Oakden Green

Performance Report

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**Commission ID:** 6800

**Provider name:** Quality Care Homes Pty Ltd

**Assessment Contact - Site date:** 12 July 2022

**Date of Performance Report:** 4 August 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 did not respond to the Assessment Contact - Site report; and
* the performance report dated 6 April 2022 for the Site Audit undertaken from 21 February 2022 to 24 February 2022.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(d) in Standard 1 Consumer dignity and choice at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has been provided.

Requirement (3)(d) was found non-compliant following a Site Audit conducted from 21 February 2022 to 24 February 2022, as the service was not able to demonstrate each consumer was supported to take risks to enable them to live the best life they can. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

This Requirement was found non-compliant following a Site Audit conducted on 21 February 2022 to 24 February 2022, where it was found the service was not able to demonstrate risk assessments were completed to safely support consumers who leave the service independently, and undertake gardening and cooking.

The Assessment Team’s report for the Assessment Contact conducted on 12 July 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, reviewing consumers who choose to undertake activities that involve an element of risk and completing risk assessments to ensure any associated risk is minimised.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives said consumers are supported to make choices and any associated risks have been explained to them.
* Staff and management were able to identify which consumers engage in risky activity and described strategies in place to minimise their risk of harm. Management confirmed risks are discussed with consumers and representatives, and appropriate consent is obtained.
* Care files for two sampled consumers who undertake activities that involve an element of risk, showed completion of risk assessments and implementation of strategies to minimise their risk of harm.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team assessed Requirement (3)(d) in Standard 6 Feedback and complaints at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has been provided.

Requirement (3)(d) was found non-compliant following a Site Audit conducted from 21 February 2022 to 24 February 2022, as the service was not able to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(d) in Standard 6 Feedback and complaints. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

This Requirement was found non-compliant following a Site Audit conducted on 21 February 2022 to 24 February 2022, where it was found the service was unable to demonstrate how information was used to improve the quality of care and services. Specifically, trends in complaints were not identified and the service could not demonstrate how they were addressing concerns that were not documented on the register.

The Assessment Team’s report for the Assessment Contact conducted on 12 July 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, a feedback system and register review, and introduction of processes to ensure feedback and complaints from all sources are documented to identify trends and inform the service’s Plan for Continuous Improvement.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers and representatives said the service is responsive to their feedback and complaints.
* Feedback and complaints are recorded on a Feedback register to identify any new or emerging trends, which then feeds into the service’s Plan for continuous improvement.
* Documentation showed the service has implemented changes to consumer care delivery processes as a result of feedback and complaints.

Based on the evidence summarised above, I find the service compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(a) and (3)(c) in Standard 8 Organisational governance at the Assessment Contact. As no other Requirements in this Standard were assessed, an overall rating of the Standard has been provided.

Requirements (3)(a) and (3)(c) were found non-compliant following a Site Audit conducted from 21 February 2022 to 24 February 2022, as the service was not able to demonstrate consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement; and that governance systems were effective in relation to information management, continuous improvement, regulatory compliance, and feedback and complaints.

The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and have recommended the service meets these Requirements.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirements (3)(a) and (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding under the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

This Requirement was found non-compliant following a Site Audit conducted on 21 February 2022 to 24 February 2022, where it was found the service was unable to demonstrate consumers were engaged in the development, delivery and evaluation of care and services, or are supported in that engagement.

The Assessment Team’s report for the Assessment Contact conducted on 12 July 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, implementation of a care plan review and consultation process, undertaking lifestyle surveys, distribution of a quarterly newsletter and commencement of consumer meetings.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers are engaged in the development, delivery and evaluation of care and services through surveys, meetings, care plan review processes, ongoing consultation and feedback processes.
* The organisation monitors the sufficiency of consumer engagement through audits and feedback processes.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 8 Organisational governance.

### Requirement 8(3)(c) Compliant

*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.*

This Requirement was found non-compliant following a Site Audit conducted on 21 February 2022 to 24 February 2022, where it was found the service was unable to demonstrate that organisation wide governance systems were effective in relation to information management, continuous improvement, regulatory compliance, and feedback and complaints. Specifically, information was not provided to the Assessment Team in a timely manner, meeting minutes were not consistently documented, the continuous improvement activities/plan did not include complaints, the training register was not up-to-date, feedback and complaints from all sources were not captured, risks were not documented for consumers undertaking activities, gaps were identified in recording Medical officer signatures for medication prescriptions, and restraint had not been identified in line with legislated updates.

The Assessment Team’s report for the Assessment Contact conducted on 12 July 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, updating training and complaints records, ensuring risk information is readily available, and reviewed medication charts and restrictive practice guidelines.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Consumers reported they are provided with sufficient information to assist them in making decisions about their care and service delivery. Staff said they are supported by and have access to information management systems which enable them to provide safe and effective care. Established systems are in place to maintain, store, share and destroy information in line with legislative requirements.
* The service maintains and Plan for continuous improvement, which is informed by audit results, feedback and complaints, care reviews, surveys and ongoing discussions with stakeholders. Continuous improvement is a standard agenda item at all meetings.
* Financial operations are overseen by the Board, who reviews monthly financial reports that include budgets, and capital and revenue costs for maintaining safety and quality.
* Consumers said staff have sufficient skills and knowledge to provide care in line with their needs. Staff are guided by position descriptions and duty statements, and are required to meet competencies relevant to their role. Staff confirmed they have access to education as needed and are supported in their role.
* The service maintains links to government and peak bodies to keep up-to-date with legislation, regulatory requirements, professional standards and guidelines. Compliance with regulatory obligations, standards and guidelines is monitored through internal audits. Management and staff said staff are provided education in relation to legislative changes, including in relation to the Serious Incident Response Scheme and restrictive practices.
* Feedback and complaints systems follow principles of transparency, procedural fairness and natural justice, and meets best practice. Recent improvements to the way the service captures and records verbal feedback has seen improvements in the dining experience. Management and staff displayed an understanding of the complaints process and how they can support stakeholders in providing feedback.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.