St. Agnes Care and Lifestyle

Performance Report

Bourne House, 10-12 Short Street
PORT MACQUARIE NSW 2444
Phone number: 02 5525 3600

**Commission ID:** 201391

**Provider name:** St Agnes' Care & Lifestyle

**Assessment Contact - Site date:** 18 November 2020

**Date of Performance Report:** 21 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 22 December 2020

# STANDARD 2 NON-COMPLIANTOngoing 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 this requirement under this Standard, the Assessment Team interviewed the consumer and or/their representative, asking them about how they are involved in assessment and care planning, reviewed their care planning documents in detail, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis.

Consumers, and their representatives, interviewed advised that they have discussed their current needs, goals and preferences as part of the assessment process. They have been involved in the compilation of their care plan and have been provided with a copy as is required. They confirmed they are able to request changes to their care and services and how these will be delivered in line with their preferences and changing needs.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-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 found that the service does not demonstrate that 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 provided information that while the service conducts assessment and planning to identify and address consumer’s needs, goals and preferences, including advance care planning and end of life planning; this is inconsistently applied and generic in nature in some cases.

The Assessment Team was presented with generic policies on assessment and planning and informed by staff and management that a new electronic system is being implemented. This new system does not have a defined schedule or method of implementation, and staff did not appear fully aware of its status. The Assessment Team found care records reviewed did not contain comprehensive consumer centered assessment; did not link identified risk and individual needs to care planning and service delivery; and did not provide specific information to staff involved in delivering care services on how to manage these needs and risks. The majority of consumer records reviewed did not contain a comprehensive assessment and the risks and individual needs identified were not linked directly to care and service delivery.

The Approved Provider provided a response that included evidence of corrective actions that have occurred since the assessment contact, including education provided, education forecast, care plans reviewed and updated, review of policies and implementation of new policies and associated schedule, and a continuous improvement plan.

I have considered the Assessment Team’s report and the Approved Provider’s response. I note the Approved Provider has not refuted the Assessment Team’s findings at the time of the audit and improvement activities that have occurred since the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as the approved provider has been unable to demonstrate 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.

# 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

To understand the consumer’s experience and how the service provider understands and applies this requirement under this Standard, the Assessment Team interviewed consumers, asking about their experiences with the staff, reviewed policies and procedures, and interviewed staff about the initial orientation, ongoing training and support provided by the service and the adequacy of staff employed to complete tasks required.

Consumers and representatives interviewed said that the staff are respectful, kind and caring. They provided positive feedback about the care staff and said they are attentive to the consumer’s needs and are always on time. They were complimentary about the care coordinator and team leader, who they said are approachable and responsive. They said the service works closely with them, consults with them regularly and arranges care and services to meet their needs, goals and preferences. They said the service responds promptly and flexibly to any changes and/or requests they may make.

Not all requirements were assessed and therefore an overall 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.*

The Assessment Team found that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The organisation ensures staff when recruited, have appropriate qualifications and skills to match the consumer’s needs. There is a comprehensive orientation for staff regarding the service’s polices procedures, processes and practices. Ongoing education is provided for staff to ensure they are equipped to perform their role. Mandatory training for aged care staff includes infection prevention and control, first aid, manual handling and medication management. Care staff said they are provided with resources and appropriate supplies, such as personal protective equipment, to support the delivery of safe quality care and services.

I find this requirement is compliant as the Approved Provider has been able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

# STANDARD 8 NON-COMPLIANTOrganisational 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).

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 Assessment Team found that the service was unable to demonstrate their risk management systems and processes are in place and established, to always effectively manage high impact and high prevalent risks for consumers.

While the Assessment Team found that the service has in place a risk management framework to support the delivery of safe and quality care and services, they found that risks are not consistently identified, documented or strategies for risk mitigation communicated clearly to the workforce. Care coordinators use a check list to complete assessments and this checklist does not always trigger further investigation of risk identified. Several consumer files found evidence that while risks were identified this did not consistently prompt staff to conduct further assessment. Care plans are developed using generic strategies to manage consumer needs and risks. Care coordinators could not clearly articulate the potential risks to the frail and elderly.

The Approved Provider provided a response that included evidence of corrective actions that have occurred since the assessment contact, including education provided, education forecast, care plans reviewed and updated, new intake and review tool, evidence of psychogeriatrician reports, and a continuous improvement plan. I note the approved provider also refuted some information contained in the report and clarified their position on some matters.

I have considered and accept evidence supplied by the Approved Provider that shows the management and staff at the service are aware and understand their responsibilities related to assessment and support of those consumers with dementia, and they presently use a paper based psychogeriatric assessment tool which is used if concerns have been identified with the consumers change in cognition and/or behaviours. This form is then scanned and uploaded to the documents, and allied health is then engaged to assist in supporting the consumer. However, it is also important to ensure documentation is maintained to provide evidence that demonstrates these activities are being undertaken.

I have considered the Assessment Team’s report and the Approved Provider’s response. I note the Approved Provider has not refuted all of the Assessment Team’s findings at the time of the audit and improvement activities have occurred since the audit. It is appropriate to review and consolidate these improvements over a period of time, to consider if they have been effective and sustainable.

I find this requirement is non-compliant as the Approved Provider has been unable to demonstrate effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

# 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.

### Requirement 2(3)(b)

*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.*

### Assessment and planning processes ensure all assessments are complete and identify and address each individual consumer’s current needs, goals and preferences, including consideration of the risks to their health and well-being.

### Requirement 8(3)(d)

*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.*
* Implement robust and effective risk management systems and practices that identify and assess risks to the health, safety and well-being of consumers, manage and minimise high impact or high prevalence risks and support consumers to live the best life they can.