St Dominic's Home for the Elderly

Performance Report

171 Walters Road
BLACKTOWN NSW 2148
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**Commission ID:** 0227

**Provider name:** The Congregation of the Dominican Sisters of Malta in New South Wales

**Assessment Contact - Site date:** 17 December 2020 to 18 December 2020

**Date of Performance Report:** 5 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(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** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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.

# STANDARD 3 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 and therefore an overall compliance rating for the Quality Standard is not provided.

### 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 service demonstrated consumers received individualised clinical and personal care that was safe, effective and tailored to their specific needs and preferences. For example:

* Consumers who had diabetes were monitored and strategies were developed to ensure their blood glucose levels were managed in accordance with medical officers’ instructions. Actions were taken for reading’s outside the consumers recommended range, and where insulin was prescribed, the insulin was administered by registered nurses.
* Consumers who experienced weight loss were monitored and supplements were added to their daily intake. Food intake charts were completed and assistance was provided at meal times. Consumers were referred to a dietician.
* Consumers had care plans for personal care needs that were reflective of their choices and carers were aware of their individual needs and preferences. Personal care charts were maintained, including daily shower charts, oral hygiene charts, bowel charts and repositioning charts.
* Consumers with challenging behaviours were assessed and monitored to develop individualised strategies to minimise and reduce behaviours of concern.
* Consumers with specialised nursing care were overseen by registered nurses and care plans were developed to ensure the care provided was in accordance with medical recommendations.

Care staff advised the Assessment Team that they were aware of the importance of reporting any issues or concerns to the registered nurses, including pressure injuries, skin tears, rashes and bruising. Registered nurses provided examples of monitoring consumer behaviour, pain, skin integrity and wounds and referring issues to medical officers and allied health specialists. The palliative care nurse advised staff referred to her when required and did so in a timely manner to meet consumers’ needs.

The organisation had written materials relating to best practice care delivery which were regularly updated. The clinical management team said they actively work with medical officers to reduce the use of psychotropic medication at the service.

All consumers had been reviewed for risk of skin tears. All consumers had also been assessed for pain. Care documentation evidenced regular assessment and monitoring of pain. The documentation established that alternatives to medication such as hot packs, massage and repositioning were also tried.

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

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

The service demonstrated effective management of high-impact, high-prevalence risks. Risks to consumers were identified through the service's monitoring and assessment processes. The service monitored key performance indicators relating to aggression, falls, weight loss, restraints, skin tears, wounds, pressure injuries, infections, transfers to hospital, medication errors, psychotropic medication and choking incidents. The care manager said trends were analysed each month and strategies were put in place whenever a trend was identified.

Medication charts were reviewed and signed by medical officers every four months. Medications were dispensed by a pharmacist and administered by medication competent staff and registered nurses. Medication administration was overseen by registered nurses who were responsible for administering Schedule 8 drugs and insulin. An incident reporting system was in place that included a monthly review of medication incidents.

All registered nurses and care staff who administered medications have been assessed and found to be competent in medication administration.

A physiotherapist completes a falls risk assessment on the first day a consumer enters the service. All falls were reviewed by the physiotherapy team and a falls management committee reviewed all falls at a bi-monthly meeting. The service’s policy included medical officer review of a consumer following a fall.

Consumers who experienced weight loss were commenced on a food and fluid chart and a weight chart and were referred to a dietician. A review of documentation in care files and in the kitchen evidenced consumers who had experienced weight loss were reviewed by a dietician.

### 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.*

The service had systems and processes to minimise infection-related risks, including standard precautions and a clinical governance framework that included antimicrobial stewardship.

Consumers and representatives demonstrated an awareness of Covid-19 and said staff supported them to follow infection control protocols, including hand washing, applying hand sanitiser and observing social distancing.

The Assessment Team observed density signage prominently displayed throughout the service. Covid-19 information signs in Maltese and other languages were sighted throughout the service.

Staff said they had received education about donning and doffing of personal protective equipment (PPE). Training records confirmed that all staff have completed hand washing, donning and doffing and infection control training and competencies. The service had more than a week’s supply of PPE at the time of the Assessment Contact visit.

Staff have been identified who were willing to work with consumers in isolation if needed. The service has discussed arrangements for additional staff with four nursing agencies in the event of an outbreak. The service’s staff roster has been reworked so that no staff work across areas in any one shift. All staff have received a flu vaccination.

Registered nurses demonstrated an understanding of antimicrobial stewardship and what this meant for their day-to-day practice. Monthly clinical indicators included reporting about infections and antibiotic use.

# STANDARD 5 COMPLIANTOrganisation’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

Consumers said they felt at home in the service and they felt safe. They said their family and friends were welcomed to the service and were able to visit. They stated the furniture was well-maintained and the environment was clean.

Management has carried out extensive consultation with consumers to incorporate consumer preferences in making the service environment more welcoming. Funds have been made available to improve the service environment and new lounge chairs have been purchased. Consumers were involved in the choice of lounge chairs and the fabrics and colours. All non-electric beds have been removed and replaced with electric beds. All furniture observed at the service was in good order.

Consumers stated that the call bell system was effective and staff attended to their calls in a timely manner. The call bell software system has been upgraded so that reports can be printed whenever needed. The facility manager uses the reports to monitor call bell response times, staffing levels and consumer needs.

Care staff stated they have been provided with key access and codes to storage areas and have access to the equipment and supplies they need.

The service was observed to be clean and well-maintained during the assessment contact.

All chemicals were appropriately labelled, and chemical safety training has been provided to relevant staff.

Cleaning staff said additional cleaning hours had been added to the roster.

Maintenance logs evidenced maintenance issues were addressed within a suitable time frame.

Extensive work has occurred in the laundry to improve systems for infection control, work health and safety and general functioning.

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 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

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

## Assessment of Standard 6 Requirements

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

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

Consumers said they were aware of the ways they could provide feedback and make complaints. They said they felt comfortable raising concerns with management and that management listened to their concerns. They said they were satisfied with the outcomes of any complaints they had made.

Feedback and complaints were recorded on feedback forms and logged in the feedback register. The policy and procedure for feedback and complaints sets out that privacy, open disclosure, cultural safety and procedural fairness are utilised and evidenced in dealing with complaints.

Trending and analysis of feedback and complaints was undertaken by the manager. Issues identified through feedback and complaints were entered in the continuous improvement plan and used to improve the quality of care and services.

The facility manager stated consumers were provided with information about ways to provide feedback and make complaints, including information provided when consumers entered the service, information in notices and brochures displayed throughout the service, and at meetings. The information included advice about external complaints mechanisms and advocacy services.

The manager stated all staff have been trained in the complaints process and open disclosure. The service had an open disclosure framework which sets out the specific steps to be taken when things go wrong. This was referenced in both the complaints policy and procedures and the incident management policy and procedures

The complaints documentation recorded the complainant’s preferences for resolving a complaint, whether an apology was provided to the complainant and the date, the timeframe for fixing concerns, results of investigation, corrective action, and whether the complainant was satisfied with the outcome.

The outcomes of complaints were discussed at consumer and staff meetings.

Management monitored the effectiveness of the feedback and complaints system through the collection and analysis of feedback and complaints data. This information was discussed at management, staff and consumer meetings, and was reported to the advisory board each month.

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

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

Management advised the Assessment Team that issues identified through the feedback and complaints system are entered in the continuous improvement plan and used to improve the quality of care and services. For example:

* Following complaints about staff teamwork and poor staff attitude, registered nurses were instructed to monitor call bell responses and assist care staff where needed. There have been no further complaints regarding teamwork or poor staff attitude.
* Following suggestions and complaints about the food, the chef introduced changes to the menu and meals. Consumers confirmed that improvements have been made to the meals.

The plan for continuous improvement included improvements initiated from feedback and complaints.

# 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 is not provided.

## Assessment of Standard 7 Requirements*.*

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

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

Consumers interviewed stated they were satisfied with the care and services provided. They said staff were caring, respectful and knew what they are doing.

The service demonstrated it had systems to ensure staff were recruited, trained, equipped and supported to provide quality care and services to the consumers. All staff were required to complete annual mandatory training and complete competency assessments for manual handling, fire safety, hand washing, donning and doffing of PPE, cardiopulmonary resuscitation and first aid. All staff completed training in workplace bullying and harassment, reportable incidents and elder abuse, person centred care, infection control and Covid-19. Additional training was also provided where a need is identified. Staff said they had additional training in wound management and behaviour management.

A review of training records showed all staff had completed mandatory training and the required competency assessments.

Processes for recruiting new staff involved a comprehensive employee checklist that ensured new staff were aware of position descriptions and had a police certificate, reference checks, visa checks, identity checks, and a first aid certificate.

# 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 is not 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 service demonstrated it had effective governance systems for the delivery of safe and quality care and services.

#### Information management

The service had systems to ensure all stakeholders were fully informed of matters that impacted on them.

Consumers were provided with information about the care and services available to them when they entered the service and on an ongoing basis. This included an information pack for new consumers, a handbook, feedback mechanisms, newsletters, and regular meetings.

Policies and procedures have been reviewed and updated and were available to all staff to guide staff practice. An electronic system was used for clinical documentation that was accessible to all staff. Staff were received up-to-date information at handover each shift and in regular meetings, memos, emails, messages, and at training sessions. Management advised the handover documentation was upgraded to include a photo of each consumer and more detail on each individual, such as risks, special requirements, and preferences. Staff interviewed confirmed they had access to the information they needed for the effective delivery of care.

Management held regular meetings, including monthly clinical governance meetings, meetings of heads of departments three times each week, and monthly meetings with the advisory board.

#### Continuous improvement

The service had a continuous improvement system in which areas for improvement was identified from feedback, suggestions, complaints, meetings, audits, surveys, and legislation updates. The system is overseen by management. The Assessment Team noted that the continuous improvement system had prompted a review of and improvements to the lifestyle program and the meals offered to consumers.

#### Financial governance

The service had policies and procedures for financial governance. The service’s management had a budget for regular operating costs and where additional spending was required, a request outlining the reasons and benefits for the expenditure was submitted to the organisation and a risk and suitability assessment was conducted. The service provided a monthly financial report to the board.

#### Workforce governance

The service had systems in place to ensure clear responsibilities and accountabilities were assigned for each role. The recruitment process was centrally managed by the organisation. There is a checklist for onboarding to ensure all new employees fulfil all regulatory and organisational requirements.

#### Regulatory compliance

Information about relevant legislative and regulatory requirements was accessed from government departments and authorities and industry bodies. Any changes were reviewed at management meetings, and policies and procedures were updated to reflect the changes. Staff were notified of any relevant changes through memos, messages, staff meetings, and training. The service had an audit program in place to monitor compliance with legislative and regulatory requirements.

The Assessment Team reviewed the mandatory reporting register for alleged and suspected assaults and established that the service had fulfilled its regulatory requirements.

#### Feedback and complaints

The service has reviewed the processes for feedback and complaints. The complaints process was overseen by the facility manager and an overview of feedback and complaints data was reported to the advisory board monthly. A process of open disclosure was used when things go wrong and issues identified through the feedback and complaints system are included in the continuous improvement system.

# 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.