Performance

Report

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| Name of service: | Eldercare South Park Minlaton |
| Service address: | 1 South Terrace MINLATON SA 5575 |
| Commission ID: | 6160 |
| Approved provider: | Eldercare Australia Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 13 December 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 South Park Minlaton (**the service**) has been prepared by M. Nassif, 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 November 2022.
* other information and intelligence held by the Commission in relation to this 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 considered the service supported them to make informed choices to live the life of their choosing. Consumers said staff treated them with dignity and respect, and valued their identity, culture, and diversity. Management explained consumers’ culture and diversity needs and preferences were captured through dedicated assessment and planning processes, policies, and guides, ensuring staff delivered care and services in a culturally safe manner. Staff were familiar with consumers’ needs and preferences and described ways they delivered care and services with respect to consumers’ culture and diversity. Observations and care planning documents confirmed care and services were delivered in an appropriate manner, with respect to consumers’ identity, culture, and diversity.

Consumers said they were supported to make decisions about their care, how care should be delivered, and who should be involved. Consumers said they were able to make and maintain connections with others, within and outside the service. Observations confirmed consumers were supported to maintain relationships, such as spending time with family members or interacting with other consumers in common areas.

Staff said they supported consumers freedom of choice, and as appropriate, conducted assessments with the consumer, representative and multidisciplinary health professionals to ensure risks were appropriately considered and explained. Care planning documents demonstrated consumers were supported to undertake activities associated with risk, and evidenced relevant consultation with the consumers and others, to support consumers to live their best life.

Consumers and representatives said they received information in an easy to understand, timely manner, which helped them to make decisions. Observations confirmed information was easily accessible in various ways throughout the service, to meet the diverse needs of consumers, enabling consumers to make informed decisions.

Consumers said, and observations confirmed, their privacy was respected by the service, for example, staff knocked on consumers’ doors before entering. Staff explained they maintained the confidentiality of personal information through various ways, such as password protected electronic records management, and conducting shift handovers in private.

# 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 confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Staff said consumers were assessed using validated risk assessment tools, with outcomes documented and discussed with staff to guide the delivery of safe and effective care and services. Care planning documents demonstrated assessment and planning considered risks to consumers’ health and well-being, and identified key risks such as falls, pressure injuries, weight loss, swallowing difficulties, and behavioural considerations. Consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services to best support their needs, as confirmed by care planning documents, consumer, and staff feedback.

Care planning documents demonstrated consumers current needs and goals, advance care and end of life directives were addressed through consultation with the consumer, representatives and other providers of care. Consumers and representatives confirmed they partnered with the service and others on an ongoing basis, to ensure care planning appropriately captured consumers’ needs, goals, and preferences.

Consumers and representatives said staff clearly communicated the outcomes of assessment and planning, in person or over the telephone, and were offered a copy of the care plan if requested. Staff explained care plans were reviewed for effectiveness when consumers’ circumstances changed, or when incidents occurred, as confirmed by care planning documents.

# 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 said they received personal and clinical care which was safe and right for their needs. Staff feedback and care planning documents demonstrated consumers received safe and effective personal and clinical care, which was best practice and tailored to needs, to optimise consumers’ health and well-being.

The service demonstrated high prevalent, high impact risk was effectively managed through: evidence based assessments and tools, referrals, clinical data trending and monitoring, and implementation of risk management strategies. Consumers and representatives said high impact, high prevalence risks were effectively managed. Care planning documents confirmed clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation strategies.

Consumers and representatives said consumers’ care was personalised to their needs, goals and preferences, and confirmed advance care and of life preferences were discussed. Management and staff explained how care and services changed for consumers nearing end of life, such as reviewing end of life planning documentation, supporting regular visitors, and looking after care needs such as repositioning, monitoring skin integrity, mouth care, and personal hygiene. Care planning documents confirmed consumers received end of life care in line with their wishes and included relevant information to guide staff in the delivery of palliative care.

Care planning documents reflected the identification of, and response to, deterioration or changes in function, capacity, and condition. Staff demonstrated knowledge of changes in consumers care needs, consistent with information contained in care planning documents. Care plans, progress notes, consumer and representative feedback evidenced referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required.

Observations and care planning documents demonstrated the service had appropriate policies, procedures and systems in place to minimise infection related risks. Staff demonstrated knowledge of infection prevention and control measures in line with policy and described ways they promoted appropriate antibiotic prescribing such as obtaining pathology results.

# 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 received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff demonstrated knowledge of consumers’ needs, goals, and preferences, and described ways they supported each consumers independence, health, well-being and quality of life.

Consumers described ways the service supported their spiritual, emotional, and psychological well-being. Staff provided examples of how they supported consumers’ individual spiritual and emotional needs through tailored support. Staff advised the service chaplain provided support to other denominations to meet the diverse needs of consumers, in addition to counselling and bereavement support.

Consumers said they received services and support that helped them to participate in their communities within and outside the service, maintain social and personal relationships, and do things of interest to them. Staff described how they worked with community groups to support consumers’ diverse interests and to make connections with others. Care planning documents aligned with consumer and staff feedback, and detailed various interests, activities, and groups tailored to individual needs.

Consumers said staff knew their needs well and did not need to repeat themselves. Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals. Care planning documents confirmed referrals for daily living supports and services were completed in a timely and appropriate manner.

Consumers advised meals were of a varied, suitable quality and quantity, and had input into the planning of the menu. Consumers said they were able to request alternative meals if the options on the menu were not to their preference.

Consumers reported they felt safe using equipment and advised maintenance requests were actioned in a timely manner. Maintenance documentation, and observations confirmed equipment was safe, suitable, clean and well maintained to meet the needs of consumers.

# 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 felt welcoming, safe, comfortable, and easy to understand and navigate. The service environment was observed to be welcoming, and allowed for easy access throughout the service, with wide hallways and signage to assist with consumers independence and function. Consumers were observed using various indoor and outdoor areas within the service, with family and friends.

Consumers said the service environment was safe, clean, well maintained, and comfortable. Consumers were observed using a range of equipment aids, such as walking frames and wheelchairs that were clean and well maintained, as confirmed by consumers. Furniture and fittings were observed to be well maintained and cleaned.

# 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 were supported to provide feedback and make complaints. Consumers said they provided feedback and complaints through various ways, such as: direct feedback to staff, feedback forms, or at consumer meetings, which aligned with staff feedback. Informational material, such as posters and brochures, about complaints and feedback processes were observed throughout the service environment to support consumers with complaints and advocacy options.

Staff described how they assist consumers who have a cognitive impairment or poor vision complete complaint forms. The service displayed information on advocacy services and brochures of advocacy services and the complaints process are provided to consumers in their admission pack.

Consumers and representatives confirmed staff responded to feedback and complaints in an appropriate manner when things went wrong, as evidenced in feedback and complaints register. The service demonstrated it had an effective system in place to monitor and evaluate feedback and complaints, through trend analysis, to improve the quality of care and services.

# 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 confirmed they received care and services from staff who were knowledgeable, capable and caring, and said the workforce was appropriately staffed. Consumers said, and call bell reports confirmed, staff responded to consumers’ call bells in a timely manner. Management feedback and staff rosters demonstrated the workforce was appropriately planned to meet the diverse needs of consumes, and enabled the delivery of safe, quality care and services.

Consumers and representatives said staff treated consumers in a kind, gentle, and caring manner, with respect to identity, culture, and diversity, as confirmed by observations. Management explained they monitored staff interactions with consumers and representatives, and provided feedback through informal and formal settings, to ensure consumers were treated in a kind and respectful manner.

Management explained they ensured the workforce was competent and had the right qualifications and knowledge to effectively perform their role through documented structures and processes, such as: pairing new staff with an experienced staff member, a probation period, performance appraisals, training and feedback. Position descriptions outlined key responsibilities, and required qualifications and registrations, and human resource documentation confirmed qualifications and registrations were tracked and monitored.

Staff explained the workforce was trained and equipped to deliver the outcomes required by these standards through annual mandatory training, non-mandatory training, policies and procedures, induction training, and other training as needed. Staff said, and training records confirmed, they were provided on-going support and professional development opportunities.

Management advised staff performance was monitored through observations, competencies, analysis of internal audits, clinical data, and feedback from consumers, representatives and other staff. Performance appraisal documentation confirmed staff were regularly assessed and monitored in line with management feedback and the service’s policies and procedures.

# 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 considered the service was well run, and their input was used in the development and delivery of care and services. Management and staff described the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive. Meeting minutes, the service’s continuous improvement plan, feedback and complaints documentation confirmed consumers were involved in the evaluation of care and services across different areas.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services through clear reporting lines and areas of responsibility, reviewing and sharing reports, tracking clinical indicators and consumer survey results, and internal audits.

Observations, staff feedback, reports, policies and procedures demonstrated the service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service’s risk management framework included policies and procedures outlining how high impact, or high prevalence risks associated with the care of the consumers were managed. Care planning documents and feedback and complaints documentation demonstrated staff applied risk management policies into daily practice.

Consumer and representative feedback, care planning documents, progress notes, reports, notifications, and policies demonstrated the service had an effective clinical governance framework to ensure safe, quality clinical care, including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described strategies of how they would minimise the risk of infections, and demonstrated knowledge of antimicrobial stewardship, indicative of an effective clinical governance framework to support the delivery of safe and effective care and services.

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)