Performance

Report

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| Name: | Anglicare SQ Kirami Home for the Aged |
| Commission ID: | 5243 |
| Address: | 12 Banksia Street, POINT VERNON, Queensland, 4655 |
| Activity type: | Site Audit |
| Activity date: | 3 July 2024 to 5 July 2024 |
| Performance report date: | 5 August 2024 |
| Service included in this assessment: | Provider: 621 The Corporation of the Synod of the Diocese of Brisbane  Service: 3600 Anglicare SQ Kirami 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 Kirami Home for the Aged (the service) has been prepared by Helen Fawns, 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 Site Audit 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 1 August 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives sampled said consumers are treated with dignity and respect, and their identities, cultures and diverse backgrounds are valued. Staff outlined how they treat consumers with dignity and respect and demonstrated a strong understanding of consumers’ life experiences and cultural backgrounds.

The service has policies and procedures to support and guide staff in identifying consumers' cultural needs and providing culturally safe services. Care and lifestyle staff could identify consumers from diverse cultural backgrounds and articulate how their care is tailored to meet their cultural needs and preferences.

Care planning documentation captured consumers' choices and reflected adjustments in their needs and preferences for the delivery of care. Consumers and representatives said the service actively supports consumers in making choices related to their care, decision making and maintaining chosen relationships.

Management and staff explained how they support consumers in taking risks, while ensuring they understand any potential harm involved. Consumers and representatives confirmed consumers are supported to exercise choice and independence, including taking risks enabling them to live the life they choose.

Consumers and representatives stated consumers receive current, accurate and timely information updates which are provided in a clear and easy to understand way. The Assessment Team observed information was available to consumers in a clear and easy-to-understand format to support decision-making.

Staff described strategies for ensuring confidentiality, including not having conversations about consumers in public areas and knocking on doors prior to entering. Staff are provided with training on privacy. The Assessment Team observed consumers’ care planning documentation is stored in a password-protected system. The service has a privacy policy to guide staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described that consumers participated in developing their care plans. Initial risk assessments are conducted and reviewed as needed. Policies and procedures are in place to guide staff in assessment and care planning. Consumers and representatives confirmed they are consulted in relation to consumers’ needs, goals and preferences and staff have spoken with them regarding advance care planning. The care planning documentation for consumers reflects their current needs, goals, preferences, and advance care planning.

Consumers said they are partners in the planning of their care and services. Clinical staff explained how they plan care with consumers and representatives. Management advised the service partners with external providers such as the general practitioners, outreach services from the hospital and allied health providers to meet consumer needs.

Policies and procedures to guide staff in communicating assessment and care planning outcomes are in place. Consumers and representatives confirmed they can access consumer’s care plans and are informed when a change is made. The service holds regular, and as required, care conferences with each consumer and their chosen representatives. Progress notes and care plans indicated regular updates with consumers and representatives when changes or incidents occurred.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the clinical and personal care provided. Care planning documentation for consumers reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumers' individual needs and preferences and clinical care requirements which were in line with their care plans. The service has policies, work instructions, and flowcharts related to personal and clinical care to guide staff in best practice.

The Assessment Team identified a potential environmental restrictive practice in relation to afterhours security, which the service had not previously identified. Management has developed a plan to conduct an assessment of each consumer in relation to the security measures and to ensure consumers are able to move freely after hours, unless the consumer has a restrictive practice is in place as a safety measure. Other processes regarding restrictive practices were in line with legislative requirements and best practice.

The service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs. Staff identified and described risks and related management for individual consumers. Care planning documentation for consumers confirmed risks had been identified and effectively managed. The service monitors risks through clinical data tracking and trending.

Consumers and representatives interviewed confirmed consumers’ needs, goals, and preferences, including their end of life wishes, have been discussed. Care planning documents demonstrated consumers and family participate in decision making processes. The service has a policy and work instructions in place in relation to acute deterioration to guide staff practice. Care planning documentation and progress notes reflected the identification of and response to deterioration or changes in consumers’ condition in line with the service’s policy.

Care plan documentation showed staff notified consumers’ medical officer and representative of any changes in the consumer's condition, clinical incidents, or medication changes. Staff explained they receive up-to-date information about consumers during handover, verbal updates from clinical staff, and progress notes. Consumers and representatives advised timely and appropriate referrals occur with their consent, and consumers have access to external health supports and services as needed.

The organisation has an infection control lead in place and policies and procedures to guide staff in relation to infection control and outbreak management. The Assessment Team observed personal protective equipment supplies throughout the service and staff adhering to infection control practices such as hand washing and wiping shared equipment.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied services and supports for daily living meet consumers’ needs, goals, and preferences and support their independence and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation captured consumers’ life story and identified consumers’ choices and provided information about the supports consumers require to do the things they want to do. Consumers said their emotional and spiritual well-being needs are supported. The service's resident handbook contained information on supports for spiritual and religious practices, such as information about church services.

Consumers expressed they feel supported to participate in activities both within and outside the service, providing them the freedom to exercise choice and to continue personal relationships and do things of interest to them.

Staff described the ways they share information and stay informed about the condition, needs, and preferences of each consumer. Care planning documentation contained sufficient information to support safe and effective care in relation to services and supports for daily living. Consumers’ care planning documentation confirmed the service collaborates with external providers to support the diverse needs of consumers. The service has policies and procedures to support the referral process to other services and providers where needed.

Consumers and representatives said the meals provided were of suitable quality and quantity. Staff were knowledgeable about consumers’ preferences and dietary requirements. Care documentation evidenced consumer dietary requirements and preferences are captured. The service provides 4 seasonal menus crafted to cater for the preferences of consumers and meet consumers’ specific dietary needs. Resident meeting minutes reflected feedback discussions on food quality and variety.

Equipment is safe, suitable, clean, and well maintained, and maintenance systems are in place to monitor and ensure equipment is fit for purpose.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said the service environment is welcoming and easy to navigate. The service has a pleasant atmosphere, sufficient lighting and appeared well maintained. Consumers and representatives interviewed said consumers can easily find their way around and move freely and independently, both indoors and outdoors. However, the afterhours security was identified as a potential restrictive practice. The service has developed plan for continuous improvement to review the impact on each consumer and take appropriate actions in line with best practice.

Maintenance records demonstrated preventative maintenance schedule and responsive reporting and repairs ensure furniture and fittings are safe and effective. Consumers confirmed that fittings and equipment are safe and clean and in working order.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives said they felt encouraged and supported to provide feedback and described how they make complaints directly through speaking with staff and management, filling out feedback forms, emails, and at the resident meetings.

The service displays pamphlets for advocacy and translating interpreter service at the entrance to the home. Staff and management were aware of how to access advocacy services and the interpreter service.

Staff and management demonstrated an understanding of open disclosure and explained how they would apologise in the event of something going wrong and undertake an investigation. The complaints register demonstrated that complaints were acknowledged and discussed with the complainant, with evidence of open disclosure, investigations and actions being taken to resolve the complaint. Management provided examples of improvements to the service which have been implemented based on feedback from consumers.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives indicated there are enough staff to provide the care and support consumers’ need in a timely manner. Management explained the workforce staffing levels are planned to provide safe and quality care with a master roster covering the care needs of consumers. Both registered nurse and care staff numbers at the service are in line with the Australian National Aged Care Classification to meet the mandatory care minutes targets reflecting the different care needs of consumers.

Staff were observed to be attentive and respectful in their interactions with the consumers. Consumers and representatives said staff are kind, respectful and caring when providing consumers with care. The Assessment Team sighted the Code of Conduct for Aged Care and reviewed policies, procedures and training modules for assessment and care planning, diversity and inclusion, dignity of risk, and privacy policies, to guide staff in supporting consumers’ identity, culture and diversity.

Management ensures all staff hold the minimum required qualifications and have professional registrations relevant for their role in line with the organisation’s recruitment policy. Documentation reviewed showed position descriptions and duty lists provide staff guidance relating to their responsibilities and duties for each role. Staff confirmed they attend annual mandatory training and complete competencies as required to perform their role. Consumers and representatives reported staff appeared to be competent and well trained. Onboarding processes for new staff include training, and buddy shifts and is reported by staff to be supportive.

Staff performance appraisals are completed at 6 months for new staff, the end of their probation period, and then annually for all staff. Management described how they undertake continuous assessment of staff during team meetings, feedback processes, observations, and from consumer and representative feedback.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives interviewed stated they are engaged to be involved in the development, delivery and evaluation of care and services via a range of mechanisms such as care planning reviews, feedback and complaints, resident meetings, consumer surveys and consumer advisory bodies.

The organisation's Board has set developed policies that emphasise the importance of safety, inclusivity, and quality in all aspects of care and service provision. The Board is made up of 10 independent directors and the chief executive officer. Two of the independent directors are registered nurses and a third is a social worker, the remaining members come with experience in business, finance, corporate governance and risk. The executive and Board receive regular reports from the service which include complaints and feedback, quality indicator report, compulsory reporting and incident reports.

The organisation has a governance framework relating to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints which includes policies, procedures and flowcharts to guide staff practice. The organisation has a risk management system in place to monitor risks associated with care of consumers while supporting consumers to live the best life they can. Consumers said they are supported to take risks, with benefits and possible harm discussed with them. Risks are identified, reported, escalated and reviewed by management at the service level and supported by the organisation and the Board.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

The organisation has a minimisation of restrictive practice policy in place to guide staff in relation to minimising the use of restraints. However, the service had not identified the afterhours security measures as a potential restrictive practice. Management has developed a plan to address this by undertaking an assessment of the impact on each consumer and scheduling a discussion of the issue at the resident relative meeting. Excepting this, restrictive practices were monitored and managed in line with legislation and best practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)