Performance

Report

**1800 951 822**

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| Name of service: | Holly Residential Care Centre |
| Service address: | 16-24 Penneys Hill Road HACKHAM SA 5163 |
| Commission ID: | 6042 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 November 2022 |
| Performance report date: | 4 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Holly Residential Care Centre (**the service**) has been prepared by J Renna, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 on 30 November 2022; and
* the performance report dated 13 May 2022 for the Site Audit undertaken from 8 March 2022 to 10 March 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit conducted from 8 March 2022 to 10 March 2022, where it was found the service was unable to demonstrate effective communication of consumers’ condition, needs and preferences to those who provide care, including changes in care needs through handover processes.

The Assessment Team’s report for the Assessment Contact conducted on 10 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, daily reporting to management of consumers’ condition, development of work instructions for accessing care plans, and implementation of improved communication processes, such as a seven-day handover record, handover whiteboards and daily updating of dietary needs/preferences for kitchen staff.

The Assessment Team was satisfied these improvements were effective, as evidence collected through interviews and documentation showed information about consumers’ condition, needs and preferences are communicated with internal staff and others who provide care. Consumers said they are confident staff know their care and service needs, even when these needs or preferences change. Four clinical and seven care staff said they receive updates on consumers’ changing condition or needs via a range of mechanisms and said they felt well informed. Management said they review progress notes daily to ensure all consumers’ care and service information is actioned within a timely manner. Care documentation and progress notes included entries from Allied Health professionals and clinical staff, with recommendations for care and services recorded in care plans.

Based on the information summarised above, I find the service compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirements (3)(a) and (3)(d) were found non-compliant following a Site Audit conducted from 8 March 2022 to 10 March 2022, where it was found the service was unable to demonstrate:

* staffing numbers were sufficient to enable the delivery and management of safe and quality care and services, resulting in excessive call bell wait times, staff being rushed and unable to spend time with consumers, consumers’ preferences not being met, and unfilled shifts; and
* performance monitoring processes were effective, as the service failed to identify staff had not completed mandatory training and staff did not have knowledge of open disclosure principles, antimicrobial stewardship and restrictive practices.

The Assessment Team’s report for the Assessment Contact conducted on 10 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, staff education and training, implementation of call bell review processes, introduction of weekly Clinical risk and well-being meetings, recruitment, and inclusion of restrictive practices, antimicrobial stewardship and open disclosure as a standard agenda item for monthly Registered nurse and staff meetings.

Requirement (3)(a)

The Assessment Team was not satisfied the service demonstrated improvements were effective in ensuring the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. For example:

* Eight of 10 consumers said there are insufficient staffing numbers and provided examples to support their view, including delayed lunch and dinner service, receiving washes instead of showers, inability to attend lifestyle activities, and waiting to be taken to the toilet.
  + One consumer said they often don’t get to attend lifestyle activities as they need staff to take them. The consumer said they would like to attend an exercise class scheduled for 10:30am and use the call bell to alert staff prior to the activity, however, staff don’t come until 20 to 30 minutes later and by then it’s too late.
  + One consumer said they waited over 20 minutes for staff to bring them toilet paper and this impacted their dignity as they were sitting on the toilet for a long time.
  + Three consumers said staff will often ask if they can be washed rather than showered, as they are short staffed. When they say no and state their preference for a shower, staff accommodate their wishes.
  + Three consumers said lunch and dinner service can take up to an hour to receive meals after being seated.
* Three representatives said there is often not enough staff to attend to consumers’ needs, especially on weekends.
* Staff said the service does not have an adequately staffed workforce for them to deliver safe and quality care and services, and they often feel rushed when providing care. Clinical staff said they are not efficient when responding to call bells or medication rounds.
* Staff allocations and rosters for a one-month sampled period showed 21 unfilled shifts, and call bell data for three sampled days showed 9.4%, 7.4% and 8.5% of call bells were over 10 minutes.
* The service has processes to follow up excessive call bell response times.

The provider did not agree with the Assessment Team’s findings. The provider’s response includes additional information and evidence to refute the Assessment Team’s assertions, including, but not limited to:

* Explanation that a response cannot be provided to some consumer statements, as they were not named in the report.
* Feedback has not been received in relation to consumers being refused a shower.
* In relation to the consumer who said they cannot attend lifestyle activities, call bell data, their care plan, progress notes and a consumer survey conducted in August 2022 were provided to show an average response time of 4:51 minutes, their preference to attend lifestyle activities is documented but is sometimes refused and they were satisfied with lifestyle activities.
* In relation to the consumer who said they waited over 20 minutes for staff to bring them toilet paper, call bell data for August to October 2022 was provided demonstrating calls from ensuites that were more than 20 minutes totalled 0.06% of all calls from all areas and 1.23% of all calls from ensuites.
* An Excessive response times report was provided to demonstrate call bell data is reviewed daily. Where excessive response times have been identified, a Call bell response satisfaction/impact survey is undertaken with affected consumers to identify if they were negatively impacted by the late response. Two examples of these surveys were provided.
* Results of consumer satisfaction surveys were provided demonstrating 94%, 100% and 100% of consumers in August, September and October 2022 respectively, said they get the care they need.
* For the one-month period sampled by the Assessment Team, all but 0.9% of shifts were covered by extending shifts or via alternative arrangements, such as use of agency staff or rostering the Clinical nurse or Care manager on the floor.
* Minutes of staff meetings held the week prior to the Assessment Contact were provided, demonstrating no concerns about staffing numbers were raised by staff.

I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response. I have come to a different view than the Assessment Team and find the evidence demonstrates 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.

In relation to the consumer who said they cannot attend lifestyle activities due to delayed call bell response times, I have placed weight on evidence in the provider’s response which demonstrates the consumer does not experience consistently lengthy call bell response times prior to 10:30am which would result in them missing out on their exercise class. Call bell response times indicate the consumer’s average call bell response time is 4:51 minutes.

In relation to the consumer who said they waited over 20 minutes for staff to bring them toilet paper, I have placed weight on evidence in the provider’s response demonstrating the low percentage of occasions this occurred during a three-month period.

While three consumers stated staff will often ask if they can be washed rather than showered and it can take up to an hour to receive their meals after being seated, the consumers said their preference to shower is accommodated and there is no supporting evidence demonstrating how often delays in provision of meals occurs. Of the 144 consumers residing at the service at the time of the Assessment Contact, I do not consider statements of three consumers alone to be sufficient enough of a sample.

I have considered call bell data included in the provider’s response which demonstrates, for the August to October 2022 sampled period, an average response time of 3:34 minutes. This call bell data also shows 7.25%, 2.54% and 0.98% of call bells were responded to in over 10, 15 and 20 minutes respectively. This demonstrates that while staff cannot attend to call bells in a timely manner on occasion, staffing numbers are generally sufficient to meet consumers’ needs. Evidence in the Assessment Team’s report and provider’s response demonstrates the service has processes to review call bell data and investigate excessive response times to determine and manage impact to the consumer.

I have also considered evidence in the provider’s response which demonstrates feedback from consumers obtained during August to October 2022 was mostly positive in relation to getting the care they need, and staff did not raise any concerns about staffing issues in their most recent staff meetings.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

Requirement (3)(d)

The Assessment Team was satisfied the service demonstrated improvements were effective in ensuring the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. For example:

* Eight consumers and three representatives said they were satisfied with the level of training provided to staff and consumers felt safe when receiving care.
* Position descriptions are in place for all staff, which outline their roles, responsibilities and accountabilities.
* Staff confirmed the service has mechanisms in place for them to provide feedback about their training and support needs, including staff meetings, feedback forms, surveys and performance appraisals. Staff also confirmed they receive ongoing mandatory, and as needed training.
* Management reported training needs are identified through various mechanisms, including feedback and complaints, performance appraisals, clinical indicators, call bell responses, incident data, consumers’ changing conditions, audits and surveys.
* Management said onboarding processes include site orientation, mandatory training and buddy shifts.
* Records show staff training is monitored and no training was outstanding at the time of the Assessment Contact.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 7 Human resources.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)