St George's Care Centre

Performance Report

2 Essex Street
BAYSWATER WA 6053
Phone number: 1300 653 166

**Commission ID:** 7257

**Provider name:** Amana Living Incorporated

**Assessment Contact - Site date:** 27 April 2022

**Date of Performance Report:** 17 May 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the Assessment Contact - Site report received 6 May 2022; and
* the Performance Report dated 1 June 2021 for the Site Audit undertaken from 15 February 2021 to 17 February 2021.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 7 was found Non-compliant following a Site Audit undertaken from 15 February 2021 to 17 February 2021 where it was found staffing levels were inadequate to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact. The Assessment Team have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 15 February 2021 to 17 February 2021 where it was found staffing levels were inadequate to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed staff allocation and staff numbers, including embedding two trained staff on the night shift roster.
* Created a casual pool for the service that is used alongside the organisational casual pool.
* Introduced a 7.30am to 11.30am shift in one house in response to change of consumers’ acuity and clinical needs. This is reviewed on a regular basis and is still ongoing.
* Restrictive practice of chemical and mechanical restraint is reviewed three monthly with use of restraint minimised or ceased as required.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives indicated call bells are answered within an adequate time and there is always sufficient, caring staff to meet consumers’ needs.
* A staff roster is maintained and there are processes to ensure a skilled and sufficient workforce to provide consumers safe and respectful quality care. There are processes to manage staffing shortfalls and staff numbers were noted to have increased during a recent COVID-19 outbreak.
* Staff sampled stated they have sufficient time to fulfil their duties and additional staff are accessed when a staff member has an unexpected absence.
* Throughout the Assessment Contact, consumers were observed to be assisted by staff with care and service needs and call bells were noted to be answered in a timely manner.

For the reasons detailed above, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(c) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in Standard 8 was found Non-compliant following a Site Audit undertaken from 15 February 2021 to 17 February 2021 where it was found the organisation did not ensure effective workforce governance in relation to sufficiency of staffing. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact. The Assessment Team have recommended Requirement (3)(c) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Requirement (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(c) Compliant**

*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.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 15 February 2021 to 17 February 2021 where it was found the organisation did not ensure effective workforce governance in relation to sufficiency of staffing. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented an early intervention working party to review behaviours to ensure they are managed appropriately, feedback is escalated where required and any clinical deterioration is noted.
* Reviewed staffing numbers to identify deficiencies in staffing levels and capabilities.
* Clinical handover and daily catch ups with clinical staff prior to each shift.
* Sharing the journey workshops focussing on consumers’ life story to inform staff of consumer journeys while in care at the service.
* Clinical staff to undertake clinical leadership program which entails leadership, reflective practice, decision making skills, time management and organisation for running a good shift.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.
* In relation to information management, electronic information access restrictions ensure security of consumers’ information is maintained. Consumer information is securely stored and confidentiality is maintained. All employees, once engaged, are required to sign a confidentiality agreement and information is stored in locked nurses station.
* In relation to continuous improvement, improvements are identified through a range of avenues and continuous improvement, complaints and compliments are regular agenda items at meeting forums. Management provided examples of improvement opportunities identified from consumers and representative feedback.
* In relation to financial governance, the organisation’s financial structure supports the service to acquire more staff, equipment, furniture and fittings to support the changing needs of consumers.
* In relation to workforce governance, the service demonstrated how they ensure the workforce has received appropriate training, including the assignment of clear responsibilities and accountabilities in line with their roles. Orientation and onboarding processes are in place, including for agency staff and an annual training program is completed by staff.
* In relation to regulatory compliance, clinical care and incident management policies provide staff with a framework for managing clinical care and service incidents and restrictive practices are managed in line with legislative requirements.
* In relation to feedback and complaints, feedback and complaints processes are used to ensure improvements to services provided to consumers are identified. There are processes to ensure consumers, representatives and others are aware of feedback and complaints avenues and appropriate actions are taken in response to complaints raised. Documentation demonstrated complaints raised at the consumer meeting forums are captured and actioned.

For the reasons detailed above, I find Amana Living Incorporated, in relation to St George’s Care Centre, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.