**Performance**

**Report**

**1800 951 822**

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| Name of service: | Benedictine Abbey Community Care Packages |
| Service address: | 695 Jamberoo Mountain Road JAMBEROO NSW 2533 |
| Commission ID: | 200216 |
| Home Service Provider: | The Trustees of the Benedictine Abbey Jamberoo |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2022 to 16 November 2022 |
| Performance report date: | 15 December 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 Benedictine Abbey Community Care Packages (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**Home Care:**

* Benedictine Abbey Community Care Packages, 17375, 695 Jamberoo Mountain Road, JAMBEROO NSW 2533

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality 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 6 December 2022.

# Assessment summary for Home Care Packages (HCP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-compliant |

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

All consumers interviewed spoke about how they were treated with dignity and respect, and that their identity, culture and diversity was respected. Carers interviewed described what treating consumers with dignity and respect meant, including enabling the consumer to have choice, make decisions, and always asking them what they want rather than assuming.

The service is a closed religious order, where consumers are nuns (Sisters) receiving home care services and supports. Carers are other Sisters who are matched by Mother Abbess for suitability, and provide 24-hour care if required. The service demonstrated care and services provided by the carers is culturally safe and follows the Benedictine Rule. Consumers live and participate in the community of the Abbey, and all consumers are supported by Mother Abbess, their carers, and the other Sisters living in the community. For example:

* A consumer said while they are now unable to walk outside the Abbey due to the uneven ground, they are able to sit out on the balcony and take in the sea view. The consumer said the service has encouraged them to undertake tasks they normally wouldn’t have done such as writing. She now writes the reflections for the Abbey’s website and prepares online retreats including an upcoming one where she is working with an Aboriginal woman discussing listening, community and reverence from a Benedictine view and Aboriginal spirituality.

All consumers interviewed said in various way how they are supported to maintain connections with others, and the service has a small cabin that is used for family and friends to stay in when they visit. Consumers interviewed said that they were able to make decisions about their own care, and felt they were able to communicate this to the service.

The service demonstrated how consumers are enabled to take risks, and this was confirmed by consumers. For example:

* A consumer said they are supported to do their own laundry and this was important to them.

Review of a consumer care plan documents included information for carers to assist them to and from community activities as the consumer is in a wheelchair.

The service advised consumers do not receive monthly statements however, if a consumer felt they needed to discuss their budget, they would be provided this information. Consumers have undertaken religious vows, and as they do not have assets, generally do not want to know this information. This was confirmed by consumers interviewed by the Assessment Team. The service advised community meetings occur where things are discussed as a group however, if a consumer is unable to attend, the carer will always relay the information to them at the cessation of the meeting.

The service demonstrated consumer privacy is respected and personal information is kept confidential with consumer files noted to be stored in a locked cabinet in a locked room. Information pertaining to care agreements was sighted and included information on privacy. Carers interviewed described how consumers privacy is respected, and will only enter a nun’s cell once they have knocked and been invited in. The service advised consumers are provided a copy of the care services agreement in which information regarding consumer privacy is included.

In considering the information above, the service demonstrated consumer dignity and choice is a primary consideration in the delivery of safe and quality care and services. Therefore, this Standard is assessed as Compliant as six of the six requirements assessed are deemed Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

Consumers interviewed said they are satisfied with the care and services they receive, and that Mother Abbess and their carers know them well and what is required to meet their care needs. The service demonstrated the delivery of care and services which considered risk to consumers. For example:

* A consumer used the loft in their room for prayer. As they are unable to climb the stairs, and identified as a falls risk, the service installed a chair lift to enable them to reach this space.

While all carers interviewed could verbally describe consumer risks, and how they use strategies to mitigate the risks, this information was not consistently documented in care plans. The service advised implementation of mobility aids, home modifications, and tailored supports and services to reduce the risks; are undertaken and verbally communicated however, not consistently recorded in consumer care plans or documentation. The service advised a new template incorporating the identification of risk using recognised assessment tools, risks identified by Aged Care Assessment Team assessors and strategies to mitigate risks is currently being implemented however, not all consumer documentation has been updated at the time of the audit.

As consumers live in a close community setting, the service described how consumers goals, needs and preferences are considered in the provision of services however, review of care plans broadly did not included information on consumer goals and preferences. A care plan reviewed included information relating to a discussion with one consumer regarding advanced care planning. While only one consumer had an advanced care plan, the service’s continuous improvement plan identified ongoing consultation and documentation of consumer choice will be recorded in future care plan documentation.

All consumers interviewed spoke about accessing external providers for the provision of services; and other individuals or organisations are involved in their care plan assessment and planning process. The service demonstrated that it works closely with medical practitioners or allied health professionals in the provision of holistic care for consumers however, information was communicated verbally and not consistently recorded in care documentation.

All consumers interviewed confirmed they understood the services provided and were confident in the carers providing support. The service acknowledged that while information is communicated to consumers verbally, there was a gap in the documentation contained in consumer files.

While the service advised regular reviews occur and, where changes are identified, immediately responds to care and services provided to consumers; this had traditionally been undertaken verbally in consultation with the consumer, carer, Mother Abbess, and external health professional and not consistently recorded in consumer files. The service did not demonstrate risk assessments are used to monitor identified changes or correspondence from external medical practitioners or allied health professionals is recorded.

In response to the Assessment Report, the service advised the following activities will be actioned to address the gaps identified in this Standard.

* Review of the current care plan template to include risk assessment information and mitigation strategies.
* Reviewed care plans to include consumer goals and preferences, addition of information from external providers and outcomes of assessments.
* Processes to review care plans in a scheduled approach, communicate care plan information to consumers and document discussions.
* Review current risk assessments and update care plans with identified risks and mitigation strategies.
* Review the current system in place to capture incidents and ensure changes in care identified are captured in care plans.

In considering the information above and further information on the planned activities provided by the service, I acknowledge the service demonstrated assessment and planning occurs with consumers and others involved in care are verbally communicated, however there are gaps in the documentation recorded. It will take time for the service to undertake the activities identified and embed in standard practice. Therefore, this Standard is assessed as Non-Compliant as five of the five requirements assessed are deemed Non-Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

The service demonstrated all consumers receive safe and effective clinical care that is tailored to individual needs and optimises their health, independence and well-being. The service evidenced engagement with external medical and allied health professionals however, it was noted that consumers receiving clinical and allied health care from external services was not consistently documented in care planning documentation. For example:

* A consumer interviewed said they had a sore back, and it is important for them to maintain their mobility. Until recently, this consumer went to a pain specialist for two weeks where they undertook exercise and pool therapy. They also attend a chiropractor when needed, has acupuncture, and consults a dermatologist in Sydney. Review of this consumers care plan did not evidence these services in the documentation.

The service demonstrated clinical assessments are undertaken using evidence-based practice and recognised clinical assessment tools including:

* PAS cognitive impairment scale - psychogeriatric assessment.
* Comprehensive skin assessment
* Falls risk assessment
* Cornell scale for depression in dementia

The service demonstrated where external supports are used, the service ensures the necessary credential and experience are evident however, the service did not demonstrate internal clinical staff use best practice in care through maintaining professional development training.

The service did not evidence incident reporting policy or procedures.

The service did not demonstrate high impact or high prevalence risks associated with the care of each consumer is currently documented for all consumers, however the service undertakes modifications to the service environment and implements strategies that minimise the risks. All staff interviewed identified risks verbally of consumers in their care however, most care planning documentation was in the process of being reviewed and recorded in the new format.

The service advised it does not provide end of life care services however, if a consumer’s needs are unable to be met by the service, they are supported to move to external services. The service advised, at the request of a relative with medical experience, a consumer was recently assessed by a palliative care specialist due to identified deterioration in the consumer. The service advised they readily supported this assessment.

The service demonstrated any deterioration or change in a consumer’s cognitive or physical function, or changes to capacity or condition, is recognised and responded to in a timely manner. However, this information is not updated in their care plans or in supporting documentation. Deterioration of consumer’s health through the monitoring of progress notes, was not currently being trended through progress notes however, when concerns arose, carers spoke to Mother Abbess, and care, supports or services were implemented. Care planning documentation reviewed did not consistently reflect changes in consumers condition, or are reviewed regularly or as the consumer’s condition deteriorates.

The service advised verbal communication regarding consumer’s condition, needs and preferences is undertaken within the service and with others externally who provide care and supports. The service currently has limited documentation in relation to clinical care in care planning documentation with progress notes reviewed containing specialist of medical appointment dates only. The service advised they are currently reviewing care planning documentation and the use of recognised assessment tools in relation to clinical care. The service also advised work in underway to establish a centralised system to enable the service access consumer information to enable the monitoring of trends, enable regular review of care plans and provide opportunities to undertake clinical assessments as needs change.

Consumers interviewed stated they are satisfied referrals occur to health professionals and other services when needed in a timely manner, including specialist care providers and providers of other care and services and relating to mobility aids and modifications. However, referrals are not recorded in care documentation.

The service demonstrated that it had processes to ensure consumers and staff are safe and infection related risks are minimised. A consumer plan reviewed noted a consumer’s room and ensuite is to be cleaned daily as an individualised requirement.

In response to the Assessment Report, the service advised the following activities will be actioned to address the gaps identified in this Standard.

* Review of care plans to include updates form external clinical and allied health providers.
* Identification and education of all staff and Sisters providing personal and clinical care, to include documentation training.
* Review and update of current assessment tools in use.
* Complete evidence-based assessments with all consumers, to include risk identification and mitigation activity.
* Implementation of a centralised information management system to enable trend analysis, scheduling of care plan reviews, clinical assessments

In considering the information above and acknowledging the work planned by the service to address the identified gaps, it will take time to develop, implement and embed these changes into standard practice. Therefore, this Standard is assessed as Non-Compliant as five of the seven requirements assessed are deemed Non-Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

All consumers reported that the service made them feel safe, and that they were able to receive supports and services that enabled them to remain at the Abbey and maintain independence and quality of life. The service demonstrated how consumers are supported to participate in daily life of the Abbey such as assistance to attend prayer services and provision of an environment enabling contribution to the community. While the service demonstrated carers and the service know consumer’s needs, goals and preferences; this information is not contained in consumer care plans awaiting review.

Consumers live within a monastic environment, and all consumers interviewed said the service provides supports and care that promotes their emotional, spiritual and psychological well-being. Consumers interviewed advised when they are feeling low, their carer or other nuns will pick up on this, as the community is close and like a family. Consumers interviewed described times when they were feeling down, and how they were able to talk to those around them. For example:

* A consumer was feeling down so their carer took them to the beach, an activity they enjoyed, and had fish and chips for lunch with them. This activity was noted to improve the consumers mood significantly.

Consumers sampled said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. The Abbey is a closed community, so consumers and guests are restricted as to where they can go. To enable visits, the service has set aside a cabin where family and friends can stay, and the service has a guest area near the Chapel which has small comfortable rooms that can be used for privacy, as well as access to a kitchen and dining tables.

The service demonstrated information regarding consumer’s needs, preferences or condition, is shared verbally amongst carers and the other nuns involved in caring for the consumer with decisions regarding changes actioned promptly. However, changes and outcomes are not consistently documented on consumer care plans or in progress notes. The potential impact of the lack of information on consumer files does not support the identification of trends for individual consumers and may result in information regarding changes to consumers health or cognition being missed.

The service demonstrated timely referrals for consumers are made to providers of care where needed. Consumers interviewed spoke about using a variety of allied health and medical services. Carers interviewed reported how they assist consumers with transportation to medical appointments when required. While the service demonstrated use of external services in the care and support of consumers, information pertaining to care has been communicated verbally with limited documentation available regarding referrals or reports received from providers. The service identified this as an issue, and is rectifying this when renewing care plans and progress notes.

All consumers interviewed said they are provided with enough food, and are able to access additional food if required. For example, a consumer said they cook eggs if they needed additional food. The service advised all nuns take a turn in cooking meals, and these are varied, nutritious, and often reflect the style of meal from countries where the nuns lived prior to joining the Abbey. The service stated if a consumer is unable to attend a dinner, then the meal is served to her by her carer who knows what the consumer likes.

Where equipment is provided, it was noted as being well maintained, clean and serviced. The Assessment Team sighted the refractory, and noted where consumers were unable to sit on stools, the service had replaced these with chairs or seats with arms, to enable consumers to sit and eat safely.

In response to the Assessment Report, the service provided a plan for continuous improvement identifying the follow actions to address the identified gaps for this Standard.

* Review and update of communication systems.
* Update all care plans with referral information, including external provider reports.
* Provide documentation training to all staff providing care to consumers.

In considering the information above and acknowledging the work planned by the service to address the identified gaps, it will take time to develop, implement and embed these changes into standard practice. Therefore, this Standard is assessed as Non-Compliant as three of the seven requirements assessed are deemed Non-Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

The service environment was observed to be welcoming and clean, with well-kept gardens. Wayfinding was clear with a number of long, clear corridors leading to consumers rooms. While most meals at the service are taken alone, the service has a refractory where the community can gather. There is also a small kitchen where the Sisters are able to make meals and beverages during the day.

The service environment was observed to be safe, well maintained, comfortable, and enabled consumers and carers to move about freely both inside and outside. Each consumer has a small courtyard and garden, which is maintained by each Sister with further assistance available from volunteers if consumers are unable to do the upkeep themselves. The service advised the building was designed in the 1970’s, and the flooring is slate. This had been identified as a falls risk to consumers with railings in hallways installed to aid in balance. Consumers who had been identified as a high falls risk have had flooring in their rooms replaced with carpet or lino.

The service evidenced all furniture, fittings and equipment are safe and clean and demonstrated maintenance is carried out periodically. For example:

* Water tanks are cleaned every 5 years as per the water quality insurance program.
* Annual fire safety compliance checks are carried out in February each year, including smoke alarm and fire exits.
* Annual battery changes for all call buttons in consumers rooms
* Maintenance records were noted to be held in a compliance file.

In considering the information above, the service demonstrated the service environment provides a safe and comfortable environment that promotes consumers independence, function and enjoyment. Therefore, this Standard is assessed as Compliant as three of the three requirements assessed are deemed Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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. | Non-compliant |

Findings

All consumers interviewed said they would feel comfortable providing feedback or raising a concern with the service. Mother Abbess described how the service supports consumers to provide feedback. The complaints register, sighted by the Assessment Team, demonstrated consumers are supported and can access feedback mechanisms. Review of the client information handbook demonstrated consumers are provided with information on complaints, including external complaints agencies, and the details for advocate and language services. The service evidenced policies and procedures relating to how feedback and complaints are managed.

The service demonstrated consumers are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. The service advised as part of continuous improvement activities, they are looking at invite advocacy services as guest speakers and providing information to raise complaint awareness and management.

All consumers interviewed said they raise any concerns with the service which were resolved promptly. The service acknowledged the omission of recording feedback and complaints in the past, however as part of ongoing improvements, have now implemented a feedback and complaints register along with documenting the service’s response. Review of the Complaints Register demonstrated consumers are supported, can access feedback mechanisms, and an open disclosure process is used when things go wrong. For example:

* A consumer reported they had spent time cleaning their room before the cleaner arrived to clean the floor. This consumer found out that the cleaner had been asked to drive another Sister to an appointment and was therefore unable to clean her room. This consumer stated they were upset by this as it had occurred before. The consumer asked the service if communication could be improved so that they can be notified earlier whether or not her cell would be cleaned, and on which day.
* This concern was resolved by the service and the consumer informed of the progress and outcome.

The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The service acknowledged complaints and feedback had been managed verbally with not written record of complaints received. The service advised, as part of continuous improvement, a Feedback and Complaints Register was developed and implemented however, the service is yet to use the register to review or improve current care and services, but has scheduled regular reviews.

In response to the Assessment Report, the service provided a plan for continuous improvement identifying the follow actions to address the identified gaps for this Standard.

* Review of the services complaints management system to enable trend analysis.

In considering the information above and acknowledging the work planned by the service to address the identified gaps, it will take time to develop, implement and embed this work into standard practice. Therefore, this Standard is assessed as Non-Compliant as one of the four requirements assessed are deemed Non-Compliant.

# Standard 7

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| Human resources | | HCP |
| 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. | Non-compliant |

Findings

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed, enables the delivery and management of safe and quality services. All consumers interviewed said they were very happy with the service delivered by their carers and staff. They also said they found the carer’s, volunteers and staff to be competent in delivering safe and quality service. Mother Abbess manages the service and is responsible for assigning nuns to care for consumers. As Mother Abbess is most familiar with her community, when preparing carer rosters, she appoints nuns who best fit the needs of consumers and matches nuns with similar personalities or interests as closely as possible. The service employs qualified care staff to assist with personal care; and a cleaner to undertake a weekly clean of consumers rooms; and daily cleaning of the chapel, common areas, and kitchen.

All consumers interviewed confirmed Sisters, carers, staff and volunteers are friendly and respectful and make them feel safe. All Sisters interviewed explained how their primary life is practising the Benedictine order of life which includes respecting each other; and respecting all the Sisters, guests to the abbey, and other employees. Interactions between consumers, nuns, staff and volunteers were observed to be friendly and respectful.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The Business Manager described how staff employed by the service must present current qualifications to undertake their role and also explained how they were involved in recruitment and what competencies were sought by the service. For example:

* For the aged care assistant role, some of the competencies the service looked for was experience in an aged home care setting, fitting into the monastic environment and respecting the Sisters way of life.
* Clinical care is currently being provided by a Sister who is still in the formation to become a nun who currently holds a nursing registration.

The Assessment Team observed all nuns, staff and volunteers performing their roles effectively with friendly interactions.

Staff interviewed demonstrated they have sufficient skills and knowledge to perform their roles, and the Assessment Team observed staff performing their roles in a respectful, professional and friendly manner pertaining to the monastery setting. Mother Abbess described the recruitment and induction processes which is managed by a nun over a day, guided by the Benedictine code of practice. It included a guided tour of the Abbey and going through the role description and learning and understanding of each Sister’s needs, goals and preferences in the community.

The service advised while there is no formal process or procedures in place to monitor, document and review staff performance, they follow the Benedictine code of practices. Each staff member currently employed by the service has a dedicated contact person who provides informal feedback on their performance on an ongoing basis. While the service demonstrated regular reviews for the Sisters who are carers, staff employed by the service such as the business manager, do not have a regular assessment or staff performance appraisals. The service did not evidence staffing records.

In response to the Assessment Report, the service provided a plan for continuous improvement identifying the follow actions to address the identified gaps for this Standard.

* Review of current staff documentation to ensure all staff have a job description and are aware of the performance requirements.
* Development of a performance appraisal document.
* Schedule annual performance appraisal discussions.
* The service provided an education plan detailing topics to ensure staff are trained in best practice across all gaps identified in this report.

In considering the information above and acknowledging the work planned by the service to address the identified gaps, it will take time to develop, implement and embed this work into standard practice. Therefore, this Standard is assessed as Non-Compliant as one of the five requirements assessed are deemed Non-Compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-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 demonstrated how consumers are engaged in developing, delivering and evaluating their care and services by seeking input from consumers and all nuns through an informal feedback process. Management interviewed said Management said consumers don’t need to wait for things or to be heard. The service advised consumers are able to approach anyone for their needs and know they don’t have to wait for their designated carer to provide care for them. The Feedback and Complaints Register is not currently used to review improvements in the quality of care and services. Therefore, the governing body is unable to use this information to develop or evaluate care and services. The service has identified this as a gap and included this in the continuous improvement plan.

Staff and consumers interviewed stated they were satisfied the service promotes a culture of safe, inclusive and quality care. Consumers interviewed outlined interactions with staff and complimented their responsiveness and indicated they were satisfied with the service they received. Staff interviewed said roles and responsibilities are clearly defined for the governing body, management, care workers and the workforce. The service evidenced how the Board provides oversight of all corporate and program delivery governance and meets regularly and reviews finance, program delivery, quality and human resources governance reports.

**Information Management**

While the service does not have a centralised information management system, investigation into technology options to ensure consumer information is secure and accessible to carers. Information is communicated at weekly community meetings and information or updates are placed on the noticeboard. The service advised information related to consumers is maintained confidentially and stored in a key lock cabinet and accessed by with relevance to staff position and role.

**Continuous Improvement**

The service evidenced a Continuous Improvement Plan and identified a number of issues which are currently being actioned, including:

* Annually reviewing the feedback and complaints register to further develop and evaluate care and services.
* Identifying what information is to be recorded and the frequency.
* Writing clear policies and procedures for assessment and monitoring

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing the organisation needs to deliver safe and quality care to consumers. The Board membership includes a financial treasurer role to enable organisation wide oversight.

**Workforce Governance**

While the service demonstrated a workforce that is sufficient and qualified to provide safe, respectful and quality of care to consumers, the service did not demonstrate processes to monitor and support staff performance.

**Regulatory Compliance**

The service advised regular updates are received from government bodies on regulatory information which is communicated via the weekly community meetings.

**Feedback and Complaints**

The service demonstrated mechanisms are in place to enable consumers to provide feedback and complaints however, while the service acknowledges record keeping gaps, the service does not track or trend complaints and feedback data to inform service improvements.

The service advised key risks identified includes the risk of falls, which is managed via a risk alert system using an “alert pendant” for consumers. Fire safety in the fire season given the location of the service managed through emergency and evacuation training drills carried out in December each year. Staff and carers interviewed said they are confident they would notice if any consumers displayed signs of abuse or neglect and would respond by asking about their health and if appropriate would report this to Mother Abbess.

The service did not evidence training for staff in identification of abuse and neglect and incident management procedures and policies.

The service demonstrated an effective clinical governance framework which includes anti-microbial stewardship, minimising the use of restraint and open disclosure. The service evidenced a Clinical Governance Policy in place which guides staff to provide clinical care as part of a holistic consumer directed approach and optimize consumer wellbeing. The service advised an advisory council is place who provide feedback and suggestions on care and services to the service with formal discussions held by the council and service weekly or as need arises.

The service stated open disclosure underlies interactions with consumers and the policy guides staff and management in their daily practice. Consumers are involved in all aspects of their care delivery and updated in relation to any incidents reported by staff, any issues and complaints consumers may raise, and the actions undertaken by the service to investigate and address these.

In response to the Assessment Report, the service provided a plan for continuous improvement identifying the follow actions to address the identified gaps for this Standard.

* Review and update of feedback and complaints register.
* Undertake quarterly trend analysis on feedback and complaints and monitor and progress actions in the plan for continuous improvement.
* Source and implement a consumer management system.
* Include training on abuse and neglect to mandatory training calendar.
* Implement an Incident Management Policy and Procedure.

In considering the information above and acknowledging the work planned by the service to address the identified gaps, it will take time to develop, implement and embed this work into standard practice. Therefore, this Standard is assessed as Non-Compliant as three of the five requirements assessed are deemed Non-Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)