Performance

Report

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| Name: | Anglicare SQ St John's Home For Aged Men |
| Commission ID: | 5050 |
| Address: | 1 Exmouth Street, TOOWONG, Queensland, 4066 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 December 2023 |
| Performance report date: | 4 January 2024 |
| Service included in this assessment: | Provider: 621 The Corporation of the Synod of the Diocese of Brisbane  Service: 3407 Anglicare SQ St John's Home for Aged Men |

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 St John's Home For Aged Men (**the service**) has been prepared by P. Sherin, 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 18 December 2023 providing additional information.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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 said staff are kind and caring, respect their unique differences, and are aware of consumers’ individual backgrounds and life history.

Staff demonstrated sound knowledge of consumers’ life history and individual preferences.

Care planning documentation captures information including but not limited to consumers’ background and life history, identity, culture, religious and personal preferences to guide staff practice.

Management said all staff complete mandatory training in understanding culture and supporting consumer dignity and choice.

Staff were observed treating consumers with dignity and respect such as by assisting consumers with kindness and patience, considering consumers’ privacy by knocking on doors to seek consent to enter, and addressing consumers by their preferred name.

# 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 |

Findings

Consumers confirmed they receive safe and effective personal and clinical care at the service.

Staff demonstrated knowledge of individual consumers’ personal and clinical care needs. Staff described how the service refers to specialist health practitioners and providers for review based on consumers’ needs and how they implement care directives.

Review of care planning documentation identified consumers’ clinical needs such as wound care, falls, pain, and changed behaviours are managed effectively.

Staff have access to policies, procedures, tools, and guidance in relation to clinical care delivery. Internal audits and clinical incident trending are used to monitor and ensure best practice clinical care.

# 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 expressed satisfaction with the service environment and said the service is kept clean and well-maintained. Consumers said they can freely access indoor and outdoor areas of the service.

Staff and management described the maintenance and cleaning processes in place at the service. Review of maintenance records evidenced maintenance requests are attended to in a timely manner. Daily inspections of the environment are conducted, and the service has access to external contractors for regular preventative maintenance.

The service’s main entrance is locked requiring a coded keypad to exit. Some consumers can utilise the coded keypad to enter and exit the service independently, whilst others request staff assistance to open the main door or are redirected back into the service for safety reasons. The assessment team identified the service had not considered the practice of locking the exit door as environmental restraint. In response to feedback, management confirmed commencement of immediate improvement actions to ensure appropriate assessments are conducted for all consumers residing outside of the service’s memory support unit, and consent and authorisation forms completed, where required.

# 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

Consumers said the service provides sufficient staff to meet their needs, call bells are responded to in a timely manner, and they have confidence in the management of the service.

Staff confirmed staff numbers are adequate and they have enough time to complete their allocated tasks.

Management described recruitment and workforce planning measures in place to ensure staff allocation and skill mix meets the changing needs of consumers. The service is ensuring compliance with mandatory consumer care minutes and the requirement to ensure registered nurse coverage 24 hours per day, 7 days a week. Additional cleaning shifts and enhancement to the leisure and lifestyle team are being implemented to improve care and services.

Staff were observed providing care and assisting consumers with mobility, activities, and meals in an unrushed manner throughout the assessment contact.

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