Performance

Report

**1800 951 822**

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| Name: | Anglicare SQ Abri Home for the Aged |
| Commission ID: | 5117 |
| Address: | Bauer St/ Heath St, SOUTHPORT, Queensland, 4215 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 May 2024 |
| Performance report date: | 13 June 2024 |
| Service included in this assessment: | Provider: 621 The Corporation of the Synod of the Diocese of Brisbane  Service: 3474 Anglicare SQ Abri Home for the Aged |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Anglicare SQ Abri Home for the Aged (**the service**) has been prepared by Bruce Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 team’s report received 3 June 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all requirements assessed** |
| **Standard 5** Organisation’s service environment | **Not Applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not Applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and their representatives’ said staff are respectful in their interactions and provide cares to consumers with dignity and the staff know each consumer’s identity and culture. The service was able to demonstrate they value diversity with many consumers at the service having a culturally diverse background and stating they feel included in the service community. Care planning documents include the consumer’s country of birth, their life story, any cultural holidays or important dates and the languages the consumer speaks. Staff were observed to treat all consumers with dignity and respect in all interactions.

Care planning documentation recorded consumers cultural backgrounds and life history, as well as their current care requirements and lifestyle preferences. Management gave examples of using interpreters when consumers spoke a language other than English, and how the provider assisted the service to do this.

Following consideration of the above information, I have decided that this requirement is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated that risks for each consumer including falls, pressure injuries anddignity of risk choices by particular consumers that are potentially dangerous for themare effectively managed. All consumers and representatives interviewed were satisfied that consumers risks are effectively managed. For consumers sampled, key risks which were risk assessed and documented in the care management software included decisions about consumers dignity of risk choices and complex nursing needs. Care planning documentation identified effective strategies are in place to manage identified risks and are recorded in care plans and progress notes.

Analysis and investigation are conducted by the management team for all incidents such as falls, skin injury, challenging behaviours, and infections to identify the contributing factors so that appropriate intervention actions can be implemented to prevent recurrence.

Care documentation and staff interviews demonstrated consumers with chronic wounds had been reviewed by wound care specialists and were treated according to wound management plans which included photographs and measurements of the wounds on a regular basis to monitor progress of treatment.

The Assessment Team report provided examples of consumers who wished to engage in activities that were potentially harmful for them. Care planning documentation demonstrated mitigation strategies employed by the service to manage the risks involved and that the service had discussed the risks with the consumers and their representatives so informed decisions could be made regarding the activities.

Management provided information on how they are proactive with their falls management and have trained staff to identify deterioration early to assist with early intervention for fall prevention.

Following consideration of the above information I have decided that this requirement is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers and their representatives reported the service is clean and any maintenance issues are addressed promptly. Consumers were observed moving freely around the service in the community loungerooms, and outdoor areas. Staff described the scheduled and reactive maintenance in place for the service, including kitchen and laundry. The service was observed to be clean and well maintained and cleaning and maintenance records provided evidence of regular activity.

All consumers and representative interviewed said that the service is safe, well maintained and clean and were able to provide examples of actions taken by staff in response to their requests.

Passageways were observed to be clear and there are adequate storage areas for equipment. Gardens are well maintained with pathways throughout. Consumers can move freely around the service and can ask for assistance to use the internal stairways or freely use the elevators between floors.

The maintenance register showed items in need of repair or replacement with identifiers such as; expected time frame for completion, managers intervention and maintenance officers’ comments. For example, a consumer’s 4-wheel walker was in need of repair, so the maintenance team temporarily replaced the item until it was properly repaired.

Staff confirmed the service has a scheduled maintenance program. Approved contractors are engaged for clinical and higher-level maintenance such as clinical equipment, electrical and plumbing. There is a scheduled maintained program in place, and an efficient reactive maintenance program. The laundry is well maintained. The kitchen is clean, and staff maintain the area in line with the food safety program each day. The maintenance team carry out consumer room refurbishment on consumer exit and as required such as repainting and repairs. Cleaning staff follow a scheduled cleaning program with a checklist that is monitored.

Cleaning staff were observed to be thorough and could explain the cleaning program and daily checklists. The service appeared clean with no evidence of pests.

There is a dedicated budget with capital expenditure allocated each year. The maintenance team have approved funding in accordance with the delegation matrix. After an external audit on clinical equipment, major funding is planned to upgrade some of the equipment and will commence at the end of May 2024.

In responding to the Assessment Team report, the approved provider advised they have recently implemented a digital maintenance portal and program which allows for service-level and organisation wide oversight of the maintenance program and procurement. The response advised this has greatly improved the efficiency of all facets of maintenance.

Following consideration of the above information, I have decided this requirement is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The service was able to demonstrate there was adequate staffing levels and a planned mix of staff to meet the needs of the consumers. Consumers and representatives interviewed said they thought there are enough staff at the service. Whilst some consumers and representatives said staff seem busy, they said they are still meeting the needs of the consumers. Management and staff were able to describe how they ensure there is enough staff to provide safe and quality care by having a base roster which is designated per classification of staff member and is designed to cover care needs of their consumers.

Consumers provided examples of staff taking time to ensure they were comfortable with the provision of care and engaging in friendly conversation with them.

Staff said during busy times, they work as a team to complete tasks and meet consumers’ needs following daily handover. Staff confirmed they have access to consumers’ care planning documentation, and they report to registered staff if they are uncertain about providing care.

The rostering officer said the service identifies shortfalls and unexpected staff leave within the roster and the need for replacement staff. A text messaging system to designated staff is used as first point and then agency staff will be outsourced to fill shifts. Rostered staff are selected with preferable skills and balance that will meet the rostered workload.

The Rostering schedule showed currently unfilled shifts for coming weeks and the Assessment Team viewed outgoing text messages to be sent to appropriately trained staff. The rostering team has a direct link to agency company software to request staff at short notice if needed.

Following consideration of the above information, I have decided this requirement is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)