Performance

Report

**1800 951 822**

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| Name: | Eldercare Evanston Park |
| Commission ID: | 6939 |
| Address: | 17 Morrow Avenue, EVANSTON PARK, South Australia, 5116 |
| Activity type: | Site Audit |
| Activity date: | 18 June 2024 to 20 June 2024 |
| Performance report date: | 26 July 2024 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd  Service: 4348 Eldercare Evanston Park |

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 Evanston Park (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives confirmed staff were respectful of consumers’ background and diversity. Staff spoke of consumers in a respectful manner, and were familiar with consumers’ culture and identity. Care planning documentation reflected consumer’s background, culture and preferences.

Consumers and representatives reported the consumer’s cultural background was respected, and staff provided care in accordance with their cultural preferences. Staff described how they identified the cultural backgrounds of consumers, and outlined how this information influenced the delivery of their daily care and services. Policies and procedures were in place to guide staff practice to deliver culturally safe and inclusive care.

Consumers and representatives advised consumers were supported to maintain their independence and make decisions regarding the delivery of their care and maintain relationships of choice. Staff outlined specific strategies to ensure consumers living with cognitive impairments were supported to make and communicate their decisions. Care planning documentation evidenced consumers’ choices and preferences regarding who was to be involved in their care were captured.

Care planning documentation evidenced risk mitigation strategies were identified and discussed with consumers. Staff demonstrated an understanding of the activities which contained an element of risk that consumers chose to engage with, and outlined the supports they provided to promote consumer safety. Consumers and representatives advised consumers were provided with supports to safely take risks and enable them to live their best life.

Consumers and representatives confirmed consumers were provided with information which enabled them to exercise choice regarding their meals, activities and services. Staff described how they provided information to consumers through verbal and written communications and newsletters, and outlined how they adapted their communication style for consumers living with cognitive or sensory impairments. Staff said all consumers currently speak English, however, they could also engage interpreter services if required to support communication. Information regarding the activities schedule, menus and complaint information were observed to be displayed throughout the service.

Consumers and representatives advised consumers’ privacy was respected, and staff knocked on their doors prior to entry. Staff described a practical understanding to ensure consumers’ privacy was maintained by closing doors when providing personal care and discussing consumers’ information in a confidential manner. Handovers and conversations between staff were observed to be held in private areas.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff outlined the initial and ongoing assessment process, and how it was used to identify needs, preferences, and risks to inform the delivery safe and effective care and services. Care planning documentation evidenced validated assessment tools were utilised to ensure the risks to consumers’ well-being were identified and effectively managed. Policies and procedures were in place to guide staff practice in the care planning and assessment process.

Consumers and representatives confirmed they had the opportunity to discuss consumers’ advance care planning. Care planning documentation outlined consumers’ current needs, goals and preferences. Staff described how they discussed consumers’ care needs and preferences with consumers, and how consumers’ end of life goals were initially captured and updated when circumstances changed.

Consumers and representatives confirmed their involvement in the assessment and planning of consumers’ care and service plans in collaboration with external organisations. Care planning documentation evidenced the partnership and input from consumers, representatives and allied health professionals. Staff described how they maintained communication with consumers and representatives to ensure they were involved in the assessment, planning and review of their care and services.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and they could request a copy of the consumer’s care and service plan. Staff outlined how assessment outcomes were communicated with consumers and their representatives via telephone calls or in person. Care planning documentation reflected regular conversations between staff and consumers and representatives regarding the consumer’s care.

Care planning documentation evidenced the reassessment of care directives and the implementation of enhanced risk mitigation strategies following incidents. Consumers and representatives confirmed the consumer’s care was reviewed on a regular basis and in response to changes in the consumer’s circumstances. Staff advised care and service plans were reviewed 6 monthly and in response to incidents to ensure consumers’ current needs were reflected.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives reported consumers received care which was safe, effective and tailored to their needs and preferences. Policies and procedures were in place to guide staff practice and ensure the delivery of best practice personal and clinical care. Staff were familiar with consumers’ clinical care needs, and the strategies in place to ensure their health and well-being was optimised.

Staff described the high impact and high prevalence risks associated with the care of consumers and outlined the risk mitigation strategies in place to promote their safety. Consumers and representatives reported the risks to consumers’ well-being were effectively managed. Care planning documentation evidenced strategies to promote the consumer’s safety were identified, implemented and monitoring to ensure risks were decreased.

Policies and procedures were in place to guide staff practice to deliver palliative and end of life care. Staff described how they approached end of life care discussions, and outlined how they would deliver end of life care to consumers by respecting their choices, maximising their comfort and managing their pain. Care planning documentation evidenced advance care directives were in place, and staff followed a palliative care pathway.

Care planning documentation evidenced deteriorations or changes in the consumer’s condition were recognised and escalated in a timely manner. Staff advised they undertook charting and monitoring process in response changes or deterioration in the consumer’s condition. Representatives advised were responsive to identifying and managing deterioration in the consumer’s condition.

Staff advised information regarding the consumer’s condition was communicated during handovers and huddles, and documented in the electronic care management system. Consumers and representatives confirmed information was effectively communicated between staff and with others responsible for care. Care and service plans were regularly reviewed and progress notes were added to ensure staff had access to current information.

Staff demonstrated an understanding of the referral process and described the various allied health professionals and specialist providers of care and services used to support consumers’ care needs. Care planning documentation evidenced timely referrals were created to various providers of care and services. Consumers and representatives confirmed consumers were referred to external health professionals when required.

Staff outlined the infection control practices in place, including wearing appropriate personal protective equipment and regularly sanitising their hands. Management advised an infection checklist was completed to identify infections prior to the commencement of antibiotics, and antibiotic usage was monitored to ensure its use was concluded in a timely manner. The availability of personal protective equipment and hand washing stations were observed throughout the service.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers confirmed they received daily living supports to meet their needs, goals and preferences. Staff confirmed consumers’ interests and abilities were considered when offering daily living activities, and described how they adjusted the delivery of daily living services and supports to enable participation of consumers living with cognitive or sensory impairments. Care planning documentation outlined the services and supports to promote the consumer’s independence and well-being.

Consumers advised they were provided with emotional supports when feeling low and were supported to practice their religion. Care planning documentation included strategies to support consumers’ emotional, psychological and spiritual well-being. Staff described how they identified consumers who were feeling low, and advised they would provide the consumer with one-to-one emotional supports.

Consumers felt supported to participate in activities within the internal and external community, maintain relationships and engage in activities of interest to them. The lifestyle activities schedule include a range of activities catering to consumers’ various interests, mobility and functional needs. Staff were familiar with the activities of interest to consumers, and described how consumers were supported to maintain personal relationships by assisting consumers to contact their family and friends.

Staff described how they were informed of changes and updates in relation to consumers’ care and services through handovers and the electronic care management system. Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff in differing roles and others responsible for care. Care planning documentation evidenced consumers’ needs and preferences were accessible, for example, staff were observed to refer to consumers’ dietary information during the meal service.

Consumers advised they were supported by external volunteer groups and organisations. Care planning documentation evidenced appropriate referrals were made, such as for volunteer visits for consumers at risk of isolation or requiring emotional support. Staff described how consumers could be referred to various external providers of care to enhance the daily living activities and supports available to them.

Consumers expressed satisfaction with the quality, quantity and variety of meals provided to them. Care planning documentation outlined consumers’ dietary needs and preferences, including their preferred location to eat their meals. Staff advised the menu was rotated on a monthly basis, and developed in consultation with a dietitian and consumer feedback with special meals to celebrate consumer cultures.

Staff reported they had access to safe and suitable lifestyle and mobility equipment required to support consumers, and outlined their responsibilities to ensure equipment was cleaned after use. Consumers confirmed their equipment was clean and well maintained, and was regularly checked to ensure it was suitable for their use. A range of lifestyle and leisure equipment was observed to be clean, suitable and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives confirmed consumers were comfortable within the service, and the environment was easy to navigate. The service environment was observed to be welcoming, with hallways fitted with handrails to assist consumers to independently navigate. Staff advised they supported consumers’ sense of belonging by encouraging them to personalise their rooms.

Consumers and representatives confirmed consumers were able to move freely through indoor and outdoor areas, and expressed satisfaction with the cleanliness of the service environment. However, the facilitation of free movement throughout the service was not consistently observed as the automatic doors to the memory support unit and a balcony were found to be locked. This issue was raised with management who advised these doors were usually unlocked, and immediately rectified the issue by unlocking the doors and sending a reminder email to staff to ensure these doors were kept unlocked. Cleaning logs evidenced the cleaning of the service environment was up to date, and the regular cleaning of communal areas, high touch points and consumers’ rooms. Maintenance documentation evidenced the completion of preventative maintenance of the service environment.

Staff described of the steps taken to identify unsafe equipment, and outlined how they lodged a maintenance request. Consumers confirmed their equipment, furniture and fittings were safe, clean, and well maintained. Staff advised an electronic maintenance management system was utilised to track and monitor reactive and preventative maintenance requests, and a review of this system evidenced requests for repair were completed in a timely manner.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives confirmed they were encouraged and comfortable to provide their feedback and make complaints. Management described the various complaint mechanisms available to consumers and representatives to provide their feedback, including through completing feedback forms, during consumer meetings or by speaking directly with staff. Feedback forms and collection boxes were observed to be accessible within each floor of the service and reception.

Consumers and representatives were aware they could access external advocacy services to assist them to raise a complaint. Management reported information regarding external advocacy services was provided to consumers during their initial entry into the service, and members of advocacy services attended the service to speak to consumers about their advocacy rights. Information regarding translation and advocacy services was observed to be displayed throughout the service.

Consumers and representatives advised their feedback and complaints were appropriately responded to, and they received an apology when things went wrong. Staff described the processes to receive and respond to complaints, and demonstrated an understanding of open disclosure principles. Complaints documentation evidenced feedback and complaints were electronically documented, complaints were resolved in a timely manner and open disclosure was applied.

Consumers confirmed their feedback and complaints were reviewed and provided examples of recent care and service improvements. The continuous improvement plan evidenced improvement initiatives were gathered from various meetings, surveys and feedback processes. Management advised feedback and clinical trends were investigated to identify further areas for 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers advised there were enough staff to meet their care needs in a timely manner. Management advised the staffing roster was developed in consideration with regulatory care minute requirements, and outlined the process to review call bell response times to ensure staff were promptly attending to consumers. Staff confirmed there were enough staff to provide care to consumers, and vacant shifts due to unplanned leave were consistently filled.

Consumers and representatives confirmed staff were kind, caring and gentle when delivering care. Management advised they ensured workforce interactions remained kind and caring through the monitoring of staff performance and a review of feedback. Staff reported they completed annual cultural safety training, and respected consumers’ identity by using their preferred names when speaking to them.

Consumers advised staff were competent to perform their roles and provide care. Management stated the competency and capability of staff through the recruitment process, consumer feedback and performance reviews. Personnel records evidenced staff had the appropriate registrations, experience and qualifications to perform their roles.

Staff advised they completed mandatory training during the orientation process and on an annual basis, with topics including restrictive practices, incident management, and infection control. Training records evidenced all staff were up to date with their annual mandatory trainings. Management confirmed ongoing education was provided to staff through face-to-face presentations and online trainings, and the completion of mandatory trainings was monitored.

Management advised staff performance was assessed through performance appraisals occurring after 3 and 6 months of employment for probationary staff and every 2 years thereafter, and through general observations, clinical data review and feedback processes. Staff demonstrated an understanding of the performance appraisal process and advised they were able to identify and request further training opportunities. Appraisal documentation evidenced all staff had a current appraisal in place or were scheduled to complete their appraisal.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported the service was well run, and confirmed their involvement into the development, delivery and evaluation of their care and services. Management advised consumers and representatives were actively engaged through meetings, surveys, care conferences, feedback processes and daily interactions. Consumer meeting minutes evidenced consumers were in attendance and contributed to the development and evaluation of their care and services.

Management advised the governing body sought input through clinical governance processes to maintain oversight, and the regular reporting of incidents, feedback and regulatory compliance was provided to the governing body. A review of various committee meeting minutes involving the governing body confirmed information regarding survey results, clinical indicators, workforce updates and incidents were shared. The organisational hierarchy outlined a clear reporting structure between staff, management and the governing body, and outlined the governing body's responsibilities to promote a culture of safe and quality care.

Organisation governance systems supported effective management of key areas. Staff advised they had access to the information required to perform their roles obtained through the intranet, electronic care management system, learning portal, handovers and meetings. Management advised they were actively involved in responding to, and resolving complaints, and complaint data was provided to the governing body to ensure their oversight. Management outlined how the financial governance system permitted the purchase of additional equipment to meet the needs of consumers. Management stated legislative and regulatory changes were monitored by the Risk, Aduit and Compliance Committee who reported changes to the governing body, and any resulting policy or procedural changes were disseminated across the organisation.

The risk management framework supported identification, monitoring, and management of current and emerging risks. Management reported the high impact or high prevalence risks to consumers were identified through clinical data, and monitored through various meetings and reporting processes. Consumers were supported to live the best life they can through the identification and assessment of risks, and the development of risk mitigation strategies. Staff demonstrated an understanding of the incident management process, including the actions they would take in response to an incident reported through the Serious Incident Response Scheme. Management outlined the processes to identify and manage the risks to consumers, including the prevention of abuse and neglect.

The clinical governance framework included policies, procedures and training to guide staff practice. Staff demonstrated an understanding of antimicrobial stewardship and the actions implemented to ensure the effective use of antibiotics, including encouraging fluid intake and obtaining pathology results prior to the commencement of antibiotics. Staff described how the use of restrictive practices were minimised, through the completion of assessments, the trialling of alternative intervention strategies and ongoing monitoring practices. Management outlined their knowledge of open disclosure, including providing open and honest communication to consumers and representatives and apologising when something went wrong.

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)