Performance

Report

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| Name of service: | Anglicare SQ St Martin's Nursing Home |
| Service address: | 304 Roghan Road TAIGUM QLD 4018 |
| Commission ID: | 5999 |
| Approved provider: | The Corporation of the Synod of the Diocese of Brisbane |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 23 February 2023 |

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 Martin's Nursing Home (**the service**) has been prepared by G-M. Cain, 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; 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 following information given to the Commission, or to the assessment team for the Site Audit of the service:
  + The Assessment Team interviewed 19 consumers and/or representatives during the Site Audit, who were satisfied with the care and services received.
* the provider’s response to the assessment team’s report received 15 February 2023 and 20 February 2023.
* other information and 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 | |  |
| 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 received care and services that were respectful of each consumer's cultural background and consistent with individual consumers' preferences. Information provided to consumers is accurate, easy to understand and supports consumers to make decisions and exercise choices about their care and services. Consumers are supported by staff to take risks to live the best life they can. Consumers' personal information is stored securely and kept confidential. Staff respect consumers' privacy, such as announcing themselves before entering consumers' rooms.

Staff described how they respect consumer privacy, including consumer information being held on the electronic care management system and knocking before entering consumers' rooms.

Staff were observed to be respectful in their interactions with consumers, such as communicating with them and allowing them time to respond. Staff shared information with consumers, such as activities calendars and menu selections.

The service had a dignity of risk process and risk management policies, which outlined the service's commitment to supporting consumers in making independent decisions, including consumers' right to take risks.

The organisation had resources to promote consumer cultural diversity, and staff had received training in cultural diversity and inclusion.

Information in the site audit report indicated that consumers did not always feel respected and their choices supported, and consumers provided examples of when dignity was not maintained. Staff advised that during busy periods, consumer call bells are not always acknowledged in a timely manner; observations were made of staff referring to consumers by bed number and not by name.

Information provided as part of the response submission included a plan for continuous improvement, which evidenced detailed actions taken and planned in response to the deficiencies identified at the time of the Site Audit under Requirement 1(3)(b), including for the 5 named consumers in the Site Audit Report. These actions include, but are not limited to, offering an apology to consumers, a review of individual consumers' personal preferences, consumer case conferences, a review of clinical handover processes to ensure consumer-centred language and consistent processes and implementation of a wellness program which consider activities to support the independence of each consumer.

In coming to my decision, I acknowledge the actions taken by the service to improve its performance and as detailed in the service’s plan for continuous improvement. I am satisfied that the plan for continuous improvement effectively describes how the service will address the deficiencies identified and I am satisfied that Requirement 1(3)(b) will be compliant through the implementation of these proposed actions.

Standard 1 has been found Compliant as six of six Requirements are Compliant.

# 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

Consumers and representatives expressed satisfaction with the assessment and care planning, both ongoing and when there are changes in consumer health and wellbeing. Consumers and representatives described how the service processes included consumers’ individual needs and preferences. Consumers and representatives are included in discussions related to consumers’ care and are provided with a copy of the care plan.

Staff described the services’ consumer assessment and care planning processes, including how consumers and representatives are consulted and referrals made to medical officers and other health professionals as appropriate. The service had established processes for ongoing assessment and care planning for consumers, including 3 monthly reviews and a review of consumers’ care plan post an incident.

Evidence based risk assessment tools are available to staff in the electronic care documentation system, and are utilised for consumer assessments to develop individualised care plans. Care documentation demonstrated individual consumers’ current needs, goals, and preferences, including end-of-life wishes and strategies to minimise risk/s to consumers' health and/or wellbeing. For consumers who had experienced an incident, care documentation included incident reporting, reassessment of the consumer, review by appropriate health professionals, and implementing strategies to minimise reoccurrence.

The organisation had policies and procedures to guide staff in the assessment and care planning process for consumers.

Standard 2 is Compliant as five of the five Requirements are Compliant.

# 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

Consumers received individualised care that is safe and right for them, including managing high-impact and high-prevalence risks such as falls, urinary catheter care and changed behaviours. Consumers expressed satisfaction that staff had knowledge of consumers’ needs and preferences, which is communicated within the organisation and where responsibility for care is shared.

Consumers subject to chemical and/or mechanical restrictive practices are assessed and managed in accordance with requirements set out in the Quality of Care Principles. The service had a secure living environment, and seven consumers residing in this part of the service had been identified as subject to environmental restrictive practices. The site audit report brought forward information relating to consumers residing outside of the secure living environment, who advised their freedom of movement is restricted. At the time of the site audit, management advised that these consumers could move freely inside and outside the service and that staff accompany consumers if required for safety. I have considered this further under Requirement 5(3)(b).

Staff described risk/s to consumers, including falls, skin integrity and changed behaviours and strategies implemented to support consumers. Clinical incident documentation for the period October 2022 to December 2022 demonstrated the service monitors and managed high-impact and high-prevalence consumer risk/s. Staff described ways consumers are supported to ensure comfort at the end of life, including providing pastoral care and support to the consumers’ families.

Care documentation demonstrated that staff recognised, reported, and responded to consumer condition changes. Registered nurses had received training in managing consumer deterioration. Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The service is supported in the personal and clinical care of consumers by the medical officer and specialist aged care services from the local hospital.

The service had a suite of policies and procedures, including an outbreak management plan, pain management, skin integrity, restrictive practices and falls prevention and management. Effective infection prevention, control and minimisation strategies and practices had been implemented by the service, including appropriate action taken in response to the COVID-19 pandemic. Vaccinations are provided to consumers who wish to receive them, and the service had a supply of anti-viral medication available.

Standard 3 is Compliant as seven of the seven Requirements are Compliant.

# 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

Consumers are supported to maintain independence and encouraged to participate in activities that reflect individual interests and lifestyle needs. Staff described consumers' interests, including strategies implemented to promote consumer involvement, support of consumers' spiritual and psychological needs and level of preferred engagement.

Consumers were supported to engage in activities they were interested in, both inside and outside the service, for example, practising artwork. The service supports and facilitates consumers to maintain personal and social relationships and remain in contact with people who are important to them.

Lifestyle staff described how the service adapts the activities program to meet the changing needs of consumers and seeks ongoing feedback from consumers in the review of scheduled activities. Lifestyle and well-being assessments and care plans are reviewed to reflect consumers' needs and preferences. Care documentation was individualised and inclusive of information relating to consumers' backgrounds, life histories, cultural preferences, activities of interest and persons of significance.

Consumers provided positive feedback about the meals and confirmed alternate meal options were offered. Meals provided to consumers were varied, of suitable quality and quantity. Care documentation identified individual consumers' dietary needs and preferences.

Equipment used to support consumers in lifestyle activities was observed to be suitable, clean, and well-maintained.

Standard 4 is Compliant as seven of the seven Requirements are Compliant.

# 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

Consumers and representatives provided positive feedback about the service environment, which was welcoming, clean, and easy for consumers to navigate. Furniture, fittings, and equipment were well maintained, and consumers felt comfortable raising maintenance issues and advised that these were completed promptly.

The service was observed to be welcoming and supported consumers to optimise independence; for example, the service had wide hallways and handrails to support consumers to mobilise through the service. Maintenance and cleaning staff described processes to ensure the service environment was clean, safe, and well-maintained, including preventative and reactive maintenance processes and cleaning schedules.

The site audit report provides information that some consumers could not move freely within the service, including named consumers who advised that they were not permitted to go outside. Doors to outside areas of the service were observed to be heavy to open, with some having latches that were not within reach of consumers, thereby preventing the doors from being opened. Staff described using furniture to block exits to patio areas and redirecting consumers’ back to their rooms. Management advised that the service had recently experienced a lockdown resulting from a COVID-19 outbreak, and at this time, consumers were discouraged from leaving the service. Management advised so consumers may be confused by this. As a result of feedback to management, the door latches were removed by maintenance staff at the time of the Site Audit.

Following a review of this information alongside the approved provider's response, I have decided that Requirement 5(3)(b) is Compliant. This was based on information provided as part of the response submission, including the service's plan for continuous improvement, which evidences immediate actions were taken by the service. These included an audit of furniture placement by the clinical team to ensure furniture is not limiting access for consumers, staff education on restrictive practices and review and maintenance of all doors at the service to ensure functionality and safety for consumers. I have placed weight on the approved provider's action plan identifying those actions to address the issues identified were completed 25 January 2023. I have considered information under other Requirements which evidenced that consumers subject to restrictive practices had appropriate assessments and consents in place and communication on 24 January 2023 to consumers and representatives advising the COVID-19 lockdown was over. On the balance of information, I am satisfied that the service environment enables consumers to move freely and access areas of the service independently, including the outdoor environment.

Standard 5 is Compliant as three of the three Requirements are Compliant.

# 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

Overall, consumers and representatives were comfortable providing feedback and raising concerns and expressed confidence that the service would address and resolve any problems formally raised. Consumers and representatives understood the service practises of open disclosure when things go wrong and provided examples of when this was applied as part of the complaints management processes.

Staff support consumers in raising feedback by communicating concerns to management on the consumers’ behalf or assisting consumers in completing feedback forms as required. Staff described how they would manage any concerns on behalf of a consumer where possible and escalate to the management team if they could not resolve an issue. Staff demonstrated an understanding of open disclosure, including awareness of interpreters and advocacy services for consumers if required. Information on how to make a complaint and advocacy and interpreter services were observed throughout the service.

Staff received training in complaints and incident management, including open disclosure. Staff described how they support consumers in raising complaints, including completing feedback forms. Staff demonstrated an understanding of the service’s internal feedback and complaints processes and other avenues for consumers to raise and resolve complaints, including external advocacy and interpreter services.

The service had complaints handling policy outlining the requirement for open disclosure processes in complaints management.

However, consumers and representatives are dissatisfied with the resolution of some complaints, and actions have yet to be taken to improve the care and services as a result of the feedback. The site audit report indicated that not all consumer feedback is recorded; only issues raised in writing or directly with management are captured in the service’s complaints register. The site audit report, under Requirement 6(3)(d) identified 2 named consumer representatives who had raised verbal feedback with staff and had not had their complaints resolved. The service’s plan for continuous improvement did not evidenced actions from consumer and representative complaints or feedback, or obtained through consumer surveys or other verbal feedback directed to staff.

The approved provider’s response indicated opportunities for improvement and provided evidence of actions taken, including follow up with the named consumers and ensuring their feedback is recorded in the electronic system for review and action. The service is undertaking staff education in the organisations ‘Complaints Framework and Complaint Procedure’ and this is due for completion by March 2023.

In coming to my decision, I acknowledge the actions taken by the service to improve its performance and as detailed in the service’s plan for continuous improvement. I am satisfied that the plan for continuous improvement effectively describes how the service will address the deficiencies identified and I am satisfied that Requirement 6(3)(d) will be compliant through the implementation of these proposed actions.

Standard 6 is Compliant as four of the four Requirements are 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 |
| 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

Overall, consumers and representatives considered that consumers received the care and services they need them and from people who are knowledgeable, capable and caring. Consumers and representatives said there were adequate clinical, care and service staff rostered at the service and expressed satisfaction with staff’s response to consumer’s requests for assistance.

Call bell response times are monitored by service management, with response times greater than 10 minutes investigated. Reports for December 2022 identified 95% of call bells responded to in under 5 minutes. The services had processes to ensure a planned workforce, which included a roster coordination team with unplanned leave filled with casual or agency workforce. A review of a 4-week service roster identified minimal unfilled shifts.

The service had processes for monitoring National Criminal History checks and registration requirements under the Australian Health Practitioner qualifications. The service maintains position descriptions that identify each role's responsibilities, knowledge, skills, and qualifications.

Staff performance is monitored through observations, clinical data analysis and consumer feedback; and review of service documentation confirmed 100% of current staff had performance reviews completed.

Standard 7 is Compliant as five of the five Requirements are Compliant.

# 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

Consumers are supported to engage in developing, delivering, and evaluating care and service through various avenues, including consumer meetings, surveys and feedback processes. Consumers considered the service well run and confirmed they were engaged in the service’s feedback and improvement processes.

The organisation’s governing body promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. For example, the organisation had a governance framework that established accountability from the service management through to the Board, including monthly reports on clinical indicators, incidents, operational and financial information, consumer complaints and quality indicators.

The site audit report indicated the organisation did not have effective systems and processes to ensure consumer feedback is utilised to improve care and services. Following a review of this information, alongside the approved providers response, I have decided that Requirement 8(3)(c) is met. The approved providers submission included a copy of the organisations ‘Complaints Management Framework’ which outlines the processes for reporting, recording, managing, and monitoring consumer feedback. While the organisation had a complaints management framework, the site audit report identified deficiencies in relation to actioning of consumer complaints. The weight of this information has been considered in Requirement 6 (3) (d).

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. Policies and procedures were available to all staff, and guidelines and resources were available to support effective risk management systems and practices.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure.

Standard 8 is Compliant as five of the five Requirements are Compliant.

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)