Performance

Report

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| Name of service: | Performance report date: |
| Southhaven Aged Care | 20 July 2022 |
| Commission ID: | Activity type: |
| 2781 | Site Audit |
| Approved provider: | Activity date: |
| Christadelphian Homes Limited | 20 June 2022 to 22 June 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 Southhaven Aged Care (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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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 | | Compliant |
| 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 and representatives considered they are treated with dignity and respect, with their identity, culture and diversity valued. Care planning documentation included information regarding consumers’ background, personal preferences, identity, and cultural practices. All care plans were aligned with the feedback received from consumers.

Consumers and representatives indicated the care and services provided to consumers are culturally safe. Staff outlined the cultural, religious and personal preferences of consumers.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff were able to provide examples of how they support consumers to exercise choice and independence, which included through case conferences, consumer meetings and informal conversations with staff.

Staff demonstrated an awareness of activities that included an element of risk to consumers and could describe the strategies in place to mitigate these risks. The Assessment Team reviewed the dignity of risk documents for consumers which outlined a description of potential risks and the acceptance of the risk by the consumer.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice and independence. The Assessment Team observed information displayed throughout the service notifying consumers of menu choices, upcoming activities and other correspondence.

The Assessment Team observed staff closing doors and speaking privately in consumer’s rooms and staff were further observed to lock service computers when unattended. Consumers and representatives confirmed the personal privacy of consumers is respected.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation evidenced consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services. Consumers and representatives confirmed they are involved in their care assessment and planning.

Care planning documentation evidenced consultation and staff described the processes for assessing consumers’ needs, which was further evidenced in assessments and care planning documentation.

Consumers and representatives confirmed they are involved in the assessment and planning process, and staff regularly communicate with them.

The outcomes of assessment and planning are documented in care plans, progress notes and handover sheets, and these records are accessible to all staff and allied health professionals from the electronic clinical management system (ECMS). The Assessment Team observed a variety of documents, including handover sheets, progress note entries and activity alerts available through the ECMS.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff were aware of the incident reporting process and how these incidents may trigger the need for a reassessment of the consumer’s care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. Care planning documentation evidenced the care and supports provided to consumers is individualised and tailored to meet their needs.

Care planning documentation identified high impact and high prevalence risks for consumers. Staff in were able to describe high impact risks such as pressure injuries and falls risks and described interventions such as pressure area care and use of pressure relieving devices, crash mats and sensor mats, and supervision.

Staff were able to describe how to provide care to consumers that are palliating or requiring end of life care. The Assessment Team noted policies and procedures in place to guide practices for end of life care.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff were able to describe their roles and responsibilities of how they identified and reported changes or deteriorations in consumer’s health.

Consumers and representatives indicated the service mostly provides regular communication between consumers, representatives and allied health professionals and are satisfied the consumer’s condition, needs and preferences are documented. Staff were able to describe how changes in consumer’s care and services are communicated within the organisation and with others where responsibility for personal and clinical care is shared.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed that consumers have appropriate access to individuals, other organisations and providers of other care and services.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Care planning documentation outlined the activity preferences of consumers’ and the support required to participate in these activities.

Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs, this information was consistent with consumer feedback.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Consumers described the acitivites they enjoy and how the service assists to facilitate and organise these activities.

Consumers reported information about their daily living choices and preferences was effectively communicated and staff who provide daily support understand their needs and preferences. Staff described a variety of ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer.

Staff and management demonstrated a shared understanding of the external supports utilised by consumers and could identify the supports and external organisations available to consumers if required. Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers and representatives provided mostly positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. The Assessment Team observed the dietary information in the kitchen was current and reflected the preferences and needs of consumers.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers advised that the equipment they utilise, such as mobility aids and hoists are well-maintained, and they feel safe and any issues are promptly resolved.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives expressed positive feedback regarding the service environment and confirmed they can personalise their rooms to their liking. The Assessment Team observed consumers to be engaged in activities throughout the service and staff to be welcoming to the family members of consumers.

The Assessment Team observed the service to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. The services maintenance management described how they oversee corrective maintenance and demonstrated on-site maintenance is scheduled throughout the year via an electronic database.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. A review of the electronic corrective maintenance log evidenced that issues are followed up and rectified by maintenance staff in a timely manner.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt safe and comfortable to provide feedback and indicated they would direct complaints and feedback by email, phone or verbally. Staff were aware of the avenues available to consumers and representatives to provide feedback and could describe the ways they would support a consumer to lodge a complaint.

Staff demonstrated an understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were familiar with the formal feedback and complaints processes and were aware the service has information available providing the contact details of external support services if required.

Consumers reported they discuss directly with staff or management if they have concerns regarding their care or services are informed and feel their concerns are heard and promptly resolved. Registered Nurses demonstrated an understanding of open disclosure in practice, including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something has occurred or gone wrong.

Management advised that all complaints are documented electronically and recorded and reviewed at the service and organisational level. Consumers and representatives expressed confidence that feedback will result in service improvements.

**Standard 7**

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| Human resources | | Compliant |
| 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 and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Staff advised there is a suitable amount of staff within the service, and if needed, staff from other areas can be allocated to areas that require additional assistance.

Consumers and representatives expressed that workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with observations made by the Assessment Team. Management advised they monitor staff performance through observations, and formal and informal feedback and complaints processes utilised by consumers, representatives and other staff.

Management advised the service ensures the workforce is competent and has the qualifications and knowledge to effectively perform their roles through the service’s orientation training, buddying system and annual mandatory training and competency assessments. Consumers and representatives expressed confidence that staff are skilled and competent to meet the care needs of consumers.

The management team confirmed that the organisation has systems in place to support recruitment needs and personnel. Procedures guide the recruitment, orientation and qualifying periods of staff which outline the need for a fair and transparent process, while ensuring adequate selection criteria and quality checks occur. A review of the training completion records for January – December 2021 evidenced that all staff have completed their online mandatory training.

Management advised that staff performance is monitored through self-reflection processes, annual performance appraisals, feedback from consumers/representatives and input from other staff members. The Assessment Team reviewed the appraisal monitoring report which evidenced all staff have a current performance appraisal in place.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 are encouraged to be involved in the development, delivery and evaluation of care and services. Management reported there are a number of ways consumers are actively involved in the design, delivery and evaluation of services.

Management outlined a range of strategies when describing how the governing body promotes a culture of safe, inclusive and quality care and services. Consumers and representatives expressed positive feedback regarding the way the service responded and handled COVID-19, noting the service effectively communicated and provided updates to consumers and representatives.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service demonstrated it has a clinical governance framework that supports clinical care practice within the service. Management demonstrated an understanding of the underlying principles of open disclosure, were able to describe when an open disclosure process is to be applied and could provide examples of when an open disclosure process had recently been implemented.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)