Performance

Report

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| Name of service: | Brother Alberts Home |
| Service address: | 116 Quakers Rd MARAYONG NSW 2148 |
| Commission ID: | 0110 |
| Approved provider: | Holy Family Services |
| Activity type: | Site Audit |
| Activity date: | 28 September 2022 to 30 September 2022 |
| Performance report date: | 10 November 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 Brother Alberts Home (**the service**) has been prepared by G 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 19 October 2022.
* 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 and representatives said consumers are treated with dignity and respect with their culture and diversity acknowledged as being important. Staff were aware of consumers identities and would tailor their care in line with care documentation. Care planning documentation reflected what is important to consumers to maintain their identity.

Consumers and representatives said staff value consumers’ culture, values and diversity. Staff considered they understood consumers’ culture, story, and backgrounds. Care planning documents expressed consumers’ cultural and spiritual backgrounds. Lifestyle calendars and consumer meeting minutes confirmed the provision of cultural and spiritual activities.

Consumers and representatives said consumers were supported in making decisions about who is involved in care and how it is delivered. Staff said they worked to ensure consumers to maintained important relationships and frequent communication with their families.

Consumers and representatives said consumers were supported by staff to take risks and live the best life possible. Staff understood which consumers took risks. Observations of care plans showed dignity of risk processes were in place at the service, safety strategies were documented, and consumers were supported to make informed decisions about risk-taking.

Consumers and representatives were satisfied with information provided to them; information provided was accurate and timely and supported them to make choices. The resident handbook provided detailed information about services available. Staff confirmed they inform and prompt consumers about what is happening each day and if there are any changes. Observations showed menus, flyers, and an activity calendar displayed in the service.

Consumers and representatives felt consumer privacy and personal and confidential information was respected. Care staff described how they maintained consumers’ privacy when providing care. Staff described, and observations confirmed, consumer personal information is securely stored on password protected computers.

# 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 said consumers receive the care and services they require, and the service involves them in planning care. Staff described the assessment and planning process and how it guides their delivery of care. Sampled care plans evidenced consideration of risks and interventions relating to falls, restrictive practices, pressure injuries and skin.

Consumers and representatives said staff regularly involved them in care planning and assessment of their needs and end-of-life (EOL) preferences. Consumers’ care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advanced care planning and EOL planning.

Consumers and representatives confirmed they discussed care planning with staff and were satisfied their needs were met. Management and staff described the care planning process and how referrals were made to external providers. Care documentation showed regular care plan reviews with consumers and their representatives in collaboration with Medical Officers, allied health and external providers.

Consumers said the service communicates regularly through care plan evaluations and when changes in condition occur. Representatives confirmed access to consumer care plans when requested. Staff confirmed their ready access to care plans and said they communicate with representatives via telephone or when they visit the consumer. Care planning documentation reflected regular communication about, and evaluation of, care and services with consumers and representatives.

Consumers and representatives said they were involved in regular review of care plans. Clinical staff said, and documentation confirmed, they review care plans 3 monthly in line with service policy or more often should a deterioration, change or incident occur.

# 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 and representatives said they received quality care that met their needs and preferences. Staff interviewed demonstrated knowledge of consumers’ needs and preferences and what constituted best practice when attending to their personal and clinical care. Documentation reviewed showed individualised care plans and assessments, records of progress notes, pain charts, and medication charts which reflected safe and effective care. While some documentation gaps in wound charting were found, the service had identified the issue and organised staff education to address the matter. Restrictive practices at the service were generally compliant with legislative requirements, however some gaps were identified and have been considered in relation to Standard 8.

Consumers and representatives said staff explained risks to consumer health and wellbeing and considered such risks were effectively managed. Staff demonstrated how they identified, assessed and managed high impact and high prevalence risks. Documentation review showed the service completed risk assessments using a high impact risk assessment tool and implemented risk minimisation strategies.

Sampled consumers had current Advanced Care Directives and EOL needs and preferences recorded in care plans. Staff explained the care provided to consumers during EOL, which focused on honouring wishes, comfort, pain management, dignity and involvement of family, where requested by the consumer. The service demonstrated timely collaboration with palliative care specialists, Medical Officers and representatives to inform EOL care.

Consumers and representatives said the service responded promptly to deterioration or changes in condition. Sampled staff understood the escalation process used to respond to a deteriorating consumer. Care planning documentation confirmed deterioration was responded to in a timely manner, with appropriate referrals and escalations completed.

Consumers and representatives said their care needs were communicated effectively and they did not need to repeat their needs and preferences. Staff said, and documentation review confirmed, information about consumer condition, needs and preferences is recorded and communicated via progress notes, care plans, clinical review and handovers.

Care planning documentation and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers and organisations. Clinical staff explained the referral process used at the service.

Staff described how they minimised infection-related risks and managed the use of antibiotics. The service has policies and procedures in place for antimicrobial stewardship and for the prevention of outbreaks and COVID-19. Management monitors infections and antibiotic usage through monthly clinical reports.

# 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 were satisfied with services and supports for daily living. Staff understood what was important to consumers and their preferred activities. Care planning documentation included information about consumers’ favourite activities, as well as the services and supports needed to engage in them.

Consumers and representatives said consumers’ emotional, spiritual, and psychological well-being needs, goals and preferences were well supported within and outside the service. Staff described the religious services as well as emotional, psychological and spiritual support provided to consumers. Care planning documentation contained information about consumers’ emotional, spiritual or psychological well-being and related support strategies.

Consumers and representatives confirmed consumers were actively engaged with their local community and supported to maintain relationships. Observations showed consumers engaged in group activities with volunteers and care plans documented how consumers participate in the community and stay connected with family and friends.

Consumers and representatives said information about daily living choices and preferences were usually effectively communicated, and staff understood their needs and preferences. Staff said the handover process kept them informed about updates to consumer care and services. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers and representatives said they could be connected or referred to other organisations if desired. Lifestyle staff said each consumer’s individual community ties were assessed and strategies to support those linkages were devised. Staff confirmed involvement of guest artists, speakers, volunteers and local schools, to meet consumers’ lifestyle needs. Care planning documents confirmed involvement of others in provision of lifestyle support.

Consumers and representatives were mostly satisfied with the variety, quality, quantity and temperature of food served. While three consumers were not satisfied with the meals for various reasons, the catering manager confirmed consumers were offered options to choose from each day, could change their meal preferences at any time and were involved in design and evaluation of the menu. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences. Staff were observed assisting, encouraging, and offering choices with meals during the site audit.

Equipment used by consumers to meet lifestyle and daily living needs was observed to be safe, suitable, clean, and well-maintained. Consumers said they felt safe when using the equipment and understood how to report maintenance concerns. Document review confirmed preventative and reactive maintenance systems were in place.

# 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 said they felt very much at home at the service. Staff outlined ways they worked to make consumers feel at home, including by personalising their rooms. Observations showed the service is part of a wider Holy Family of Nazareth precinct, and is laid out across a single ground level, with indoor and outdoor gathering areas to support consumer interaction.

The service environment was observed to be clean, well maintained, and comfortable. The service generally supported consumer freedom of movement, however some gaps were identified in relation to the service’s locking system, which is considered in Standard 8. All areas of the service were observed to be safe, well serviced, and the building was maintained at a comfortable temperature.

Observations showed the service environment and furniture to be safe, clean, well maintained, and comfortable. Consumers said their rooms were well maintained, and repairs were made promptly. Maintenance staff described and demonstrated how routine and corrective maintenance is scheduled and carried out.

# 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 knew how to make complaints and said feedback was welcome and encouraged by the service. Representatives understood how to provide feedback if they chose to. The service displayed multilingual information about complaints processes. Observations showed feedback form drop boxes in the service, however feedback forms were not readily available to consumers in two wings. Remedial actions were taken to address this during the site audit. Review of the complaints register showed feedback and complaints from multiple sources were recorded.

At the time of audit, the vast majority of consumers at the service were Polish speakers. Consumers and representatives understood how to provide feedback and access an interpreter or advocate. The service employed a large cohort of Polish-speaking staff, however English and Polish-language contact information for advocacy services was also displayed. Staff understood how to access interpreters and described how they would assist consumers with communication barriers, to raise a concern or provide feedback.

Consumers interviewed said that the service has acknowledged and acted upon their complaints. The complaints register evidenced timely and appropriate responses to complaints and showed how they were processed including lodgement date, investigation details, actions, outcomes, and date of closure. Staff understood open disclosure and explained how they practiced it.

Documentation review, consumer feedback and staff interviews demonstrated feedback and complaints were used to improve the quality of care and services. Complaints were trended, reported to the governing body monthly and analysed to determine changes which needed to be made and at which level of the organisation change should occur.

# 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

Consumers and representatives said there were sufficient staff to meet their needs, however some felt the service could benefit from additional care personnel. Staff interviewed said there were enough personnel to provide the level of care required by consumers. Data review showed responses to call bells averaged less than 5 minutes, and when staff asked for additional support, this was actioned by management.

Consumers and representatives volunteered that staff were kind, caring and respectful to them. The Assessment Team observed staff showing respect and care when interacting with consumers. The Employee Handbook outlined expectations for staff in relation to interactions with consumers, which were based on the organisation’s mission statement, and Christian values of hospitality, love and acceptance.

Consumers and representatives were satisfied staff were appropriately qualified and were confident in the workforce’s ability to perform their roles. Compliance requirements for registration bodies and criminal record checks were up-to-date and monitored.

The service monitors staff training completion and document review showed 99% of staff had completed mandatory training. Data reviewed showed the service adapted training based on consumer need, legislative changes and in response to incidents or observed need. Staff were familiar with the Quality Standards, had received relevant training and provided examples to illustrate their understanding.

Staff confirmed their performance was monitored and they had received feedback from the service, through staff appraisals and informal discussions. Staff were required to complete an annual cycle of appraisals with their supervisor and the service provided new staff written feedback throughout their induction and probation period.

# 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 Assessment Team recommended Requirement 8(3)(c) was not met, as they identified some deficits in the service’s compliance with restrictive practices regulations. Organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints were found to be effective.

The not met recommendation relied on observations that wings were secured by keypad or swipe card locks. The team relied on evidence a minority of consumers were unable to use the keypad locks owing to manual dexterity or cognition issues. The site audit report identified those consumers could not exit the wings at will and instead had to request staff assistance to do so. The report noted the service already had plans in place to change the door locking system to enable open access between wings and common areas of the service. When the matter was raised with management, the team identified a shortfall in understanding of the matter, however immediate action was taken to display access codes next to keypads throughout the service. Other evidence brought forward by the Assessment Team reflected compliance with restrictive practices requirements or was irrelevant.

In their response, dated 19 October 2022, the Approved Provider disagreed with the Assessment Team’s recommendation and finding that consumers unable to use the keypads were subject to environmental restraint. The response contained further context about use of locks at the service and addressed perceived inaccuracies and gaps in application of audit methodology. While I acknowledge these points, I was not persuaded by them.

The response also emphasised a falls risk for some consumers with mobility concerns, should they use the keypad locks without staff assistance, and noted that arrangements for consumers with cognition barriers balanced their dignity and risks. However, the provider did not supply any evidence to support these points. As a result, while I acknowledge these aspects of the response, I was not persuaded by them.

The response also identified there was no evidence of any consumers feeling restricted or being unable to exit their wings when they wanted to. While I acknowledge this aspect of the response, the response itself confirmed those consumers needed to seek assistance to exit through the locked doors, and I consider this indicates the keypad locks constituted a restrictive practice for those consumers and relevant regulatory requirements therefore applied.

Balanced against the evidence outlined above, were aspects of the provider’s response which indicated regulatory compliance governance systems were, otherwise, effective. The response reiterated the organisation had already identified issues with keypad locks and were addressing the matter prior to site audit. The response confirmed an external provider had reviewed the security and access systems and had identified the least restrictive process would be to remove the current door locking system and install swipe cards on the main entry. The response noted a quote for the work had been obtained prior to the site audit. I was most persuaded by this aspect of the provider’s response and find the organisation-wide governance arrangements had effectively identified deficits related to the lock system at the service level, and plans were in place to rectify the matter, before site audit.

Lastly, the response pointed to other parts of the audit report which identified strong compliance with restrictive practices regulation for other consumers subject to restraint. I was persuaded by this aspect of the provider’s response and consider it shows organisation-wide regulatory compliance governance arrangements at the service were mostly effective, at the time of site audit.

For the reasons outlined above and given all other relevant governance systems were found to be effective, I have disagreed with the Assessment Team and consider that, on the balance of information before me, the provider’s regulatory compliance governance systems were mostly effective at the time of site audit. Therefore, I find requirement 8(3)(c) is compliant.

I am satisfied the remaining 4 requirements of Quality Standard 8 are compliant.

Consumers generally felt involved in the development and delivery of care and services through individual care meetings and resident and representative meetings. Interviewed staff described current and planned service initiatives to incorporate consumer voice in the design of operations.

The General Manager confirmed third party auditors had been engaged to assess the service against the Quality Standards. The Assessment Team reviewed the service’s monthly reports, compiled by the Quality Coordinator, which confirmed there were processes in place through which the governing body monitored the service’s compliance with the Quality Standards

The service had a documented risk management framework. Management described how the high impact and high prevalence risks were identified and managed, in line with a recently updated policy. Document review showed serious incidents were appropriately managed and staff were trained to detect and respond to abuse. Dignity of risk principles were applied, to support consumer quality of life and incidents are were effectively managed in line with the Critical Incident Policy.

The service has a clinical governance framework that includes detailed policies and procedures relating to the minimisation of restrictive practices, antimicrobial stewardship and 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)