Performance

Report

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| Name: | Semaphore Residential Care Centre |
| Commission ID: | 6194 |
| Address: | 122 The Esplanade, SEMAPHORE, South Australia, 5019 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 6 May 2024 |
| Service included in this assessment: | Provider: 496 Rosha Pty Ltd  Service: 4207 Semaphore Residential Care Centre |

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 Semaphore Residential Care Centre (**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.

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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives confirmed staff treated consumers with dignity and respect, and their identities were valued. Staff were familiar with consumers’ backgrounds and described how they treated consumers with respect and encouraged their diversity. Staff were observed to treat consumers in a dignifying and respectful manner, and were further guided by policies, procedures and training to ensure the delivery of respectful care.

Care documentation captured information regarding the consumer’s cultural needs and preferences. Consumers and representatives described how their culture was respected and acknowledged by staff, including by supporting their cultural dietary requirements. Staff demonstrated an in depth understanding of consumers’ identity, background, values, and unique needs.

Consumers advised their choices were supported, including to maintain relationships of significance, with married couples supported to share a room. Staff explained processes to support decision making and choice, such as asking preferences, and finding ways to connect with family. Care documentation evidenced consumers’ individual choices regarding when care was to be delivered, who should be involved in their care decisions and support required to maintain relationships.

Consumers confirmed they were supported to engage in chosen activities which contained an element of risk. Care documentation evidenced risk assessments were conducted, and strategies to mitigate risks were discussed and documented. Staff were aware of the risks taken by consumers, and the strategies in place to promote consumer safety.

Consumers and representatives confirmed consumers received current and timely information, which allowed them to exercise choice. Noticeboards displaying the activities calendar, meeting minutes and complaint mechanisms were observed throughout the service. Staff advised different methods to share information to ensure it was easy to understand, utilising appropriate strategies for consumer needs, such as providing activity calendars with large fonts, colours, and pictures.

Consumers confirmed staff respected their privacy by knocking and awaiting response prior to entering their room. The electronic care management system was password protected when not in use to ensure the confidentiality of consumers’ information. Staff described the strategies in place to maintain consumers’ privacy and confidentiality, including by knocking on consumers’ doors prior to entry, and ensuring discussions regarding consumers occurred 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

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

Care documentation evidenced validated risk assessment tools and interventions were utilised to identify and manage key risks to consumers. Consumers provided positive feedback regarding the management of the risks to their health and well-being. Management and staff described the initial and ongoing assessment process and how it informed the development of care plans, demonstrating awareness of risks and strategies for individual consumers.

Consumers confirmed they had discussed their needs, goals, and preferences, inclusive of end of life planning, with staff. Staff advised advance care preferences and end of life wishes, were discussed with consumers and representatives during the entry process and during care plan reviews. Care documentation reflected advance care planning for consumers along with current needs and preferences.

Consumers and representatives confirmed they were engaged in care conferences in collaboration with their medical officer and allied health professionals. Care documentation evidenced input from consumers, representatives, medical officers, and allied health professionals. Staff outlined the importance of consumer-centred care planning, and described how they involved consumers and their representatives in the assessment and planning process.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Staff confirmed they regularly communicated changes to the consumer’s care with consumers and their representatives. Care documentation evidenced regular consultation with consumers and representatives relating to the outcomes of assessment and planning.

Care documentation evidenced care plans were reviewed on a regular basis, and when changes in condition or an incident occurred, including falls, skin tears and unplanned weight loss. Representatives confirmed consumers’ care plans were reviewed for effectiveness following incidents, and care directives were updated. Staff advised care plans were reviewed on a regular, 4 monthly basis, and were aware of their responsibilities to review and update care plans when incidents or changes occurred.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives advised consumers received personal and clinical care which was safe, effective, and tailored to consumers’ individual needs. Care documentation evidenced delivery of best practice care in relation to sampled areas of restrictive practices, skin integrity, and pain management. Policies and procedures were available to inform best practice care delivery. Staff demonstrated an understanding of consumers’ personal and clinical care needs.

Consumers and representatives provided positive feedback regarding the management of consumer risks. Care documentation evidenced risks to consumers’ well-being were managed and monitored, with staff following care directives. Staff understood consumers’ high impact or high prevalence risks, and the strategies in place to mitigate these risks. Management advised they review consumer progress notes daily to identify changes and emerging risks and ensure timely responsive action.

Staff described how delivery of care was adapted for consumers nearing end of life, focusing on comfort, pain management, and emotional and spiritual support. Care documentation for a late consumer that received palliative care evidenced their pain and comfort were monitored and managed, and emotional support provided to the consumer. Policies, procedures, and palliative care specialists were available to guide staff practice to provide end of life care to consumers.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Representatives confirmed staff were responsive to signs of consumer deterioration. Staff described the various signs in consumers’ health and behaviour which may indicate deterioration, and outlined how they would escalate these signs for clinical review.

Consumers and representatives said consumers’ care information, needs and preferences was regularly communicated between staff. Staff advised consumers’ information was shared during handover and documented within the electronic care management system. Staff were observed to communicate changes to the consumer’s care during handover.

Care documentation evidenced prompt and timely referrals were made to external providers of care in response to identified needs or changes to the consumer’s condition. Staff advised described the referral process to allied health therapists. Consumers confirmed they were referred to appropriate providers in a timely manner.

Consumers and representatives provided positive feedback with the management of infection related risks, including COVID-19. Staff were aware of antimicrobial stewardship principles, and described the precautions in place to ensure the appropriate use of antibiotics, including awaiting pathology results prior to the administration of antibiotics. Staff were observed to wear appropriate personal protective equipment and practice hand hygiene.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers provided positive feedback and examples regarding services and supports provided for them to engage in preferred daily living activities. Staff were aware of the services and supports required to meet consumers’ needs, goals, and preferences. Care documentation identified consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provided information about the supports consumers require to do the things they want to do.

Staff demonstrated an understanding of consumers’ emotional support needs, and stated they would provide one to one support to consumers if they identified consumers were feeling low. Care documentation outlined the supports required to maintain consumers’ emotional, spiritual and psychological well-being. Scheduled activities included church services, and consumers at risk of isolation were supported through one-to-one visits.

Consumers confirmed they were supported to participate in activities within the internal and external community. Staff outlined the importance of social interaction and personal relationships for consumers, and described the supports provided to consumers to maintain relationships. Care documentation identified consumers’ activities of interest, and how they could be supported to participate, including in the external community.

Consumers said staff were aware of their personal preferences, and their needs were effectively communicated. Staff advised they were made aware of changes to consumers’ needs impacting services and supports through verbal and documented handover processes, information on the electronic care management system and memorandums.

Care documentation evidenced coordination of referrals for external organisations and individuals to meet the needs of consumers. Consumers and representatives confirmed they were referred to appropriate services, such as volunteers, upon their request. Staff could describe how the consumer was actively involved in referrals and how consent was obtained.

Consumers and representatives provided positive feedback regarding the quality and variety of the meals provided to them. Care documentation evidenced consumers’ dietary needs and preferences were captured. Staff advised meals were cooked on-site, and in consideration with feedback from consumers and dietitians.

Consumers felt safe when using equipment, and confirmed their mobility equipment was kept clean and well maintained. Staff advised they could log a maintenance request electronically, and confirmed they had access to sufficient equipment to meet consumers’ care needs. Maintenance logs evidenced all requests for maintenance were attended to in a timely manner.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives felt the service environment was welcoming and easy to understand. Staff said they respected the service was the consumers’ home and enjoyed assisting consumers in maintaining their surroundings. Consumers’ rooms were observed to be decorated with their personal possessions such as pictures, ornaments and books of interest, and consumers were observed utilising various areas within the service.

Consumers and representatives reported the service environment was clean, well maintained, and consumers were able to freely access the outdoor areas. Consumers were observed to socialise with each other in various outdoor and indoor areas, and were able to freely mobilise around the service. Staff advised a daily cleaning schedule was followed with additional cleaning conducted when required.

Consumers confirmed their equipment, furniture and fittings were safe, clean and well maintained. Preventative and reactive maintenance schedules evidenced regular maintenance checks were completed in a timely manner. Staff were observed to clean and disinfect shared equipment between each use.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives felt supported and understood how to provide feedback or make complaints. Management described the various verbal and written feedback avenues available to consumers and representatives if they wished to raise concerns, including through feedback forms, during consumer meetings, surveys, or by phone and email. Feedback forms and collection boxes were observed to be accessible within the service.

Consumers and representatives confirmed they were aware of external services, including the Commission, to raise and resolve their complaints. Staff were aware of the language and advocacy services available to consumers. Posters and leaflets promoting access to language and advocacy services were displayed throughout the service.

Consumers and representatives provided practical examples of actions taken in response their complaints and feedback. Staff demonstrated an understanding of the complaints management process, including how open disclosure was utilised to resolve complaints. The feedback register evidenced the appropriate management of complaints in alignment with feedback policies.

Management advised complaints were trended and analysed, and this information was utilised to inform improvement opportunities. Consumers confirmed their feedback and complaints had led to improvements. A review of the complaints register, continuous improvement plan and consumer meeting minutes evidenced feedback and complaints were trended and informed improvement opportunities.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives confirmed there were enough staff to deliver care to consumers, and consumers requests for assistance were promptly answered. Staff advised there were sufficient staffing levels to provide care to consumers, and were supported by management when required. Management explained the master staffing roster was planned in consideration with the needs of consumers and regulatory care minute requirements, and this was evidenced within rostering documentation.

Consumers and representatives felt interactions between staff and consumers were kind, caring and respectful. Staff described how they respected consumers by using their preferred names when speaking to them and knocking on their doors prior to entry. Expectations on staff workforce interactions with consumers was informed through policies, procedures, and training.

Consumers and representatives confirmed staff were competent and knowledgeable to perform their roles. Management advised the qualifications and competencies of staff were checked prior to their employment. Position descriptions outlined the necessary qualifications, registration, knowledge and skills required for each role.

Training records evidenced staff had completed their orientation, ongoing and annual training modules. Representatives advised staff were well trained, and could not identify and areas of further training staff required. Staff confirmed mandatory training topics included topics such as infection prevention and control, open disclosure, incident reporting, and the Aged Care Code of Conduct to deliver outcomes required by the Quality Standards.

Management advised performance appraisals were completed after 6 months for probationary staff, and on an annual basis thereafter. Management stated staff performance was further monitored through observations, feedback from consumers, representatives and staff, and the analysis of feedback and incidents. Staff confirmed they completed performance appraisals during their probationary period and on an annual basis. Documentation demonstrated actions were taken when staff performance was not meeting expectations.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives confirmed the service was well run, and consumers were engaged in the development of their care and services. care. Management described a variety of mechanisms in place to ensure consumers and representatives were engaged in the development and delivery of care and services, including consumer meetings, feedback forms and surveys. Documentation demonstrated efforts to form a Consumer advisory board, however, as no interest was expressed, management explained enhancements to consumer meetings to meet needs.

Management advised the organisational hierarchy promoted the engagement between the governing body and management and ensured effective oversight. Management stated the governing body was involved in staff rostering process to ensure regulatory care minutes were met, and a Registered Nurse was on duty for each shift. A review of the monthly clinical indicator reports, and various meeting minutes evidenced the analysis of audits and clinical indictors which was reported to the governing body and benchmarked across the organisation. The Board structure included one member with clinical experience.

Effective organisational wide governance systems included a documented framework outlining key responsibilities. Staff confirmed they could readily access the information required to perform their roles through the electronic care management system. Results from surveys, audits, incident reporting and data and trend analysis were captured in the continuous improvement plan. Management advised of the process to purchase additional equipment to meet the needs of consumers, and stated the service had effective financial management systems in place.

Risk management systems were used to monitor, assess, and manage high impact or high prevalence risks for consumers. Staff demonstrated an understanding of what constituted elder abuse and reporting responsibilities. A range of policies were in place to guide the management of high impact or high prevalence risks, including risks of choice for consumers to live their best lives. Management confirmed incidents were reported in the electronic incident management system, and used to investigate the cause of the incident and improve consumers’ care and services.

The clinical governance framework was informed through policies and procedures to guide staff practice in relation to antimicrobial stewardship, restraint minimisation, and open disclosure. Staff demonstrated an understanding of these policies and how they were applied in practice. Monitoring processes were in place, such as a medication advisory committee to assess the usage of antibiotics, and conduct medication management reviews.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)