Anglicare SQ Kirami Home for the Aged

Performance Report

12 Banksia Street
POINT VERNON QLD 4655
Phone number: 07 4191 2888

**Commission ID:** 5243

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

**Assessment Contact - Site date:** 21 December 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

Kimberley Reed, 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 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **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 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 Approved provider’s response to the Assessment Contact- Site report received 18 January 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The service environment was observed to be safe, clean, well-maintained and comfortable and consumers could move freely inside and outside the service. Consumers and representatives provided positive feedback in relation to the safety, cleanliness and comfort of the environment. Actions had been taken to improve the service’s performance in this Requirement.

Consumers and representatives expressed their satisfaction with the service environment and confirmed it was safe, clean and comfortable. Representatives of consumers residing in the Memory support unit provided positive feedback in relation to the improvements made to the unit, including painting and changes to seating layouts. While one representative had ongoing concerns with pest control in the Memory support unit, management committed to an increase in pest control services and cleaning in the unit. Consumers and representatives confirmed consumers could mobilise freely inside and outside the service. Consumers and representatives could raise maintenance requests with staff and these were attended to in a prompt manner.

The service environment was observed to be safe, clean, well maintained and enabled free movement. The service environment was safe, with an absence of clutter and trip hazards. Outdoor areas had level pathways for access with mobility aids and sheltered areas for weather conditions. Flooring, walls, ceilings and outdoor areas were generally clean and well-maintained. Fire safety equipment, fire evacuation diagrams and illuminated exit signage were available. Consumers were observed freely mobilising with walkers and wheelchairs inside and outside the service including the secure outdoor environment of the service’s Memory support unit.

The Maintenance Officer had processes ensuring the service environment was safe and well-maintained. These processes included undertaking scheduled preventative maintenance, organising external contractors for maintenance checks and reactive maintenance as informed by reports made by staff, consumers and representatives.

Maintenance requests were raised via paper-based forms in log books located in all work areas and were collected daily by maintenance staff. Staff were able to describe the process followed when they identified a potential safety hazard or equipment failure. Staff confirmed that maintenance issues were attended to promptly.

Cleaning staff cleaned all areas of the service twice a day. Outside of these times and over the weekend, care and kitchen staff were responsible for general tidying and cleaning of areas such as wiping tables after meals and mopping up spills.

Support services staff meeting minutes for October and November 2021 confirmed instructions to staff regarding increased cleaning, use of new cleaning products and updates on the Memory support unit refurbishment. Care staff confirmed they were responsible for providing additional cleaning support by tidying communal areas and cleaning up spills. Review of care staff meeting minutes for October 2021 identified staff were provided instructions regarding accessing cleaning supplies in storage room and their responsibility regarding cleaning.

The service’s weekly maintenance checklists and completed maintenance forms identified regular maintenance was occurring and maintenance issues were resolved in a timely manner. Consumer meeting minutes identified consumers were provided updates regarding improvements to the service environment. No concerns were raised by consumers regarding the service environment and accessibility. Review of the service’s consumer experience survey conducted in August and September 2021 identified positive satisfaction ratings in response to questions regarding cleanliness of rooms, bathrooms and communal areas. The service had a call bell system for consumers which is equipped to operate in the event of a power outage.

Actions had been taken in response to Non-compliance identified during the Re-accreditation audit 30 August 2021 -2 September 2021. Actions included the implementation of an improvement action and the majority of planned actions were completed. Replacement of damaged internal window tinting, and repainting of internal dining area and corridors was completed. The installation of additional fragrance dispensers, odour neutralizing products within the air-conditioning unit and use of a new scented cleaning liquid to eliminate malodour occurred. An increase in cleaning regimes to three times per day was implemented. New outdoor furniture was purchased for courtyard and garden area. An upgrade to the outdoor environment was completed by removing weeds and applying soil and mulch to even out pathways and garden beds, adding rock garden beds, new plants and art work. Pressure cleaning of outdoor areas and concrete pathways was included as part of the maintenance schedule. An outdoor tap was fitted with anti-tamper device to prevent consumers from leaving the tap open. Yellow safety line marking was refreshed alongside outdoor pathways. The automatic exit door to the outdoor area previously identified as non-operational is now fully operational. A change to the lounge and activity room seating layout was made, and the purchase of a new large screen television, small jelly fish aquarium and interactive projection therapy game table for consumer comfort and entertainment.

The Assessment Team visited the Memory support unit and observed the above improvements to the indoor and outdoor environment were in place.

Based on the information contained above, it is my decision this Requirement is now Complaint.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## 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’s workforce planning ensured the rostering and allocation of staff was adequate to meet the care and service delivery needs of consumers. Consumers and representatives provided some positive feedback regarding staffing levels. Where negative feedback was provided relating to staffing from consumers or representatives, this feedback was historical or did not impact service delivery. Staff confirmed adequate staffing levels were maintained on most occasions and the service took substantial steps to ensure shifts were filled, including through the use of temporary staff and extension of shift times.

Twenty consumers and representatives were interviewed by the Assessment Team which included enquiries relating to staffing levels. Of the 20 consumers and representatives interviewed, three consumers or representatives provided negative feedback in relation to staffing. One consumer stated while staff usually answer their call bell requests within ten minutes, they have had to wait on occasion for 30 minutes for assistance and have been incontinent as a result. It is unclear if this has occurred recently or historically. One representative expressed concern relating to bathroom cleaning and cleaning of a consumer’s teeth twice daily. I have considered this information in conjunction with evidence from Requirement 5 3) b) which evidenced cleaning regimes have increased to three times daily. In relation to the cleaning of the consumer’s teeth, I note this feedback was not shared by other consumers and representatives interviewed. A second representative raised concern relating to the consumer being left on the toilet for 30 minutes on one occasion and was not aware if this had occurred again. Two representatives reported the staff were busy however, they were always able to find staff if they needed one; with one reporting he had observed the staff attend to his wife’s pressure area and continence care after lunch.

As part of the response from the Approved provider, consumers and representatives who provided negative feedback at the Assessment contact have been interviewed by management at the service and have provided subsequent positive feedback in relation to the timeliness and quality of care and service delivery. The Approved provider reviewed complaints feedback and noted there was no further complaints relating to workforce concerns. Call bells response times were monitored and trended on a weekly basis. A review of the data identified over 90% of call bells were answered within ten minutes.

Any unfilled Registered Nurse shifts were able to be filled by one of the Clinical Nurses or the Care Coordinator. The Approved provider noted in its response back filled hours are allocated and budgeted into the role of the Clinical nurses above their usual allocation. Registered staff confirmed the assistance provided by Clinical nurses when required. The service engaged two nursing agencies under a service agreement due to the changing workforce dynamics in the area where the service is located.

Registered staff provided feedback there were sufficient registered staff and care staff rostered each shift to provide care and services. However, there were times when staff taking short notice leave could not be replaced, registered staff confirmed this did not affect consumer care, however documentation may not be completed by staff.

Care staff reported there were sufficient staff rostered each shift to enable them to provide care to the consumers. When a shift was not able to be replaced, care staff had a system of working together, prioritising tasks, extending the shift, or requesting the next shift to come in early to manage being short-staffed. Care staff were observed to deliver timely care and services including meal delivery.

Care and registered staff acknowledged management attempted to staff all vacant shifts and were trying to recruit new staff. The Approved provider recorded in its response, the service has recruited an additional six staff since the Assessment contact and the service maintains a fully allocated roster, with the ability to backfill unplanned and planned leave.

Other actions taken to address the previous Non-compliance relating to this Requirement included weekly meeting between management and administration staff to review rosters, monitor leave and assign unfilled shifts. Feedback was sought from consumers and representatives relating to workforce at planned case conferences. Clinical indicators were regularly reviewed to indicate the impact of staffing on care delivery.

Based on the information contained above, it is my decision this Requirement is now compliant.

# 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 did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### 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 organisation had governance systems relating to the provision of information, continuous improvement, financial, workforce governance and feedback and complaints. Staff had access to the information they required and advised policies and procedures provided guidance on their responsibilities in performing their roles. Documentation demonstrated legislative requirements were monitored and when legislative changes were made this prompted review of policies and procedures.

The service was found to be Non-complaint in this Requirement in relation to the monitoring of police certificates. Records demonstrated the service has a system in place to monitor the credentials of staff including professional registrations, staff clearances and immunisation requirements.

Records confirmed all staff received influenza and COVID-19 vaccinations during 2021, professional registrations for nursing staff were current and all staff had provided evidence of clearances such as police certificates and disability worker screening. Records demonstrated all staff actively rostered had police certificates and a process was in place to ensure staff whose police certificates expired after 1 February 2021, had a disability worker screening clearance.

Other actions taken to address the Non-compliance in this Requirement included a process to remind staff when the certificate was due for renewal, which was managed by the organisation’s human resource team. The Service manager and workforce planner also receive a copy of the alert, set individual calendar alerts as reminders and discussed these during fortnightly meetings. Expiry alerts were sent to staff at three months, one month and one week prior to expiration. Management confirmed staff were not rostered when they do not have a current certificate. Staff who were currently on maternity or long-term leave, will be required to submit evidence to support clearances had been obtained prior to their return to work. New employees were required to provide evidence of clearances prior to a letter of employment being offered.

Based on the above information, it is my decision this Requirement is now Compliant.

# 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.