumer’s clinical risks.

Consumers and representatives said they had discussed end-of-life care with staff at the service and were confident the consumer’s needs and preferences would be respected at this time. Staff described the way in which they adjust their care approach for consumers who are receiving palliative or end-of-life care and how their care needs change during this time. Care planning documentation reviewed included advance care planning documentation, consumer preferences, and end-of-life care plans and documentation where appropriate. The service had policies and procedures to guide staff providing palliative and end-of-life care to consumers.

Consumers and representatives said their care needs and preferences were documented and communicated between staff. Staff described how changes in consumers’ care and services are communicated in the service’s online progress notes and at handover, including identification of consumers whose care needs have changed or condition has deteriorated. Care planning documentation showed changes in a consumer’s condition are documented and responded to appropriately. The service had policies and procedures that guide staff on recognising and responding to deterioration and changes in a consumer’s condition.

Consumers and representatives stated referrals are timely, appropriate and occur when needed, and that the consumers have access to relevant health professionals, such as allied health and medical specialists. Staff described the process of referring to internal and external health care providers when necessary. Care plans showed referrals to other health professionals, including medical officers, physiotherapists, podiatrists, speech pathologists, dietitians, geriatricians, and palliative care specialists, were made and actioned in a timely manner.

Consumers and representatives were satisfied with the infection control measures at the service. Staff described how they ensure antibiotics are used appropriately and minimise their use where possible. The service had policies and procedures in place to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak. Observations showed staff were following appropriate infection minimisation practices.

# 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 said the service provides them with a range of activities and supports that meet their needs and preferences and optimise their quality of life. Staff described how they support consumers with their daily living activities to maintain their independence and quality of life. Care planning documentation included relevant information about the consumer’s interests, life story and what is important to them. Consumers were observed to be actively participating in a range of activities taking place at the service throughout the Site Audit.

Consumers said they felt their emotional, spiritual, and psychological well-being was supported by the service. Lifestyle staff described how they support consumers’ well-being through individualised strategies, activities, and one-to-one support. Care plans included information on consumers’ cultural and religious needs, spiritual beliefs, and preferences, and how they would like to be supported emotionally from family, friends, and staff. Consumers said they felt supported to participate in their community, to have social and personal relationships, and do the things they wanted to do. Staff explained how they support consumers to have relationships and participate in their community of choice.

Overall, consumers and representatives stated staff are well-informed about their needs and preferences. Staff described how they have access to up-to-date changes to consumers’ condition, needs and preferences. Care plans outlined the care required by consumers, which all staff had access to. Consumers said they felt they are receiving appropriate support and referrals from external organisations. Management and lifestyle staff described how they work with outside organisations to ensure the activities and supports are appropriate for consumers.

Consumers stated they were satisfied with the meals provided by the service, they enjoyed the mealtime experience, and the service engaged them in discussions and feedback sessions regarding the meals. Kitchen staff described how they know and meet each consumer’s dietary requirements. Care planning and dietary documents reviewed included the dietary needs and preferences of consumers, including their preferences for mealtime location. The Assessment Team observed a pleasant dining experience throughout the Site Audit where staff were assisting consumers when needed.

Consumers and staff stated equipment at the service is kept clean and well-maintained. Staff were aware of the process of logging maintenance requests where necessary. A review of preventative and reactive maintenance schedules showed the equipment is regularly serviced and checked by maintenance staff.

# 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 said they feel safe living at the service and are comfortable navigating the service. Consumers said they can move around the service freely with or without the use of their mobility aids, or with staff assistance. Staff described how they support consumers in moving around the service freely and comfortably. Consumer rooms were observed to be personalised with photos and personal items. The shared areas were observed to be spacious and welcoming, with a variety of spaces available for consumer use.

Consumers said the service environment was clean and well-maintained. Consumers said the layout of the service environment encouraged them to move freely both indoors and outdoors. Cleaning staff described the processes in place for cleaning consumer rooms and communal areas including regular cleaning schedules. Care staff and maintenance staff described the process in place for maintenance, including a reactive and preventative maintenance schedule and the arrangement of accessing licensed trades people when required. Consumers were observed mobilising freely within and outside of the service environment.

Consumers said furniture, fittings, and equipment at the service was clean, well-maintained, and suitable for their needs. Staff described the process for logging maintenance requests and how to remove broken or unsuitable equipment off the service’s floor. Cleaning and maintenance logs showed the service was cleaned daily and maintenance issues were addressed and resolved within a timely manner. Furniture, fittings, and equipment were observed to clean and serviced regularly.

# 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 stated they felt supported to provide feedback to the service and could describe their options of providing verbal and written feedback to the service, including speaking directly with management if they had a complaint. Staff and management could identify the feedback and complaint options available at the service. They described the processes available to consumers if they wished to lodge a suggestion or raise a complaint and how they could support them through the process. The Assessment Team reviewed information about feedback and complaint mechanisms, and observed feedback being encouraged, throughout the Site Audit.

Consumers reported they were aware of advocacy services and described how they would make a complaint with these services, however, said they felt comfortable raising concerns with staff and management. Staff interviewed described the advocacy and language services available and were aware of the location of feedback forms, and advocacy and language service brochures and posters.

Consumers and representatives said the service responds to their complaints appropriately and the service communicates with them to discuss their concerns. Staff were aware of the complaint management and open disclosure process. The service’s feedback, complaints management and open disclosure policy guided staff to effectively manage complaints, including a clear, consistent, and transparent approach to open communication with consumers, their family, and carers when something goes wrong.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management described and review of documentation confirmed the service was using complaints and feedback to improve the quality of care and services, such as opening a new café as a result of consumer feedback.

# 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 reported there were sufficient staff to provide quality care, and stated they felt safe at the service. Management described how the workforce is planned to ensure the appropriate number and mix of staff are available to meet consumer needs, including ensuring the service meets the legislative requirements for Registered Nurse (RN) hours. Staff said there were sufficient staff at the service, and that it was unusual for shifts to be unfilled. Documentation showed there was an appropriate skill mix to provide quality care and services to consumers, and that future workforce planning was being considered at a governance level.

Consumers and representatives said staff at the service are kind, caring and respectful, and know what is important to consumers. Staff described how they ensure they treat consumers with kindness and respect. Staff were observed to be interacting with consumers and representatives in a kind and respectful manner.

Consumers and representatives said staff are skilled to meet their needs, and management described how they determine and ensure staff are competent and capable in their roles. Management advised the service only employs appropriately qualified staff. Review of documentation showed staff had appropriate qualifications, knowledge, and experience to perform their duties. Staff stated they receive adequate training to perform their assigned duties. Management described how they train staff, including providing a robust induction and orientation program, and ongoing online and face-to-face training. Training records showed 100% of staff had completed their mandatory training.

Management described staff performance is regularly assessed, monitored, and reviewed to ensure staff are providing the best possible care for consumers. Staff explained the process for their performance reviews and could recall their most recent performance review. Policies, procedures, and documentation guided workforce duties and responsibilities to enable the provision of safe and quality care and services for consumers.

# 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 stated they can engage in the development, delivery and evaluation of care and services. Management described the mechanisms to engage with consumers such as consumer meetings, feedback and complaints, care conferences and daily interactions between staff, consumers, and management. Documentation showed consumers are supported to share their input on the care and services provided. Feedback forms and boxes were observed throughout the service.

Consumers and representatives advised the service promotes a culture that is safe, inclusive, and professional. Management advised the Board seeks input through the clinical governance process and said information is disseminated from the service up to the Board and back down to the service through monthly reports and meetings. Information communicated to the Board included consumer survey results, clinical indicators, workforce updates, audit completion and regulatory compliance reports.

The organisation had effective governance systems in place. The organisation’s electronic documentation system included policies and procedures, consumer clinical information, medication management system, training, and education records. Opportunities for continuous improvement were identified and actioned. Financial, feedback and complaints and workforce governance systems were suitably addressed. Regulatory compliance was addressed through regular correspondence from meetings and external bodies.

The service’s risk management framework ensures current and emerging risks are identified, and their potential consequences understood so that appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff could describe the processes in identifying and managing high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks are escalated to management and further to the Board, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The service had a clinical governance framework in place that included policies, procedures, service practices and mandatory training for areas including antimicrobial stewardship, restrictive practices, and open disclosure. The Antimicrobial Stewardship Policy confirmed there is a system in place to promote the appropriate use and review of antibiotics to optimise consumer health outcomes. Management described their responsibilities and accountabilities in reporting and minimising the use of restrictive practices. Feedback register showed open disclosure was used in response to complaints.

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)