Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Eldercare Seaford |
| Service address: | 100 Seaford Road SEAFORD SA 5169 |
| Commission ID: | 6278 |
| Approved provider: | Eldercare Australia Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 16 November 2022 |

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 Seaford (**the service**) has been prepared by Grace 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 27 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Finding

Consumers said staff treat them with dignity and respect and said they feel valued in the service. Staff are familiar with consumers’ backgrounds and preferences. Care planning documents included lifestyle assessments and information about consumers’ life histories, language, cultural and spiritual needs. The service celebrates cultural events, such as NAIDOC Week and Oktoberfest.

Consumers and representatives said consumers choose how and when care is provided. Management described how consumers are supported to maintain key relationships. Care planning documents showed consumers choose who is involved in their care.

Consumers felt supported to take risks they want to take. The service has a Dignity of Risk policy to support informed risk-taking. Information relating to consumer care and services is clear and allows consumers to make informed decisions. Staff confirmed they tailor information provision for consumers with communication barriers.

Consumers said their privacy is respected by staff. Staff confirmed they knock on doors before entering and ensure privacy when providing personal care. Observations confirmed the service protects personal and sensitive consumer information with secure storage practices.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they receive the care and services they need and are involved and have a say in the care planning, including end of life planning if the consumer wishes. Staff understood the care planning process and how it informs the delivery of care and services. Care planning and supporting documentation reviewed showed assessment and planning, including palliative care planning, informs the delivery of care and services.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they involve consumers, representatives and allied health professionals in the assessment and planning process.

Consumers and representatives said the service keeps them informed about care and assessments, care plans are available, and staff explain information to them in a simple way that makes sense. Care planning documentation confirmed assessment and planning outcomes were documented and readily available via the Electronic Care Management System (ECMS).

Sampled care planning documents had been reviewed 6 monthly or earlier if any incidents or changes to a consumer’s condition occurred, in line with the service’s clinical care policy.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they are receiving care that is safe and right for them and meets their individual needs and preferences. Staff said they are guided by policies and procedures to direct care. The Assessment Team reviewed wound charting and observed there was inconsistent photographing of wounds, however wound reviews did occur regularly in line with service policy and wound care directives; and wounds were healing. Care planning documents otherwise reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of consumers.

Consumers and representatives considered their care is safe and staff explained risk-reduction strategies to them. Staff explained falls were a high impact high prevalence risk at the service. Care planning documents identified consumers at risk of falls and strategies used to prevent them, however the Assessment Team identified a discrepancy between the blood glucose level range listed on one consumer’s diabetes management plan and that listed in care planning documentation. No detrimental impact to the consumer was identified because of the documentation discrepancy and their diabetes had otherwise been managed appropriately.

Consumers and representatives were confident their end of life needs, and preferences, would be met. Care planning documentation for a palliating consumer showed their care needs had been identified and their pain was attended to. Staff outlined resources available to them, to guide their care for consumers nearing end of life.

Consumers and representatives said the service responded well to changes or deterioration. Care planning documents evidenced changes to care directives following assessment and review. Staff explained how deterioration is communicated through clinical governance meetings, handovers and electronic care planning notes.

Consumers and representatives said their needs were properly communicated between staff. Staff described how progress notes, care plans and handovers conveyed the information needed to support effective and safe care. Information about consumers’ conditions, needs and preferences was documented and effectively communicated within the service and with others involved in care.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described how care at the service is supplemented by other providers and care planning documents identified reviews and referrals to allied health services and speech pathologists as required.

Consumers and representatives said they are satisfied with infection control practices, and staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guide staff practice.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they are supported to engage in activities of interest to them, to maintain their independence and quality of life. Staff described what is important to consumers, and how activities are planned and tailored to suit consumers’ various interests and levels of activity. Consumers were observed in wheel chairs and in walking groups, participating in activities with the assistance from staff.

Consumers described how the service supports their emotional, spiritual and psychological well-being consistent with their preferences. A chaplain, a pastoral care program, a reflection circle and regular ecumenical church services are in place to meet consumer needs. Care planning documents identify consumers’ emotional support strategies and key relationships.

Consumers, including married couples, generally confirmed they were supported to make and maintain social and personal relationships, inside and outside the service. Observations and care planning documents confirmed consumers are supported to participate in activities inside and outside the service. Staff described various lifestyle activities and services provided, such as community garden projects, library services and bus trips.

Consumer said they do not need to repeat themselves and their information was effectively communicated. A communication toolbox supports lifestyle staff handovers, ensuring consumer preferences for activities, and their related support needs are effectively communicated between shifts.

Consumers said they are supported in their lifestyle needs by other organisations, support services and providers. Lifestyle staff identified a range of external individuals and services engaged with consumers, including a library outreach service, hairdresser, intergenerational visiting program, visiting performers, volunteers and student social workers.

Most consumers and representatives expressed satisfaction with the variety and quantity of food provided to consumers. Staff confirmed the menu is informed by consumer feedback and food focus meetings. The Assessment Team observed dietary requirements are documented and alternative meals are available to consumers.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers and representatives confirmed this to be the case and staff described how shared equipment is cleaned daily.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment felt welcoming, safe and comfortable, and is easy to understand and navigate. Observations showed a clean, and well-maintained environment spread across two levels and four wings, with signage to promote consumer independence and wayfinding. Indoor and outdoor communal areas were observed, including gardens and shaded areas, to promote consumer interaction.

The service environment was observed to be clean and consumers were moving freely between indoor and outdoor areas. Staff explained the cleaning and maintenance processes in place and documentation review confirmed regular cleaning of communal areas and consumer rooms. The service has preventative maintenance and reactive maintenance logs that showed works were generally completed in a timely manner.

Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. The Assessment Team observed furniture in communal areas to be clean and in good condition and equipment is checked, cleaned and maintained regularly.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt supported to provide feedback and make complaints. Staff described the different avenues for consumers to raise feedback and concerns, such as feedback forms, emails and discussion at consumer meetings. The service's complaints policy outlined the service’s commitment to handling feedback and complaints from consumers.

Consumers were aware of advocates and other methods for raising and resolving complaints. Staff explained how they would support consumers from diverse backgrounds, or with communication barriers, to provide feedback and complaints, including by using interpreters, multi-lingual staff or cue cards to support communication. Observations confirmed the service actively promotes advocacy and external complaint services.

Consumers confirmed their complaints had been resolved by the service. Review of the complaints register showed complaints were resolved in a timely manner and within the service’s required time frame, with actions and responses recorded .A policy and procedure outlines the complaints handling process and stipulates that open disclosure must be applied when things go wrong.

Consumers and representatives felt the service is helpful in resolving feedback and complaints. The service’s complaints register, and continuous improvement log, demonstrated feedback and complaints are recorded, actioned, resolved, and used to inform continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and representatives expressed satisfaction with staffing numbers and said staff are meeting the needs of the consumers. Staff said senior personnel and management cover any unplanned leave shifts. The service has a planned approach to rostering based on occupancy levels, on site clinical staff are rostered at all times and documentation review showed no unfilled shifts in the previous fortnight. While some staff and consumers considered the service is short-staffed, there was no identified impact to consumers as a result. Call bell data indicated 9% of calls in the month prior to audit had taken more than ten minutes to answer, however management advised most of these were the result of a technical issue with new call pendants. Investigations showed no consumer impact had resulted from the longer response times.

Consumers and representatives said staff are caring and gentle when providing care. Staff were observed interacting with consumers in a kind and respectful way and engaging in activities of interest to consumers. Staff were familiar with each consumer's individual needs, preferences, and identity.

Consumers and representatives generally felt staff are competent and sufficiently skilled to meet their needs, however some said agency staff were not as good as regular staff. Documentation review showed the service takes steps to pair agency staff with in house employees, to ensure competent care and service delivery. Documentation showed staff have appropriate training, competencies and experience to perform their duties, as set out in position descriptions.

Staff completed annual mandatory training and monthly online training and the service monitors completion rates. Review of the mandatory training register showed staff are up to date with training and staff confirmed they can access the service’s policies and procedures with ease.

Staff are regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Staff described how their performance is reviewed annually and management explained the appraisal process in place. Performance appraisals were up to date.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives confirmed the service engages them in the development, delivery and evaluation of care and services through monthly meetings, food focus groups and care planning discussions.

Management outlined the organisational structure, including Board and subcommittees, that govern delivery of care and services. The Board receives monthly reports of clinical data, and together with organisational senior management, as well as various subcommittees, maintains oversight of the service. Information is conveyed from the Board to the service via regular meetings, emails, and memorandums.

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 has an effective ECMS, information management policies and procedures, a continuous improvement framework, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Policies and procedures are in place to protect consumers, and staff are trained to identify, respond to, and prevent incidents of abuse and neglect. The clinical governance group analyses high risk data, which is reported to the Board monthly. The service has embedded dignity of risk policies and procedures to support consumers’ quality of life. Document review confirmed incident reporting policies and procedures aligned with current legislation and the service lodges reports as required under the Serious Incident Reporting Scheme.

The service has a clinical governance framework, including policies concerning antimicrobial stewardship, restrictive practices and open disclosure. Staff understood their responsibilities under the framework and gave practical examples to demonstrate their understanding.

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)