Performance

Report

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| Name of service: | Olive Grove Aged Care |
| Service address: | 67 Porter Street Salisbury SA 5108 |
| Commission ID: | 6857 |
| Approved provider: | Willshire Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 8 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 Olive Grove Aged Care (**the service**) has been considered by G. 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, dated 11 October 2022 to 13 October 2022; 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 Approved Provider’s response to the Site Audit report, received 7 November 2022.
* other information and intelligence held by the Commission in relation to the 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

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care, and live the life they choose. Staff demonstrated an understanding of consumers’ care preferences and delivered care respectfully. Consumers’ care plans included cultural backgrounds, personal preferences, and spiritual needs.

Consumers said staff provide care and services that are culturally, socially, and emotionally safe and they are aware of their personal preferences. Staff could articulate their knowledge of sampled consumers’ cultural needs and backgrounds. Care plans demonstrated consumers’ choices are documented, including personalised information regarding cultural needs.

Consumers said they were supported to make decisions about their care and were able to involve family, friends, and carers. Staff could describe how consumers were supported to maintain relationships, such as allowing couples to reside in the same room. The Assessment Team observed consumers having regular visits from family members throughout the visit. Care plans included information regarding how consumers wish to maintain relationships.

Consumers said they are supported to take risks to improve their quality of life. Clinical staff confirmed risk assessments are undertaken by registered nurses (RNs) and involve consultation with allied health professionals, medical officers (MOs), consumers and representatives. The service has a Behaviour Management Policy which addresses dignity of risk and outlines the risk assessment process. The Assessment Team sighted current risk assessments which were completed in line with service procedures.

Consumers and representatives said the service provided information to assist in decision-making. Staff described ways they provide information to consumers and representatives, such as activity schedules, informal discussions, formal case conferences facilitated by management, consumer meetings, consumer handbook, and e-mails. The Assessment Team observed regular discussions between staff and consumers regarding care and progress notes were updated in a timely manner to reflect any changes.

Consumers said they felt their privacy was respected by staff. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information. The service has a Privacy Policy in place and staff were observed to be following procedure, such as conducting handover in private areas, using password protected computers and asking permission to enter consumers’ rooms.

# 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 and representatives said they are involved in the assessment and care planning process and staff confirmed consumers assessed upon admission to identify risks to the consumer’s health and well-being. Care planning documents included risks to the consumer’s health and well-being and were used to inform the delivery of safe and effective care and services. Care planning included involvement from MOs and other allied health professionals.

Consumers said they are confident staff are managing their care effectively as the service identifies their needs upon admission and on an ongoing basis. Staff described how information about consumers’ needs, preferences and goals are discussed and documented to deliver safe and effective care. Consumer files documented preferences for end of life (EOL) care and sampled consumers had an advance care directive (ACD).

Most consumers and representatives confirmed they are involved in assessment and care planning and are notified when changes occur. Consumer files included input from MOs and other allied health professionals and there was evidence of consultation with consumers and their representatives in assessment and care planning.

Most consumers and representatives said staff maintain good communication and they are kept informed about assessment and planning outcomes. Consumers and representatives confirmed care plans are readily available upon request. Access to the electronic care management system (ECMS) is available for all staff, and external organisations where services and supports for daily living is shared, such as allied health professionals.

Most consumers and representatives said they are notified when circumstances change, or incidents occur. Staff are guided by policies and procedures for updating care plans following changes in health circumstances or incidents, such as falls, dietary requirements or behavioural incidents. Consumer files evidenced regular reviews to manage changes in circumstances or incidents which impact on the needs of the consumer.

# 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

Most consumers and representatives said their care needs and services were met and delivered in a way they choose. Staff demonstrated an understanding of consumers’ personal and clinical care needs, such as skin integrity, pain management and restraint. Care planning documentation reflected safe and effective personal and clinical care which addressed specific consumer needs and optimised well-being.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed by the service. There was evidence of input from MOs and other allied health professionals to effectively manage risks to consumers. Care plans of sampled consumers identified relevant high impact high prevalence risks and how these were managed and reviewed.

Consumers and representatives were satisfied that care is personalised to their needs, goals, and preferences and confirmed that staff had discussed EOL preferences and advance care planning with them. Care and nursing staff said they prioritise comfort and dignity during EOL care. Care documents showed consumers nearing EOL received care in line with their ACD, with comfort maximised and dignity preserved.

Consumers and representatives said the service is responsive to deterioration and changes in condition. Staff described how they identify and respond to changes, including escalating concerns and communicating changes through handover, in progress notes, incident reports and charting.

Consumers and representatives were satisfied with the service’s communication. Information relating to consumers’ condition, needs and preferences is documented in care planning documentation which is accessible to staff, MO and other allied health professionals on the service’s ECMS. Consumer files showed information about consumers’ care is documented and effectively communicated with staff, allied health professionals and representatives.

Staff demonstrated an awareness of referral processes to address changes in a consumer’s condition which may be identified through handover processes, meetings, care plan documentation, daily consumer task reports or electronic notifications. Care planning documents evidenced referrals to MOs and other health professionals as required.

Consumers and representatives interviewed expressed satisfaction with the service’s infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use and minimisation of antibiotics. The service had sufficient personal protective equipment (PPE) onsite and mandatory vaccination requirements for staff and visitors.

# 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

Most of the consumers and representatives said staff support their individual needs, goals, and preferences. For the consumers sampled, staff interviewed were able to explain what is important to them, and this was aligned with information in care plans. The Assessment Team observed care and lifestyle staff interacting with consumers both individually and in groups.

Consumers and representatives said staff support their mental well-being and could describe activities they enjoy at the service. Staff said strategies are documented in consumers’ care plan documentation to ensure the service can address each consumer’s emotional and psychological well-being.

Most consumers and representatives said they are supported by the service to maintain contact with the people who are important to them, and engage in activities, both inside and outside of the service. Management provided examples of how the service supports consumer participation in community events and activities. Care planning identified how consumers wish to participate in activities of interest to them and maintain relationships.

Consumers and representatives felt confident that staff and other persons delivering their care and services are aware of consumers’ needs and preferences. Lifestyle documentation was individualised, and included information such as the consumer’s background, their likes and dislikes, and details of activities and persons who are important to them. Observations confirmed staff and visiting allied health professionals attend a daily meeting to discuss clinical incidents and changes to consumers’ condition, needs and preferences.

Staff confirmed the service works with external individuals and organisations, such as volunteers, a hairdresser and National Disability Insurance Scheme providers, to supplement lifestyle and daily living supports for consumers. The organisation has policies and procedures for making referrals to individuals and other providers. Care planning documentation showed evidence of referrals to individuals and organisations.

Consumers said meals provided are varied and of suitable quality and quantity and confirmed they are involved in the planning of the menu. Staff demonstrated a shared understanding of the process for monitoring dietary requirements within the kitchen environment. Dietary requirements for all consumers are documented in the ECMS upon admission and are reviewed monthly with care review or as required.

Consumers said they feel safe while using the equipment and were aware of the process of reporting any issues about the equipment. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, 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

Consumers said the service environment is welcoming to their family and friends and feels like their home. Consumer rooms were personalised with personal belongings according to their interests and hobbies. Staff were observed greeting visitors to the service in a friendly manner.

Consumers said the service environment is clean, well maintained, and comfortable. The service environment has signage throughout, including fire evacuation diagrams and emergency exit signage, that helps consumers find their way around the service. Consumers were observed navigating freely both indoors and outdoors.

Consumers were able to describe the process of reporting any concerns in relation to maintenance and expressed satisfaction with the service delivery provided. The Assessment Team observed equipment was safe, clean, and well maintained and maintenance staff advised they undertake ongoing monitoring to ensure equipment is fit for purpose.

# 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 encouraged and supported to provide feedback and make complaints. Staff described methods for providing feedback and making complaints, and the process for raising an issue with them directly. Documentation review showed information about complaints and feedback processes is provided to consumers and representatives.

Consumers were aware how to make a complaint through external avenues. Staff explained how they assist consumers with communication barriers to complain or provide feedback. The consumer handbook, feedback forms, brochures and posters displayed throughout the service included information regarding external complaints pathways, advocacy, and translation services.

Consumers and representatives sampled said management promptly responds to complaints and incidents and apologises when things go wrong. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints and applies open disclosure.

Consumers outlined changes made at the service as a result of feedback and complaints. The service trends and analyses feedback made by consumers and representatives and uses them to inform continuous improvement activities across the service. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are documented and resulting changes at the service are evaluated with consumers.

# 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

Overall, consumers and representatives said the service has sufficient and suitable staff to meet their needs and provide safe and quality care. Staff said there was enough time to answer call bells and consumers and representatives said they were satisfied with response times. The roster for the previous 3 weeks showed all shifts were filled and an RN was allocated on all shifts to ensure safe and quality care.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner. Staff had knowledge of sampled consumers’ needs, preferences, and background to assist in care delivery. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers said they felt confident staff are sufficiently skilled to meet their care needs. The service provides mandatory training and monitors training completion. The organisation has recruitment and selection procedures that ensure staff have the required qualifications, credentials, reference checks and police checks.

Consumers reported they are confident with staff abilities and practices. Staff said they received training in Quality Standards as part of the orientation. Training records reviewed show that staff are up to date with their mandatory training and receive a range of training relevant to their roles on a monthly basis.

The service has a staff performance framework which identified appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 and representatives said they provide ongoing input on how consumers’ care and services are delivered and confirmed that the service has sought their input in a variety of ways. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Monthly reporting occurs between the Facility Manager and Regional Manager and these reports include clinical governance, quality and risk performance by the service and the outcome of the continuous improvement plan and service audits. The governing body trends data to ensure a culture of safe, inclusive, and quality care.

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, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Management and staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting. The service has a governance and risk management policy which outlines the management of high impact or high prevalence risks and elder abuse. Review of the incidents for the past 3 months showed incidents are managed and reported in line with legislative requirements.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated shared understanding these concepts and gave practical examples to demonstrate how the principles applied to their work.

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)