Performance

Report

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| Name: | Para Hills Residential Care |
| Commission ID: | 6962 |
| Address: | 50 Kesters Road, PARA HILLS WEST, South Australia, 5096 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 15 November 2024 |
| Service included in this assessment: | Provider: 1154 L P Rositano & M Rositano & R M Rositano and S P Rositano  Service: 4370 Para Hills Residential Care |

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 Para Hills Residential Care (**the service**) has been prepared by Katherine Richards, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others;
* a performance report dated 18 September 2024, following an assessment contact undertaken on 28 August 2024; and
* the provider’s response, dated 7 November 2024, consisting of recent, ongoing, or updated continuous improvement actions.

# 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

This Quality Standard is assessed as compliant as 6 of the 6 requirements have been found compliant.

Consumers and representatives described how consumers were treated with dignity and respect whilst recognising individual and cultural needs. Staff demonstrated awareness of consumer backgrounds, explaining how this information influenced care delivery, and outlined how they promoted and valued diversity. Documentation, including a consumer enquiry booklet, policies, and procedures, reiterated the right of the consumer to be treated with dignity and respect whilst valuing their identity.

Consumers said they were consulted on their preferences and requirements and gave examples of how care was tailored to respect their culture and customs. Management explained information gathered on the individual within admission planning processes was used to train the workforce on the cultural needs of individuals.

Staff described how they supported consumers maintain relationships of choice. Care planning documentation reflected consumer choices and who was involved in care in delivery of care and services. Consumers and representatives said they were supported to make informed decisions and outcomes were respected.

Consumers explained how they were supported to take risks to maintain independence or quality of life. Care planning documentation included evidence of consultation with consumers on the risks and mitigating strategies. Policies on risks informed staff on the consumer’s right to exercise choice.

Staff were knowledgeable about consumers’ communication needs and strategies outlined within care planning documentation. Management described methods of sharing information with consumers and representatives, including within meetings, focus groups, and newsletters. The menu, newsletter, and activity calendars were observed to be available in languages suitable for consumer needs. Consumers and representatives verified they received sufficient written and verbal information to make decisions.

Consumers and representatives said privacy and confidentiality needs were discussed within assessment and planning processes, and consumers determined who could access information about their care and services. Policies and procedures outlined how consumer information was stored and confidentiality maintained. Staff were observed undertaking measures to maintain consumer privacy and confidentiality.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Care planning documentation evidenced use of validated assessment tools to identify risks with mitigating strategies developed. Staff were knowledgeable of assessment and planning processes to identify consumer needs, identify risks, and inform care delivery.

Staff outlined processes to identify and meet consumer needs, goals, and preferences. Consumers and representatives verified care and service plans reflected consumer needs, goals, and preferences, and considered advance care planning. Care planning documentation was comprehensive and tailored to consumer needs and preferences.

Consumers and representatives said the service made it easy to be involved within assessment and planning processes. Care planning documentation demonstrated assessment and planning was undertaken with consumers, chosen representatives, and other providers involved in provision of care and services. Staff described how they partnered with consumers and health providers to meet the individual needs of consumers.

Consumers and representatives said they received a copy of the consumer’s care and services plan, and staff explained things verbally. Staff explained outcomes of assessment and planning were communicated through care meetings, within care plan reviews, and following incident or change in condition, and they could access care and service plans within the electronic system. Care planning documentation evidenced assessment and planning outcomes, including from visiting providers, were shared with consumers, representatives, and staff.

Staff demonstrated awareness of when review or reassessment was required, including through routine 6-monthly reviews or when consumer needs or preferences changed. Monitoring processes, including daily review of documentation, was used to ensure care and services remained suitable. Care planning documentation demonstrated strategies were reassessed to ensure effectiveness following incident or change of circumstance. Consumers and representatives verified ongoing and regular review of care and services.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(b) following an assessment contact in August 2024, as management of diabetes was not undertaken in line with medical directives. Evidence in the site audit report dated 15 October 2024 to 17 October 2024 supports that the service has implemented improvements to address the non-compliance, including provision of staff training and increasing monitoring and oversight, and is now compliant with this Requirement. Staff were knowledgeable of consumer risks and management strategies. Care planning documentation demonstrated management strategies were consistently deployed and evaluated, with monitoring for emerging risks. Consumers and representatives provided positive feedback on the effectiveness of management of risks to consumers.

Consumers gave examples of how care had been tailored to meet specific needs. Staff were knowledgeable of consumer care needs and preferences and described how this information was used to tailor care delivery. Care planning documentation evidenced delivery of tailored and best practice care to optimise consumer health and well-being.

Staff explained how they optimised comfort and dignity for consumers nearing end of life, with monitoring and management of pain and symptoms. Care planning documentation for sampled consumers who had recently passed away demonstrated end of life wishes were recognised and addressed, with effective management of symptoms.

Consumers and representatives verified changes in consumer condition, including deterioration, was promptly responded to. Staff described how they recognised changes in consumer health and followed service policies, procedures, and escalation pathways for management. Care planning documentation evidenced timely recognition and response to deterioration of health.

Consumers and representatives said staff were knowledgeable of consumer condition or needs, and felt information was effectively shared throughout the service. Staff used a variety of methods to share information about consumers, including verbal updates, written handover, progress notes, and reviewing correspondence from external providers.

Staff outlined referral processes and methods to ensure they were made in a timely manner following assessments and reviews. Consumers and representatives gave positive feedback on the timeliness of referrals to providers able to meet their needs. Management explained available systems to capture referral requirements and monitor timeliness of responses.

Observed infection control measures included entry screening for staff and visitors, hand hygiene measures, availability of personal protective equipment, and displayed education material. Staff were knowledgeable of infection prevention and control strategies, and were supported by 2 Infection prevention and control leads overseeing infection related risks and outbreaks, undertake audits and training, and monitor trends.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Consumers explained how services and supports enabled them to optimise their independence to participate in various activities. Staff described how they identified consumer needs, goals, and preferences and used this information to tailor activities.

Staff described how they identified emotional, spiritual, and psychological needs of consumers and offered support or connected consumers with church visitors or volunteers. Consumers described how their spiritual needs were met through church services, and staff offered additional support when they experienced low mood. Care planning documentation outlined consumers’ spiritual and emotional needs.

Consumers were observed to participate in group and individual activities of interests, and described how they could participate within the community and maintain relationships of importance. Some representatives reported existing potential to offer more activities of interest for consumers living with cognitive impairment. Management developing continuous improvement plans to undertake a survey and individual reviews to gain further understanding and make any required changes, although these were not included within submitted continuous improvement activities. Staff explained how consumers were supported to participate in community and cultural events or connect with other organisations.

Service and support staff explained how they were updated with changes to consumer condition or needs through discussions, emails, and the electronic system. Consumers and representatives said information about consumers was effectively communicated, avoiding need to repeat information. Care planning documentation included sufficient information to inform care.

Consumers described use of timely referrals for services and supports to meet their needs. Staff gave examples of referrals made for consumers to meet social, emotional, spiritual, and well-being needs.

Consumers gave positive feedback on the quality and quantity of provided meals, and said they had input on menu options and opportunity for feedback. Staff described how the seasonal rotating menu was designed with dietitian input and offered choice, with efforts made to accommodate special requests for consumers. Feedback on the menu was collected through food focus groups and consumer meetings, including seeking consumer evaluation of changes.

Consumers described equipment as clean, well maintained, and suitable for their needs. Staff explained processes to ensure equipment was kept clean and ready for use. Care planning documentation detailed required equipment for daily activities. Personal mobility devices and lifestyle equipment were observed to be clean, safe, and fit for purpose.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 requirements have been found compliant.

Consumers and representatives described the service environment as welcoming and easy to navigate independently. Management outlined the importance of consumer and representative input into planned improvements. Consumer rooms were personalised, and features in the environment to support independent navigation included handrails and flooring textures.

Staff described following cleaning and maintenance schedules and were aware of hazard reporting procedures. Consumers provided positive feedback on the cleanliness of the service environment and said maintenance issues were promptly addressed. Consumers were observed moving freely through internal and external areas of the service.

Consumers and representatives confirmed furniture and equipment was safe and suitable for consumer needs. Documentation demonstrated furniture, fittings, and equipment was regularly cleaned and serviced, with all records up to date.

# 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

This Quality Standard is assessed as compliant as 4 of the 4 requirements have been found compliant.

Consumers and representatives said they were aware of methods to provide feedback or make complaints and felt encouraged to do so. Staff outlined how they encouraged and assisted consumers to provide feedback or raise concerns or escalate matters on their behalf. Information on complaint processes was included within the consumer information booklet, with feedback forms and QR codes displayed throughout the service.

Management explained consumers and representatives were informed of available external supports, including within the consumer information booklet. Pamphlets on complaint services and advocates were displayed. Consumers verified awareness of available advocates and services, although felt they had no need for additional support.

Consumers and representatives said the service was responsive in addressing concerns. Staff described the use of an open disclosure process and importance of an open and transparent approach for complaint management. Documentation within the electronic feedback log included description of concern or complaint, timely actions, and status.

Feedback and complaints were analysed for reporting and used to develop continuous improvement actions. Consumers gave examples of how feedback and complaints were used 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers, representatives, and staff reported there were enough staff to provide consumer care. Management explained factors considered within rostering processes, including consumer needs, staff skills, incidents, and feedback, with monitoring processes to ensure care remains timely. The service had processes to fill vacant shifts and ensure continuity of care, including use of casual staff and block agency bookings.

Consumers and representatives described staff as kind, caring, and respectful, and understood what was of individual importance. Policies and procedures informed expectation of staff interactions with consumers. Management explained they monitored interactions with consumers through observations and feedback.

Staff described training and competency assessments, with opportunity for additional training. Management explained position descriptions set out requirements for roles. Personnel files demonstrated verification of qualifications, professional registration, and security clearances.

Management described onboarding processes for new staff, including training and buddy shifts. Training records evidenced completion of mandatory training topics relevant to the Quality Standards.

Management explained methods of monitoring staff performance, including through annual appraisals, observing staff practice, reviewing feedback, and seeking consumer input. Staff in a range of positions said they had completed performance appraisals. Documentation demonstrated staff appraisals were scheduled.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers described their engagement in the development, delivery, and evaluation of care and services through meetings and surveys, with opportunity to join the consumer advisory body. Documentation evidenced consumer input in decision-making about the service.

The governing body included executive and independent members with a range of skills to monitor and address service performance. Minutes from quarterly meetings evidenced monitoring and discussion on key performance indicators, including quality indicators, complaints, incident reporting, and reports from each subcommittee.

Organisational governance systems for key areas were effective. Staff could access information systems, with guidance on confidentiality and collection and disposing of records. Financial governance included budgeting and monitoring of expenditure, with independent auditing of records.

Risk management systems and practices effectively identified high impact or high prevalence risks for consumers with monitoring undertaken through weekly risk meetings. Policies supported consumers to make informed decisions and live their best lives, even where this involved taking risks. All staff received training on recognising and responding to abuse or neglect of consumers and demonstrated awareness of incident reporting obligations.

The clinical governance framework informed delivery and oversight of safe and effective clinical care. Policies and procedures informed practice, and staff demonstrated understanding of key clinical areas, including application of open disclosure if things went wrong. Trending and analysis of clinical care was reflected within reports and reviewed within clinical governance meetings.

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)