Performance

Report

1800 951 822

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| Anglicare SQ Meilene Home For The Aged | 11 July 2022 |
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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 Meilene Home For The Aged (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 7 June 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.
* the provider’s response to the assessment team’s report received 29 June 2022.
* intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers said they felt respected and valued by staff at the service and confirmed their privacy is maintained. Consumers from culturally and linguistically diverse backgrounds said staff supported them to meet their cultural needs and preferences.

Staff described how individual consumer’s culture influenced how they delivered care and services and how consumers were supported to make informed choices about their care. Staff stated they involved consumers and their families in assessing risks to consumers. The service has a culturally safe care and services policy, which reflected culturally safe practices.

Consumers advised they were supported to make choices for themselves, to make and maintain relationships and to take risks. Married couples confirmed the service assists them to maintain their independence yet spend time together. Consumers and staff said they were grateful families could once again visit the service after COVID-19 lockdown.

Consumers and representatives confirmed they consistently received information that was accurate, timely and easy to understand to assist them to make choices about care and lifestyle activities, inside and outside the service. Staff said information was provided to families and representatives via email and menus, activity planners, notices and newsletters were observed throughout the service. Care planning documentation confirmed barriers to communication such as impaired vision, hearing, speech or cognition were documented and addressed.

Staff were observed assisting consumers in a dignified manner, asking permission to assist them and speaking in a kind and compassionate way. The service had a privacy policy and procedures to guide staff on the collection, use and disclosure of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers felt like partners in the ongoing assessment and planning of their care and services and confirmed their involvement in the identification of risk and the development of risk minimisation strategies. Consumers and representatives were aware of what was contained in the consumer’s care plan and they could access a copy when needed. Staff described processes to review care needs, identify consumer risks and incidents, initiate referrals and ensure all those involved in the consumer’s care were consulted.

Staff explained how the assessment and care planning process identified consumer’s goals, needs and preferences which informed the delivery of care. Advance care and end of life care needs were discussed with consumers and representatives on entry to the service, reviewed regularly or as required. Care planning documentation captured end of life and advance care where the consumer wished.

Care plans and clinical records demonstrated assessment and planning included other providers of care and services such as medical officers, allied health professionals and medical specialists. Consumers and representatives described having an ongoing partnership with the care team and clinical staff as well as their medical officer, the hospital, podiatry and others involved in the consumer’s care.

Staff explained how outcomes of assessment and planning were communicated to consumers and/or their representatives and outlined the process and timing of care planning reviews. Staff were observed accessing the electronic care management system to view consumers files, record care notes and were familiar with handover processes to ensure continuity of consumer care. Care planning documentation reflected care and services were reviewed following changes in circumstances or incidents.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers considered they received safe personal and clinical care which was right for them, was tailored to their individual needs and they could access medical and health professionals when they needed them. Care plans reflected personalised goals and preferences and the identification of, and response to, changes in the consumer’s condition and/or health status. Staff demonstrated thorough and detailed knowledge of areas of care for consumers and were familiar with onsite consumer support services including physiotherapists and other health professionals.

Care plans showed high impact and high prevalence risks were effectively identified and managed by the service. The service had systems and processes to monitor consumers received safe and effective personal and clinical care including clinical audits and training for staff to support best practice; policies and procedures guide staff in the provision of care including restrictive practices, skin integrity, pain and falls management. Staff understood the key risks relevant to consumers and described consumer-specific strategies to address the risks; individual risks were reflected in care planning documentation/ risk assessments for consumers.

Care planning documentation contained advance care and end of life directives except where the consumers and/or their representatives did not want to discuss or plan this aspect of care. Specialist palliative care services were available to staff, and staff had received palliative care training. Representatives were confident in the service’s provision of end of life care.

Staff described how they recognised and responded to deterioration or changes in the consumer’s condition and/or health status as a trigger for reassessment and review including consultation with the care team, monitoring of clinical observations and referrals where appropriate. Representatives confirmed they were always notified promptly by the service of any changes in the consumer’s health status.

Information about consumers’ condition, needs and preferences was effectively communicated in care plans, progress notes and assessments. Consumers said staff knew their needs and preferences. Staff said they notified other health professionals or support services of necessary information to ensure continuity of safe and effective care.

Care plans reflected consumers were referred to appropriate allied health professionals, medical officers and service providers. Staff described how timely referrals were made, information was shared, and how they supported implementation of recommendations from health professionals.

Staff demonstrated understanding of antimicrobial stewardship and described key infection-prevention measures. The service had policies and procedures to minimise infection-related risks. The service’s infection prevention and control lead outlined their role and responsibilities. Observations confirmed appropriate infection prevention measures were in place.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers considered they received the services and supports for daily living important for their health and well-being and enabled them to do things of interest to them such as participating in activities at the service and outside in the community. Consumers and representatives said they were supported to remain connected to those important to them and promoted each consumer’s emotional, spiritual and psychological well-being.

Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer through verbal and documented handover processes. Care planning documentation demonstrated other individuals and external services involved in providing lifestyle supports.

Care planning documentation recorded how consumers wished to participate in activities, maintain relationships as well as the dietary needs and preferences of consumers. Consumers confirmed meals were suitable in variety, quality and quantity.

Equipment used to support the lifestyle needs of consumers including mobility aids was suitable for their needs, clean and well maintained. The service’s internal processes monitored the cleanliness and general condition of equipment which was replaced or repaired when required.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers said they felt they belonged in the service, were safe and comfortable. The service environment was observed to be welcoming and easy to navigate with shared communal areas for consumers to interact. Consumers could access internal and external service areas freely, including the service’s garden areas. Staff said they know consumers and their visitors feel at home at the service through informal and formal feedback.

The service’s maintenance program included scheduled, periodic and reactive maintenance of the service environment. Staff described how they responded to the identification of a hazard, how to action a maintenance issue and how they ensured equipment is clean and safe for use.

Consumers were observed accessing a range of equipment aids and reported furniture, fittings and equipment were safe, clean and well-maintained. Staff confirmed they had access to an adequate supply of clinical and care equipment which was maintained and cleaned regularly. Clinical and storage areas were observed to always be locked securely.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Consumers and representatives said they felt encouraged and supported to give feedback and make complaints and were confident appropriate action would be taken. Consumers and representatives knew how to provide feedback on care and services including submitting a feedback form and during regular meetings held with staff and their representatives.

Staff described processes available to consumers if they wished to raise a complaint and considered consumers were comfortable in addressing their concerns directly with staff. Staff confirmed assisting consumers to provide feedback and complaints and would help a consumer or their representative to access external advocacy services if needed. Translation and interpreter services were available to consumers who needed them. Staff noted appropriate action is taken following a complaint.

Feedback and complaints forms, a complaints and feedback box and posters to assist consumers and staff with raising concerns and complaints, including to external bodies were available within the service environment. The service’s open disclosure policy provided guidance to staff on complaints management and the complaints register, included complaints and feedback.

In its’ written response, the provider acknowledged compliant findings against this requirement, reaffirming its’ commitment to continuous quality improvement in seeking and responding to ongoing feedback from consumers and representatives.

# Standard 7

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| Human resources | | Compliant |
| 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

Consumers considered they received quality care and services when they needed them from people who were knowledgeable, capable and caring. Consumers and representatives confirmed there were enough staff to meet their needs, staff were well trained and experienced to ensure delivery of safe, quality care and services. Consumers said staff were kind, caring and respectful and the service catered for those who preferred a female carer who confirmed the ratio of male/ female staff was available to cater to this preference.

Staff reported the workforce at the service was consistent and appropriately planned to enable the delivery of care and services to consumers despite staffing challenges posed by the impact of COVID-19. Staff described monitoring call bell data to ensure response times were within a benchmark and consumers confirmed staff responded promptly to call bells.

Training records demonstrated mandatory, role specific and onboarding training was provided by the service with an electronic system in place to track compliance and automatic training reminders were issued when required. Staff confirmed they had attended training on the Serious Incident Response Scheme, other mandatory training, as well as targeted information sessions and reported the online learning system was effective. Management described an annual appraisal process and staff confirmed they found the performance reviews to be fair and positive. The service had appropriate systems and processes to safeguard the staff recruitment process and ongoing development to support delivery of care and services in line with the Quality Standards.

Internal policies and resources outlined staff expectations and provided further guidance material for staff and managers on performance management, education and professional development.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Consumers considered the organisation is well run, they could partner in improving the delivery of care and services and described their involvement in decision making and program development. Consumers felt the service communicated with them regularly and encouraged them to contribute to changes and developments within the service through feedback forms, consumer meetings and regular surveys. Staff described how consumer feedback on menus has informed improvements with a new menu and ordering system now planned based on their feedback. Consumers were confident their recommendations and feedback provided, would be taken seriously by the service.

The service’s performance was monitored and reviewed regularly through the monitoring of key clinical governance and risk management data to evidence the Board’s active oversight of the organisation. The service had an organisational vision, values and purpose statement to describe organisational commitment to a culture of safe, inclusive and quality care.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided evidence of a risk management framework, including policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service had a clinical governance framework which addressed antimicrobial stewardship, restrictive practices and open disclosure. Staff had been educated about the policies and provided examples of the relevance to their work.

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-2)