Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Smithfield Residential Care Centre |
| Commission ID: | 6166 |
| Address: | 1 Warooka Drive, SMITHFIELD, South Australia, 5114 |
| Activity type: | Site Audit |
| Activity date: | 21 February 2024 to 23 February 2024 |
| Performance report date: | 2 April 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4183 Smithfield 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 Smithfield Residential Care Centre (**the service**) has been prepared by Denise McDonald, 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 staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers confirmed they were treated with dignity and respect, and staff delivered dignifying care. Staff described consumers’ preferences and confirmed they were respectful of consumer’s care choices. Care documentation evidenced consumers’ preferences, background and life history was captured.

Consumers confirmed staff were respectful of their backgrounds and culture. Staff identified consumers with diverse cultural backgrounds, and explained how they adapted the delivery of care to ensure consumers’ needs were met. Care documentation captured consumers’ cultural preferences and outlined the ways staff could support them.

Consumers advised they received supports to exercise choice and independence, and they had the ability to make their own decisions and maintain personal relationships. Staff confirmed they encouraged consumers to be as independent as possible, including making their own choices in relation to their personal care, what they wore and the lifestyle activities they engaged in.

Consumers felt supported to engage in activities that contained risk, and they were provided with support to minimise potential harm. Management advised consumers were supported to take risks and to understand the impacts of their decisions. Care documentation evidenced risk assessments were conducted, and risk mitigation strategies were in place.

Consumers confirmed they received timely information regarding their meals and the activities on offer. Staff described how they provided information to consumers through meetings, activity calendars, menus and conversations. Staff were observed to inform consumers of upcoming activities and where it would be located.

Consumers confirmed staff respected their privacy by knocking and awaiting response prior to entering their room. Staff advised they closed consumers’ doors when providing care to maintain their privacy. Computers containing personal information were observed to be locked when not in use, and hard copies of confidential information were inaccessible to consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer, and the strategies in place to mitigate these risks. Care documentation evidenced regular assessments were conducted which identified any risks to consumer’s. Consumers were observed to receive appropriate risk mitigation supports in alignment with their care documentation.

Consumers and representatives said the assessment and planning process identified and addressed consumer’s current needs, goals and preferences, inclusive of advance care. Care documentation reflected consumers’ needs and preferences and end of life wishes. Policies and procedures were in place to guide staff in the assessment and identification of consumers’ needs and preferences.

Consumers and representatives confirmed they were involved in the assessment and planning process on an ongoing basis, and were updated of any changes. Staff confirmed allied health professionals were regularly onsite and assessed consumers, with their recommendations added to care plans. Care documentation demonstrated partnership with consumers, representatives, medical officers and allied health professionals in the care of consumers.

Consumers confirmed they were aware of the contents of their care plan and could obtain a copy of it, if they chose. Care documentation reflected the outcomes of assessment were communicated with consumers and representatives. Staff advised meetings were held with consumers and representatives to discuss the consumers’ care plan and to offer a copy of their care plan.

Representatives advised they were contacted following care plan reviews or when any changes to the consumer’s condition occurred. Staff confirmed care plans were reviewed on a 6 monthly basis, after an incident occurred or upon the consumers’ return from hospital. Care documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives advised consumers received personal and clinical care which was safe and tailored to their needs. Care documentation evidenced best practice care in relation to restrictive practices, skin integrity, pain and medication management was delivered to consumers. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to ensure these needs were met.

Care documentation evidenced risk assessment tools were conducted to identify risks, including falls, choking and malnutrition, and to inform risk mitigation strategies. Representatives confirmed high impact risks to consumers’ health were effectively managed. Staff understood high impact or high prevalence risks, and the strategies in place to mitigate these risks.

Representatives confirmed they had discussed the consumer’s end of life care preferences with staff. Care documentation for a consumer receiving palliative care evidenced the involvement of the consumer’s representative and medical officer, and management. Staff described how they would provide care for a consumer nearing end of life to ensure their comfort was maximised.

Representatives provided positive feedback regarding the response to and recognition of deterioration in the consumer’s condition. Care documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Consumers confirmed staff were familiar with their needs and preferences, and this information was communicated to medical officers and allied health therapists. Staff advised information regarding the consumer’s condition was shared during handover and documented within care plans. Care documentation evidenced the sharing of information between staff, allied health therapists and medical officers.

Representatives confirmed consumers were referred to external providers of care when required. Care documentation demonstrated timely referrals were made to medical officers and allied health professionals. Staff advised they had access to a wide range of allied health professionals to support the consumers’ needs and outlined the referral process.

Staff demonstrated a practical understanding of infection control measures, and advised they complete regular infection control training. Consumers confirmed they regularly observed staff wearing appropriate personal protective equipment and practicing hand hygiene. An outbreak management plan was in place and outlined a range of instructions and procedures to guide staff in the response to infectious outbreaks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers confirmed they were supported to engage in activities of daily living which allowed them to be independent and promoted their well-being and quality of life. Staff advised lifestyle assessments were conducted upon the consumer’s entry to understand their daily living preferences. Care documentation evidenced consumers’ service needs, choices and support preferences were identified.

Care documentation contained the emotional, spiritual and psychological needs and preferences of consumers, and described how staff could assist them. Staff outlined how they supported consumers by speaking to them about the things they enjoy or by encouraging them to engage in their preferred activities. Staff were observed spending time with individual consumers who had been identified as requiring additional emotional support.

Consumers and representatives felt consumers were assisted to participate in their internal and local community, have social and personal relationships and engage in activities of interest to them. Staff advised the lifestyle activities schedule was developed in consideration with the interests of consumers. Care documentation identified the activities of interest to consumers, and the strategies in place for staff to support their interests.

Consumers confirmed staff were consistently aware of their needs and preferences, and they did not have to repeat themselves to staff. Staff advised information regarding the consumer’s condition was shared via huddles and meetings. The electronic care management system was accessible to staff and enabled the communication of information.

Consumers confirmed they were referred to support services when required. Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care documentation evidenced the collaboration with external organisations to support the diverse needs of consumers.

Consumers provided positive feedback regarding the quality of the meals provided to them. Care documentation evidenced consumers’ dietary needs and preferences. Staff advised the menu was seasonal, rotated on a monthly basis and consumers had a choice of what they wished to eat.

Consumers confirmed they had access to equipment to meet their daily activity needs that was safe, clean and well maintained. Staff advised they had access to the necessary equipment to support consumers, and described the process to report maintenance issues. Maintenance documentation evidenced equipment was maintained and any issues were addressed in a timely manner.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt at home within the service and were supported to interact with other consumers. Staff said they greeted consumers and visitors with a smile, and encouraged consumers to personalise their rooms with their belongings. The service environment was observed to be easy to navigate with spacious indoor and outdoor areas that were free from hazards.

Consumers confirmed the service environment was clean and well maintained, and they could move freely, both indoors and outdoors. The service environment was observed to be clean and well maintained, with cleaning and maintenance logs up to date. Staff advised cleaning services were provided on a daily basis, and cleaning checklists were followed.

Consumers said furniture, fittings and equipment were safe, clean, well maintained and suitable for their use. Preventative maintenance documentation evidenced equipment was regularly maintained to ensure safe use for consumers. Staff demonstrated knowledge of the process to record maintenance issues.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt comfortable and understood how to raise their concerns and feedback to staff. Feedback forms and collection boxes were observed to be readily accessible. Staff described the various avenues available to consumers and representatives to provide feedback and complaints including through feedback forms, during meetings, emails or speaking directly with staff.

Consumers were aware of advocacy services available to support them to raise their complaints. The consumer handbook evidenced consumers were provided with information regarding external complaint mechanisms and interpreter services. Staff described the advocacy services available to consumers, and information was displayed which promoted access to these services.

Representatives provided practical examples of the appropriate action taken in response to their complaints and feedback, and confirmed an apology was offered. The complaints register evidenced an open and transparent approach was applied, and consumers and representatives were contacted to acknowledge their feedback. Management advised all complaints were followed up, investigated and apologies were provided to consumers when things went wrong.

Management advised feedback and complaints were used to improve care and services and provided examples of changes implemented as a result of the provision of feedback and complaints. A feedback policy was in place which outlined the organisational commitment to consider continuous improvement actions when managing feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers confirmed there were enough staff to meet their needs, and call bells were responded to in a timely manner. Management advised permanent and casual staff were prioritised when filling shift vacancies, and agency staff would be used when required. Staff felt there was a sufficient amount of staff to provide care to consumers.

Consumers felt staff were kind, caring and respectful when interacting with them. Staff were observed to greet consumers by their preferred name, and were respectful of their privacy. Staff advised they spoke to consumers and read their care plans to understand their culture and identity.

Consumers confirmed staff were competent and qualified to perform their roles and meet their care needs. Personnel records evidenced staff had the appropriate registrations, qualifications, vaccinations and checks in place to perform their roles. Management advised the competency of staff was initially assessed during the recruitment process and on an ongoing basis.

Management detailed the annual training topics required to be completed by staff on an annual basis, including falls management, manual handling, incident management and infection control. Staff confirmed they were provided with adequate and regular training to perform their duties, and felt supported by management.

Staff confirmed they had received a performance review following their 6 month probationary period, and annual reviews on an ongoing basis. Management advised the performance of staff was monitored through formal performance reviews, observations and feedback. Personnel records evidenced performance reviews were up to date, excluding for staff who were currently on extended leave.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 felt the service was well run, and were confident they could provide their feedback and suggestions. Management described the various mechanisms in place to engage consumers to provide their feedback, including through meetings, feedback forms and surveys. Policies were in place which outlined the organisational commitment for staff to actively encourage and seek feedback from consumers and their representatives.

Consumers felt safe, and confirmed they received the care and services they required. Management advised the governing body had oversight of the delivery of care and services through the reports provided to the governing body, and their involvement in various subcommittees. The organisational chart evidenced a clear reporting structure between staff, management and the governing body, as well as the governing body’s responsibility to promote safe practice.

Staff confirmed they could readily access the information required to perform their roles through the electronic care management system, handover documentation and emails. Management advised continuous improvement opportunities were gathered through the analysis of trends and incidents, feedback and meetings.

Staff outlined the processes to identify and manage high impact and high prevalence risks to including the abuse and neglect of consumers. Management advised the key incidents related to consumers were falls, medications and behaviours of concern, and these risks were trended and analysed to inform improvements. Management and staff demonstrated an in depth understanding of incident management and response procedures, including the use of the incident reporting system and their responsibilities under the Serious Incident Response Scheme.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff were aware of antimicrobial stewardship and the steps taken to minimise the use of antibiotics, including obtaining pathology results prior to administering antibiotics. Management confirmed open disclosure practices were used when responding to consumers or their representatives in response to complaints or incidents.

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)