Performance

Report

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| Name of service: | Anglicare SQ Symes Thorpe Home for the Aged |
| Service address: | 69 Stenner St RANGEVILLE, TOOWOOMBA QLD 4350 |
| Commission ID: | 5052 |
| Approved provider: | The Corporation of the Synod of the Diocese of Brisbane |
| Activity type: | Site Audit |
| Activity date: | 7 September 2022 to 9 September 2022 |
| Performance report date: | 26 October 2022 |

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 Symes Thorpe Home for the Aged (**the service**) has been prepared by Grace Hope-Simpson, 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 provider’s response to the assessment team’s report received 5 October 2022.

# 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 said staff treat them with dignity and respect and reported feeling valued as an individual at the service. Staff demonstrated familiarity with consumer background and preferences. Care plans documented sampled consumers’ cultural backgrounds, identities and preferences. Observations confirmed respectful interactions between staff and consumers.

The service demonstrated care and services provided are culturally safe and are guided by their reconciliation action plan and diversity and inclusion policy. Although there were no consumers who required language support living at the service at the time of the site audit, staff knew how to access interpreters and how they would tailor care and service to ensure consumers are culturally safe.

Consumers said they are supported to exercise choice and independence, make decisions about their own care and maintain relationships of choice. Care planning documentation identified consumers' individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Staff described how consumers are supported to maintain relationships and were observed supporting consumers’ individual choices.

Consumers described how the service supports them to take risks. Staff were aware of the risks taken by consumers, and said they support consumers’ wishes to live the way they choose. The service maintains risk assessment processes to support consumers to take informed risks.

Consumers said information is provided in a timely and clear manner to support consumers to make daily choices regarding their care needs and lifestyle activities. Observations and interviews showed the service communicates with consumers through menus, the monthly activity planner and notice boards to support consumer choice. Staff described various ways they engage and communicate with consumers who have communication difficulties.

Consumers described how their privacy is respected. Staff were observed knocking on doors during provision of personal care. Consumers’ confidential information is secured and locked at the nurses’ station. Staff gave practical examples to demonstrate their understanding of the service’s privacy of information policy.

# 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

Assessment and planning processes identify consumers’ needs, goals, preferences and consider relevant risks. Staff described the initial and ongoing assessment and care planning process and how it informs the delivery of care and services. The Assessment Team observed how care plans identified individual risks to each consumer.

Consumers and their representatives confirmed they are involved in assessment and planning discussions and information is explained to them. Staff described how the service ensures assessment and planning reflects consumers’ current preferences and outlined the process for end of life planning conversations. Care plan reviews showed that advance care and end of life planning is completed, if the consumer wishes.

Care plans evidenced regular evaluation and review, and involvement of a range of external providers and services. Consumers and representatives understood who was involved in their care. Staff explained how they collaborate with consumers, representatives and other providers to effectively share care.

Consumers and representatives said the service maintains good communication and staff clearly explain and clarify clinical matters to them. Staff described the 3 monthly care plan evaluation process, which includes consumers, representatives and others sharing in care. Sampled care plans reflected recommendations and directives from allied health professionals, medical officers and specialist services.

Care plans reflected reviews occur every 3 months or when deterioration, incidents or changes to consumers’ health and well-being are identified. Staff understood the care plan review policy. Consumers said staff action requests quickly and regularly discuss care with them.

# 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 advised they receive care which is safe and right for them and tailored to their needs. Staff provided examples of how they tailor care to optimise consumers health and wellbeing. Staff interviews, and care plan reviews showed restrictive practices used are compliant with regulatory requirements, and the staff monitor skin integrity effectively and engage wound care specialists when required. Care plans reflect tailored pain management strategies. The service has policies and procedures for key areas of care, to guide staff practice.

Consumers and representatives confirmed the service effectively managed high impact or high prevalence risks to consumers, including in relation to falls, weight loss, skin integrity and pain. Staff identified a range of consumer risks and mitigation strategies to manage risks which aligned with care plans. Care documentation demonstrated incidents are reviewed monthly and the service implements consistent assessment and planning to address individual consumer’s high impact and high prevalence risks.

Care planning documentation evidenced advanced care planning and palliative care discussions occur and palliative care needs are met. Staff described their approach to end of life conversations and how they provide care and maximise comfort for palliative consumers. Review of progress notes indicated staff monitored consumers’ symptoms and provided effective palliative care support.

Staff described how they recognize and respond to deterioration or change to consumers’ condition, in a timely manner. Consumers were satisfied the service responds to changes and deterioration in their condition, health or ability. Reviewed clinical records demonstrated regular monitoring by clinical staff and timely recognition and response to deterioration and change.

Consumers and representatives said information about consumer condition, needs and preferences are effectively shared between staff and services. Staff described how they discuss all changes to consumers’ needs when they occur through meetings and handover. Care plans and handover documentation contained requisite information to support safe and effective care.

Consumers and representatives said referrals are timely and appropriate, and consumers have access to a range of health professionals. Staff and management interviews demonstrated the service collaborates with others, to supplement care. Care plans and progress notes evidence the involvement of MOs, AHPs and other providers of care where needed.

Consumers and representatives said the service’s management of COVID-19 precautions and infection control practices were well coordinated and managed. Staff demonstrated a knowledge of infection control practices relevant to their duties. The service has policies and procedures to inform and guide staff practice in relation to infection control matters. The Assessment Team observed staff adhering to infection control practices and sufficient hand hygiene stations throughout the service.

# 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 and representatives said services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Consumers are supported to maintain independence and do the things they like to do. Care planning documents identify consumers’ preferences. Staff described how they involve consumers or representatives in assessment and planning activities. Review of the lifestyle activities calendar showed a variety of activities on offer.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff provided examples of how they support consumers’ psychological, emotional and social well-being. Religious, cultural and spiritual needs are supported.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff gave examples of consumers supported to maintain their relationships, both inside and outside of the service. Care plans identified important relationships for identified consumers.

Information about consumers’ services, supports, needs and preferences is communicated between staff and with other relevant providers through handovers, dietary folders and electronic care documentation. Care planning documentation for consumers sampled provided adequate information to support safe and effective care as it relates to services and supports for daily living. Consumers said their information is communicated effectively within the service.

Referrals are made to other services and providers to optimise consumers’ well-being. Consumers said the service refers them to external providers to supplement their needs as required. Staff described other individuals, organisations and providers and the specific consumers who utilise these services.

Consumers said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ dietary needs and preferences were listed in care plans. Staff described their process to ensure dietary needs are met and explained how they accommodate consumer choice and incorporate feedback from food focus meetings. Observations showed consumers eating their meals independently, and with assistance, at meal times.

Consumers said they had access to suitable equipment to support them in daily activities. Staff said they have access to necessary equipment, they ensure it is safe and clean and they report maintenance requirements.

# 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 said the service is welcoming and comfortable, feels like home and is easy to navigate. The service environment was observed to have sufficient light, signage and handrails to support consumers’ mobility. Consumer rooms were personalised with belongings, photographs and decorations.

Consumers said their rooms are well cleaned. All service areas are cleaned daily in line with a schedule. The service maintains comprehensive records of preventative and reactive maintenance schedules related to equipment, furniture and fittings. Consumers were observed moving freely between inside and outdoor areas.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers confirmed that maintenance staff regularly check and attend to their furniture and equipment. Staff outlined daily cleaning schedules used by cleaning and hospitality staff.

# 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

Consumers and representatives said they understand how to provide feedback or make complaints and are comfortable to do so. The service obtains consumer input through feedback forms and direct conversation with staff. Complaints information, brochures and flyers are available around the service.

Consumers and representatives were aware of advocacy and external complaint services. Information about advocacy services and the Commission was displayed in the service. Staff were aware how to facilitate access to interpreters and advocates if required.

Consumers and their representatives said the service takes appropriate action when complaints are made, and when an incident occurs. Staff described how they apply an open disclosure process including an apology and actions taken to resolve the matter. Documentation review confirmed an open disclosure process is applied and the service takes suitable and timely action in response to complaints and feedback.

The service maintains a feedback log to record feedback and complaints. Staff said data is regularly reviewed and analysed to inform continuous improvement activities, which are recorded on the service’s plan for continuous improvement. Improvements are discussed at monthly meetings. Several examples of service-level improvements resulting from feedback and complaints were identified during the site audit.

# 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**

Most consumers and representatives said there were enough staff and considered they received quality care. Management said they sought to roster additional staff to address unplanned leave and said agency staff are used when necessary to cover extended shifts. Call bell records reflected responses are generally prompt, however a consumer advised they sometimes had to wait for pain relief. The Approved Provider’s response outlined a thorough response to the consumer’s feedback.

Consumers and representatives said staff are kind, caring and gentle when providing care and services. Staff were observed greeting consumers in a friendly manner with respect and using the consumer’s preferred name during conversations.

Staff have position descriptions for their roles that align with their duties and detail key competencies, skills and qualifications. Staff receive comprehensive training to improve their skills. The service has processes to monitor training completion and training records showed staff had completed mandatory training.

Staff performance is measured through annual performance appraisals, which were up to date. Performance reviews include a self-assessment and management assessment to identify staff goals. Staff considered the performance appraisal process to be effective.

# 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

The service provided examples of how consumers are engaged in the development and delivery of care and services, including through meetings, surveys and focus groups. Staff explained, and documents demonstrated, that consumer feedback and suggestions are used to drive improvement and design services. Consumers said they were engaged in the running of the service.

The governing body promotes a culture of quality care and is accountable for their delivery. The governing body maintains visibility of the service’s clinical data, which is compiled and reported on every two months. The governing body also satisfies itself the Quality Standards are met through embedded organisational governance systems, including the operation of clinical and care subcommittees.

The service demonstrated effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs, including information derived from feedback and complaints. Regulatory compliance systems are in place.

The service’s risk management framework includes policies and guidelines in relation to high impact and high prevalence risks, responding to abuse and neglect, supporting consumers to live their best lives and managing incidents. The service demonstrated the implementation of these frameworks, policies and guidelines. Staff and management interviewed provided examples of these risks and how they are managed.

The service has a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure.

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)