**Performance Report**

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Holy Spirit Home

Performance Report

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**Commission ID:** 5094

**Provider name:** Holy Spirit Care Services (Brisbane) Ltd **Assessment Contact - Site date:** 18 August 2020 to 20 August 2020 **Date of Performance Report:** 18 September 2020

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** | |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** | |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 11 September 2020.



STANDARD 1

Consumer dignity and choice

**Consumer outcome:**

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

**Organisation statement:**

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard has not been provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and representatives generally said staff treat consumers with dignity and respect and are polite and kind. They provided examples of how staff made them feel valued by knowing their preferences, how they like to spend their time and by having an understanding of what is important to them.

Staff consistently spoke about consumers in a respectful manner and understood their personal circumstances. Staff could describe how they support consumers’ dignity and promote cultural safety in their work practices. Staff said they receive education relating to dignity and respect, and that this aspect of caring for consumers is discussed at staff meetings.

The organisation’s expectations are communicated to staff during the orientation and induction process and through policies, procedures and education programs.



STANDARD 1

Consumer dignity and choice

The Assessment Team observed staff interacting with consumers respectfully, addressing them by their preferred name, and demonstrating an understanding of their individual needs and preferences.

While staff consistently demonstrated an understanding of consumers’ needs and preferences in relation to this requirement, they reported that detailed information in care planning documentation is not consistently available. Senior management advised the Assessment Team this had been identified and was being addressed through the service’s plan for continuous improvement.

The approved provider’s response states review of care plans to ensure individual needs and preferences are documented, commenced in July 2020. A full review of cultural, spiritual and diversity assessments is currently underway and is due for completion in October 2020. There are processes in place to ensure this is monitored on an ongoing basis.

While staff identified some deficits in care planning documentation specific to this requirement, I am satisfied that the service is taking action to improve this. Further, consumers and representatives are satisfied staff know their individual preferences, make them feel valued and treat them with dignity and respect. For the reasons detailed this requirement is Compliant.





STANDARD 2

Ongoing assessment and planning with consumers

**Consumer outcome:**

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

**Organisation statement:**

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard has not been provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team brought forward evidence that assessment and care planning documentation reflects consideration of consumers’ needs, choices, preferences and risks. Individualised strategies to minimise risks including those related to aspiration, skin care, pain, falls and challenging behaviours are identified in assessment and care planning documentation.

Registered nurses utilise evidence-based risk assessment tools and demonstrated a sound understanding of the organisational processes relating to the ongoing assessment and care planning process; for example, ‘Resident of the Day’ and three monthly re-assessment and evaluation. Registered nurses said they involve specialist practitioners, including a Nurse Practitioner, in assessment and planning when a need is identified and provided examples of when this had occurred for a consumer at high risk of skin breakdown. Consumers and representatives said the

service involves medical officers and allied health professionals in the planning of their care.

Care staff are familiar with management strategies for consumers with complex care needs and could describe the strategies they use to manage risk.

Organisational policies, procedures and guidelines are available to guide staff practice and include processes that are to be followed when a consumer enters the service.

I am satisfied that assessment and care planning processes support the development of safe care and services plans that include strategies to minimise identified risks. For the reasons detailed, this requirement is Compliant.

### Requirement 2(3)(b) Compliant

*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.*

The Assessment Team brought forward evidence that care planning documentation details consumers’ current care needs and preferences and generally reflects what is important to the consumer including goals relating to diet, catheter care, pain management and skin care.

The Assessment Team found that care documentation did not consistently include information about advance care planning and end of life planning. Management said these discussions are generally held following entry to the service however an audit conducted in June 2020 identified that some consumers do not have this information documented. They said follow up discussions are being held with consumers to capture this information and the Assessment Team and consumer representatives who were interviewed confirmed this is occurring.

Registered staff and care staff are familiar with consumers’ needs and preferences and their responsibilities in relation to assessment and care planning. Organisational policies, procedures and guidelines guide staff practice and a collaborative and holistic approach supports planning for end of life care.

For the reasons detailed above this requirement is Compliant.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team brought forward evidence that care and services are generally reviewed on a regular basis and when circumstances change. The Assessment Team identified examples where care had been reviewed following falls, skin related incidents, changes in mobility and following an acute deterioration in health. Consumers and representatives reported satisfaction with this process.

While the Assessment Team identified inconsistencies in the frequency of monitoring vital signs post fall, the approved provider in its response, states monitoring was occurring however staff were recording this in different documents. The approved provider has addressed this to ensure staff apply a consistent approach to the way their observations are recorded.

The Assessment Team reviewed incident data, including for consumers who have experienced a fall in the last month and all consumers’ assessments and care plans had been reviewed by a physiotherapist.

Staff are guided by policies and work instructions; they demonstrated an understanding of care review processes and when this should occur. Consumers and their representatives said the organisation communicates with them about care and service delivery.

For the reasons detailed, this requirement is Compliant.





STANDARD 3

NON-COMPLIANT

Personal care and clinical care

**Consumer outcome:**

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

**Organisation statement:**

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements of this Standard however Requirement 3 (3) (b) has been found Non-compliant and for this reason the Quality Standard is assessed as Non-compliant.

## Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team brought forward evidence that consumers generally receive care that is safe, effective and tailored to the specific needs and preferences of the consumer.

The majority of consumers expressed their satisfaction with the personal and clinical care provided and advised that staff have an understanding of their individual care needs and preferences. Consumers and representatives described how staff supported consumers to get the care they need.

Care planning documentation included examples of how staff deliver personal and clinical care that optimises the consumer’s well-being. For example, the Assessment Team found the management of diabetes is in accordance with medical directives, wound care is being delivered as prescribed, staff are responsive to changing clinical needs and the assistance of allied health specialists, medical officers and a Nurse Practitioner is sought as appropriate. Where restrictive practices are applied alternative strategies to support the consumer are trialled, risks are discussed and authorisation and consent is in place. The organisation actively monitors the use of restraint and strives to minimise use of restrictive practices. The Assessment Team were provided with an example of the deprescribing of chemical restraint for a consumer.

The assessment and care planning process captures information about consumers’ needs and preferences and this is generally documented to guide staff in delivering care. Care plans are reviewed on a regular basis and when there is a change in the consumer’s condition. Consumers, representatives and others who are involved in the consumer’s care participate in care planning review processes.

Staff advised they have access to policies, procedures and guidelines and that training has been provided in clinical areas including restraint, wound management, falls prevention and dignity of risk. Registered nurses supervise care delivery, clinical indicators are analysed and audits are conducted to ensure care delivery is in line with the consumer’s needs and preferences.

For the reasons detailed this requirement is Compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team’s report includes information that high-impact, high prevalence risks associated with the care of each consumer are not consistently being managed.

The report includes information about inappropriate care being delivered to two consumers, one involving bruising and pain management and the other relating to wound care. The approved provider, in its’ response has addressed these concerns and I am satisfied with the actions taken by the service to support these consumers.

However, the Assessment Team brought forward evidence that post falls management processes are not implemented consistently and are not in accordance

with organisational requirements. For example, the Assessment Team identified inconsistencies in the recording of vital signs, incident reporting mechanisms and assessment for possible pain, following a fall. Management advised the Assessment Team that clinical audits had identified deficiencies in the monitoring and management of consumers following a fall and that the organisation was working with registered nurses to support their knowledge and skills in this area.

I note the approved provider does not refute the evidence brought forward by the Assessment Team in relation to post falls management and the service’s plan for continuous improvement includes actions that have commenced to improve performance in this area. Staff education is occurring, increased clinical monitoring and supervision is in place and incident data is being analysed and reported.

While I am confident the organisation is actively addressing the deficiencies identified by the Assessment Team, at the time of the assessment contact post falls management and the associated risks to the consumer were not being effectively managed and for this reason I find the requirement is Non-compliant.





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 of this Standard and therefore an overall compliance rating for the Quality Standard has not been provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team brought forward evidence that furniture, fittings and equipment was safe, clean and well maintained.

Consumers said they feel safe when staff use equipment to care for them and they found the furniture and fittings pleasant and appropriate to their needs; some said staff have been trained how to use equipment properly. Consumers said they report equipment concerns to maintenance and this is attended to promptly.

Staff said they have sufficient supplies of equipment and it is regularly checked and serviced to ensure it is fit for use. They could describe how they clean equipment and the processes they follow if equipment is damaged or in need of repair.



STANDARD 5

Organisation’s service environment

The Assessment Team observed staff cleaning equipment and practicing infection control during the assessment contact. Instructions on how to use equipment safely are accessible to staff. Equipment to support mobility such as hoists were well maintained and stored securely. Kitchen equipment was clean and well maintained.

For the reasons detailed this requirement is Compliant.





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 of this Standard and therefore an overall compliance rating for the Quality Standard has not been 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.*

Consumers and their representatives said there are adequate staff to ensure their care needs are met in a safe and timely manner. Consumers spoke positively about call bell response times, they said they are not rushed and had noticed improvements in the timeliness of medication administration. Overall, consumers were satisfied with the care they receive when attended by agency nursing and/or care staff; they said that most of the time these staff are familiar with their needs and preferences.

Staff generally said they have sufficient time to provide consumers the assistance they require and they can provide this care in a manner that is respectful and not rushed. A small number of staff said they had concerns about staffing sufficiency but could not provide the Assessment Team with any examples of how this impacted care delivery.



STANDARD 7

Human resources

The organisation has implemented a number of workforce improvements to support the delivery of safe, quality care. For example; the acuity of consumers is monitored to determine appropriate staffing, there is a focus on consistency of staffing, strategies are in place to accommodate unplanned leave and there has been a reduction in the usage of agency staff. Policies and procedures relating to human resource management provide guidance to management staff. Data relating to call bell response times, incidents and use of agency staff is monitored to identify trends.

The Assessment Team observed staff interacting and assisting consumers in a manner which was respectful.

For the reasons detailed this requirement is Compliant.

### Requirement 7(3)(c) Compliant

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

The Assessment Team interviewed consumers and their representatives and all reported confidence in the competence of care staff. They said staff have enough training and skill to perform their roles and effectively care for consumers.

Consumers and representatives said they feel safe and that staff know how to care for them and communicate changes in care when needed.

Staff reported satisfaction with the support provided to them and said they receive regular training in areas such as clinical care, manual handling, infection control, cleaning and mandatory reporting. The Assessment Team interviewed a small number of new staff who had experienced difficulties accessing the electronic information system. The approved provider has addressed this in its’ response and advised that the induction and orientation process has been adjusted to ensure new staff are supported to access electronic information systems in a timely manner on commencement.

Management described how they ensure staff are competent to undertake their roles, this included mandatory training, competency assessments, seeking feedback from consumers, monitoring completion of workflow sheets and performance appraisal processes. The Assessment Team reviewed training records and identified that where a need is identified, education and training is conducted to improve staff skills and competency.

For the reasons detailed this requirement is 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 of this Standard and therefore an overall compliance rating for the Quality Standard has not been provided.

## 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 Assessment Team brought forward information demonstrating organisation wide governance systems are in place that support the effective management of the service and improve outcomes for consumers.

The organisation has a Strategic Roadmap and Work Program 2019-2020 with initiatives about: business strategy and sustainability; governance systems; processes and structure; information technology management; the new service

delivery model; workforce capability and the single quality framework. Consumers and their representatives are an integral part of service design and delivery.

Effective information management systems and processes provide all stakeholders with the information they need to undertake their role or to make informed choices about care and service delivery.

Continuous improvement processes are in place and help the organisation to identify where quality and safety is at risk. Management described how improvement initiatives are identified through the analysis of incidents, auditing programs, feedback forums and suggestions. Examples were provided of recent improvements at the service that have resulted in improved outcomes for consumers.

Financial governance is maintained by the organisation’s Chief Financial Officer and there are processes to ensure the service has the resources it needs to deliver safe and effective care.

Workforce governance is maintained by the Director of Human Resources and performance is monitored by the Board. Staff mix, skill and rostering are overseen by the human resources team and reports are generated that track police check expiries, visa requirements, performance appraisals and mandatory training attendance.

Processes are in place to support the organisation to comply with relevant legislation, regulatory requirements and standards. Regulatory compliance is monitored by the organisation’s divisional quality team and changes in policy and procedure are disseminated through clinical governance meetings and facility manager meetings.

The organisation provided examples of how it tracks and communicates changes to aged care law and how reportable assaults are identified, addressed and recorded. Management at the service are aware of the legislation relating to the use of physical and chemical restraint and have an understanding of their role and associated responsibilities when restrictive practices are applied. The Assessment Team identified the service is actively working to reduce the use of chemical and physical restraint.

The service encourages and seeks feedback from consumers, representatives, and staff through surveys, meetings, audits and feedback forms; this informs the continuous improvement process. Complaints are monitored by the National Director Clinical Governance, Quality and Risk who prepares monthly reports that are communicated to the Board. The Assessment Team reviewed complaints documentation and found the service is following organisational policy and procedure.

For the reasons detailed this requirement is Compliant.

### 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.*

The organisation has a Clinical Governance Framework which provides the overarching performance and reporting framework for the organisation to ensure the safety and quality of services provided is consumer centred, safe, effective and delivered at a high standard.

Policies and procedures describe provide guidance on how to manage risks, identify and respond to abuse, and how to support consumers to live the best life they can. A Risk Management Framework contains detailed information about managing and controlling different types of risks including strategic, financial, people and culture, and operational risks. A quality indicators risk identification matrix demonstrates how identified risks are monitored, rated and actioned.

Incident monitoring occurs and management demonstrated how incidents are assessed, prioritised and actioned; where necessary these are escalated to the executive management team and the Board.

Risks associated with restrictive practices are addressed in organisational policies and procedures that include the use of low beds, bed poles, comfort chairs and bed rails.

The service has identified risks associated with the Corona-virus pandemic and procedures based on government legislation and infection control requirements are in place to guide staff; the service has tested its’ plan and this has resulted in improvements being made.

Staff said they had received education about these specific policies and could describe how they applied the information in a practical way; they provided examples of how the policies are relevant to their work. For example, they described the interventions they use to prevent falls and pressure injuries, how they monitor the safety of consumers who have bed poles in place, and how they safely support consumers to take risks. Staff demonstrated an understanding of their responsibilities

in the event of any allegations of abuse and knew what they were required to do should this occur.

Consumers and representatives consistently reported to the Assessment Team satisfaction with the quality of care they received; they stated they felt safe and that they were consulted in relation to the care and services they receive.

The Assessment Team found deficiencies in how risks to consumers were managed post fall, particularly in relation to how vital signs were being monitored and recorded and post fall assessment processes. I have considered this information under Requirement 3 (3) (b) and found that there are deficiencies in this process. However, on considering the information brought forward by the Assessment Team in other Standards and the approved provider’s response, I am satisfied that the organisation overall is managing risks to consumers, responding to allegations of abuse and supporting consumers to live the best life they can.

For the reasons detailed this requirement is Compliant.



# 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 service must ensure that there is effective management of high-impact or high prevalence risks associated with the care of each consumer, particularly following incidents such as falls.