Little Sisters of the Poor St Joseph’s Home

Performance Report

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**Commission ID:** 3415

**Provider name:** Little Sisters of the Poor Aged Care Ltd

**Site Audit date:** 9 February 2022 to 11 February 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

James Howard, 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 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 was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 9 February 2022 to 11 February 2022; 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 this service.

# STANDARD 1 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with feedback from consumers) and tested staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers considered they were treated with dignity and respect, could maintain their identity, were able to make informed choices about their care and services and live the life they chose. For example:

* All consumers interviewed said that they were treated with dignity and respect, and their privacy was respected.
* Consumers described how their cultural needs were met.
* Consumers described how information was provided to them so they were able to make informed choices and take risks.

Staff were able to provide practical examples of how the identity, culture and privacy of consumers was respected. Staff described how consumers were supported to take risks and maintain relationships.

All staff were observed to interact with consumers respectfully.

Care plans reviewed reflected the consumers’ diversity, outlined consumers' cultural preferences and documented how they were supported to take risks.

The service had policies in place that supported staff to deliver individual and dignified care to each consumer.

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

## 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.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documents in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documents and reviewed them on an ongoing basis.

Overall, consumers considered that they felt like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said they were involved in the initial assessment and ongoing care planning of consumers’ care.
* Consumers and representatives described what was important to consumers in terms of how their care was delivered, particularly when approaching end of life.
* Consumers and representatives confirmed that the service sought input from other providers who were involved in the consumer's care, including their medical practitioner and other services as required.

Consumers and representatives said staff explained relevant information to them about their care and they had access to the consumer’s care plan.

Staff explained the process for regular review of care plans and care plans showed evidence of review on a regular basis and when circumstances changed, or incidents occurred.

All care plans reviewed by the Assessment Team demonstrated consideration for consumers’ needs, goals and preferences and risks to consumers’ health and wellbeing.

Consumers’ care planning documentation included individual needs, goals and preferences, including in relation to end-of-life planning.

Care planning documentation showed that consumers, families and other providers of care and services were involved in the assessment and care planning processes.

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

## 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.*

### 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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### 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.*

# STANDARD 3 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed care plans and assessments and asked staff about how they ensured the delivery of safe and effective care for consumers. The team also examined other relevant documents.

Overall, consumers considered that they received personal care and clinical care that was safe and right for them. For example:

* Consumers and representatives said the service provided great care that was suited to individual preferences and conditions.
* Consumers with palliative care needs and their representatives described how their goals and preferences when nearing end of life were recognised and addressed.
* Consumers and representatives felt consumers’ needs and preferences were effectively communicated between staff.
* Consumers and representatives said consumers had access to other providers of care and services when required.

Care planning documentation demonstrated that care was safe and effective and tailored to consumers’ needs, goals and preferences.

Care planning documents and progress notes reflected the identification of, and response to, deterioration in consumers’ function and condition.

Care planning documentation provided adequate information about consumers’ conditions, needs and preferences for care both within the service and for external organisations responsible for consumers’ care.

Care planning documents demonstrated referral to, and input from, external providers in planning and delivering personal and clinical care to consumers.

The service reviewed its restrictive practices, skin integrity and pain management processes to reflect best practice.

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

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers. The Assessment Team made observations and asked consumers about the things they liked to do and how those things were enabled or supported by the service. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. For example:

* Consumers said the service supported them to do the things they liked to do. This included emotional, spiritual and psychological wellbeing support, as well as external daily living services.
* Consumers confirmed that they were supported to participate in the community and to maintain personal relationships.
* Most consumers said the meals at the service were overall of suitable quantity and quality.

Staff described selected consumers' daily living needs and preferences, and how they supported consumers to do the things they wanted to do.

Care planning included up-to-date information on consumers' daily living preferences.

Lifestyle services and supports at the service included a range of activities for consumers if they wished to participate, and documentation demonstrated that these were tailored to consumers' needs and informed by consumer feedback.

Equipment for daily living and lifestyle supports and services was safe and well-maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, consumers considered they had a sense of belonging in the service and felt safe and comfortable in the service environment. For example:

* Consumers described how they felt at home and comfortable at the service. They were satisfied with the environment and described what made it a nice place to live.
* Consumers said that the service environment was safe, clean and well-maintained.
* Consumers said furniture, fittings and equipment were safe, clean and well-maintained.

The Assessment Team observed the service environment was clean and well-maintained. The service environment was safe, with supports in place to assist consumers to navigate the service.

Consumers were able to move freely both indoors and outdoors. Consumers were observed going out into the gardens and grounds of the service and cutting flowers for their rooms.

The Assessment Team observed all communal areas and outdoor areas to be accessible to consumers. Keypads were seen only to prevent consumers from entering back-of-service delivery entrances or steep exit staircases.

All furniture, fittings and equipment were safe, clean and well-maintained. The service had preventative and reactive maintenance and cleaning procedures. Staff described equipment maintenance procedures.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### 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.*

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asked them how they raised complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. For example:

* All consumers and representatives interviewed said they felt safe and supported to provide feedback or raise concerns with staff and management.
* Most consumers were able to describe how they could make a confidential complaint if they felt uncomfortable raising concerns with staff at the service.
* All consumers and representatives said they were satisfied with the service's actions taken in response to complaints and concerns about their care.
* Consumers and representatives could describe how the service used feedback to improve the quality of their care and services.

Staff described how they responded to consumers or representatives if they raised concerns.

Management described how consumers and representatives were informed of external feedback, advocacy and language services and staff described external feedback, advocacy and language services available to consumers and representatives.

The service had written documents that outlined and supported its commitment to ensuring consumer feedback was encouraged and used to improve the quality of care and services.

Posters and brochures detailing external complaints, advocacy and interpreting services was on display throughout the service.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 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 understands and applies 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.

Overall, consumers considered that they received quality care and services when they needed, from people who were knowledgeable, capable, and caring. For example:

* All consumers interviewed said that they were happy with the staff and that the staff were kind, caring and gentle when providing care.
* While some consumers said sometimes there could be more staff, no consumers raised concerns about care or services as a result of staffing numbers.
* All consumers said they felt staff were competent and capable.
* All consumers said they received the care they needed in a timely manner.

Management provided evidence and outlined how the service’s workforce was sufficient in size and skill to provide safe and quality care and services.

Management demonstrated systems for staff recruitment, induction, performance review and credential checking as well as monitoring of staff competencies including mandatory training in specific areas.

Staff said they were trained and supported to perform their roles, and where additional training needs were identified, they were met through supplementary training.

Service records showed staff completed mandatory training and confirmed that staff performance was monitored through performance appraisals and informal monitoring and review.

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

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

### 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 understands and applies 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, consumers considered that the organisation was well run and that they could partner in improving the delivery of care and services. For example:

* Consumers and representatives said the service was well run and that the service was fantastic at providing person-centred care.
* Consumers and representatives described how they were involved in the development, delivery and evaluation of care.

Management and lifestyle staff described how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services.

The service had effective governance mechanisms in place, including a suite of policies and procedures, information and risk management systems. The service also conducted a range of meetings to ensure the service consistently delivered safe and effective care and services.

To ensure the Quality Standards were met, the service conducted staff audits, performance management meetings, observations and collected feedback, complaints and comments from consumers.

Management attended regulatory meetings on a three-monthly basis with the board of management to discuss systems to ensure a culture of safe, inclusive and quality care at the service.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management staff described the service’s clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure is in place. This information was reflected in the service’s documented policies and procedures.

The organisation had an effective risk management system which included, but was not limited to, managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system.

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;*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.