Anglicare SQ Kirami Home for the Aged

Performance Report

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**Commission ID:** 5243

**Provider name:** The Corporation of the Synod of the Diocese of Brisbane

**Assessment Contact - Site date:** 1 December 2020

**Date of Performance Report:** 18 January 2021

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 13 January 2021
* referral information received by the Commission.

# STANDARD 7 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation understood and applied the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they received quality care and services when they needed them and from people who were capable and caring. Most consumers said the staff were kind and respectful. Most consumers said they received timely care and services, however, a small number of consumers provided examples when they had experienced delays in care which had impacted on their individual needs and/or preferences in relation to timely provision of wound care; continence and supervision of knowledge of staff.

The service was supported by the organisation for recruitment of staff and have replacement protocols for unplanned leave. The service used a variety of monitoring mechanisms including monitoring of staff practices, incident reporting and feedback from consumers/representatives and staff to ensure there is sufficient staff available to deliver care and services.

The service was not able to demonstrate staff were knowledgeable and competent in relation to the identification, prevention and management of consumers’ wounds. While management at the service had identified deficiencies in staff practice, skills and knowledge in relation to wound care, action implemented to address this had not been effective in addressing the competency and knowledge of registered staff in relation to wound care.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service was not able to demonstrate staff were knowledgeable and competent in relation to the identification, prevention and management of consumers’ wounds. While management had identified deficiencies in staff practice relating to the documentation and provision of wound care, these deficiencies continued to occur.

Consumers/representatives interviewed generally provided positive feedback on the current cohort of staff knowledge and skills. Consumers/representatives said registered staff were generally available to discuss the consumer’s care.

The Assessment Team identified deficiencies in wound care documentation and delivery for three consumers at the service. These deficiencies included pressure injuries not detected through incident reporting or captured in wound care documentation, at the time of their development. Other deficiencies included the failure to identify, report or escalate a consumer’s deteriorating wound or to provide pain relief for a consumer prior to their wound dressing.

The Approved provider in its response to the Assessment Team’s findings has documented improvement actions implemented following the Assessment contact. The Approved provider has documented wound care needs of consumers are paramount and directions are now in place to ensure the regular review of wound care occurs. Including weekly reviews by a Clinical nurse of all chronic wounds, monthly reviews by a medical officer, wound care education has been scheduled, with additional education to be provided in February 2021. Personal care workers are to have education provided on skin assessments and recognising deterioration in skin integrity. An electronic message has been sent to all registered staff in relation to their responsibilities regarding the assessment, healing and wound care provision. A structured care plan review schedule has been established to ensure the consumers’ clinical needs are regularly reviewed. An audit has been completed of all wounds at the service and each wound has been reviewed by an external wound care specialist.

The Approved provider has noted the three consumers who had deficits in their wound care have had their wound care plans revised and updated and were experiencing improvements in their wound care status.

I acknowledge the numerous actions to Approved provider has implemented to improve the competency of staff providing and documenting wound care. However, I also note these actions and processes were not in place at the time of the Assessment contact, and these actions will need time to be implemented and to be tested for their effectiveness. It is my decision therefore, this Requirement is Non-compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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

To understand how the organisation understood and applied the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation was well run and that they could partner in improving the delivery of care and services. Consumers/representatives confirmed they were involved in the review of the new menu, and on a day to day basis they were encouraged to make suggestions to enable the service to support them to live the best life they can.

The governing body met regularly, set clear expectations and regularly reviewed risks from an organisational and consumer perspective. There were organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The workforce is required to be competent and have the knowledge to perform their roles, including in relation to wound care.