Performance

Report

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| Name of service: | Francis of Assisi Home |
| Service address: | Dupuy Street WEST MACKAY QLD 4740 |
| Commission ID: | 5815 |
| Approved provider: | The Corporation of the Franciscan Sisters of the Heart of Jesus (Qld) |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 5 January 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Francis of Assisi Home (**the service**) has been prepared by Megha Kalra, 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.
* 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 said they were treated with dignity and respect, their culture and diversity was valued, and their personal beliefs were supported by the service’s workforce. Staff were familiar with consumers’ backgrounds and were observed to be treating consumers in a kind and respectful manner. Information regarding consumers’ cultural and spiritual needs were captured in care planning documents.

The service supported consumers to exercise choice and independence regarding how their care and services were delivered, and how they maintained relationships. Staff provided examples of how they help consumers to make choices and assist them to achieve their outcomes, which was also reflected in consumers’ care plans.

Consumers were supported to make informed choices about risks which enabled them to live the best life they can. Staff were aware of consumers who wished to partake in risk activities, as reflected in care planning documents, including consumers who self-administered medications.

Consumer feedback and observations confirmed clear and accurate information is provided to consumers, such as through activity calendars, newsletters, menus, and noticeboards. Consumers’ privacy was respected, and their personal information kept confidential through locked 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 said the service involves them in the assessment of their care and services needs and the development of their care plans. Staff described how assessment and care planning process informed the delivery of care and services. Consumer files showed comprehensive assessment and care planning processes to identify needs, goals and preferences. Advanced care plans or statement of choice were included.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers said the service had explained care plans to them, they considered care plans met their needs, goals, and preferences, and they were able to access care plans upon request.

Consumers and representatives said they were notified when changes occurred in the consumer’s clinical or cognitive health, including falls, development of pressure injuries or medication incidents. Management said incidents were reviewed at a service level to identify strategies to minimise risk of reoccurrence. The service was guided by policies and procedures for recording and reporting incidents and care plans were updated when circumstances changed.

# 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 considered consumers received safe and effective personal and clinical care, that optimised their health and well-being. Care documentation showed effective use of restrictive practices. The service monitored the use of all medications, conducted skin integrity risk assessments, and developed appropriate management plans for at risk consumers. Care documentation confirmed effective management of consumers’ high impact high prevalent risks, including risks associated with falls, skin integrity, infections and, behaviours.

Consumers felt their end of life needs will be met in line with their social, cultural, religious, and spiritual preferences, and their comfort maximised. Care documentation for a consumer receiving palliative care at the service showed they are receiving care in line with their clinical and personal end of life care requests.

Care documentation showed deterioration or change in consumer’s condition is identified and responded to in a timely manner. Staff explained how they identified signs of deterioration and described the response they would take, including escalation to clinical staff, medical officer review, and review of care planning documents.

Care planning documents, progress notes, care and service plans and handover reports, provided adequate information to support effective and safe sharing of consumers' information to support care. Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including medical officers, physiotherapists, dieticians, speech pathologists, and other specialists.

Staff said they had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management. Registered staff demonstrated an understanding of minimising the need for antibiotics and ensuring they are used appropriately.

# 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 said they receive services and support that meet their needs, goals and preferences, and optimised their well-being and quality of life. Staff described how consumers are supported to maximise their enjoyment and participation in activities and socialisation. Consumers’ emotional, spiritual and psychological needs were supported. Staff said if they identified a change in a consumer’s mood or emotional need, they provided additional support, encouraged consumers to attend activities of interest and when required, referred to counselling.

Consumers felt supported to participate in activities within the service and in the outside community, stay connected with people important to them, and do things of interest. Care documentation included adequate information about consumers’ needs and preferences, detailed consumers’ participation in the community, and relevant risk management assessments. Staff described how changes in consumers’ care and services were communicated through verbal and documented handover processes.

Referrals for care and services were timely and appropriate, and included hairdressers, volunteers, and social workers. Consumers expressed satisfaction with the variety, quality, and quantity of food. Consumers contributed to the menu development and were supported to provide feedback. Observations of the consumer dining experience showed that consumers enjoyed their meals and appropriate assistance was provided by staff.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff described the process for checking and cleaning of equipment and reporting any faults.

# 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

The service environment was welcoming and easy to navigate. Consumers were observed moving around the service both independently and with staff assistance. The service encouraged consumers to personalise their rooms, and consumers had multiple areas to socialise, and participate in activities.

The service has processes to ensure environment was safe, clean, well-maintained, and comfortable. The service had implemented a new central management system to record maintenance requests more efficiently. Communal areas were cleaned regularly and were free of hazards. Outdoor spaces were easily accessible to consumers, were clean and well-designed with water features, landscaping, and seating areas.

Consumers said the furniture, fittings and equipment used were safe, clean, well-maintained, and suitable to their needs. Staff described the process for logging maintenance requests and said the maintenance team dealt with requests in a timely manner.

# 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 their representatives said they felt comfortable raising concerns about care and services through feedback forms, meetings, or verbal communication with management. Staff described different avenues available for complaints and how they support consumers to provide feedback or make complaints. Feedback forms and collection boxes were observed to be available throughout the service.

Consumers and representatives were aware of other avenues for raising a complaint such as through the Commission, their family, friends, or an advocacy service. Consumer handbooks, policies and procedures, and noticeboards contained information about internal and external methods for raising complaints, advocacy and language services.

Consumers stated when feedback is provided, staff respond appropriately and in a timely manner. Staff described principles of open disclosure, including providing an apology and using complaints as opportunities for improvement. Management advised, and documentation reviewed demonstrated, changes and improvements made at the service are discussed at the monthly consumer meetings, where the service evaluates any improvement activities and consumer satisfaction.

# 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

The workforce is planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Consumers considered they received timely responses to call bells and reported no concerns with the care received. Documentation showed call bells were answered in a timely manner.

Consumers and representatives said, and observations confirmed staff were respectful, kind and caring, which included respecting consumers’ culture and heritage. The service’s recruitment and selection process ensured staff were chosen in line with the organisational values.

Consumers considered staff performed their duties effectively and were skilled to meet their care needs. Position descriptions set out the expectations for each role, and staff expressed satisfaction with the support that other staff and management provided them.

Staff were recruited, trained, equipped, and supported to deliver safe and effective care. Most staff had completed their mandatory training at the time of the Site Audit. Management advised all staff would complete their mandatory training by the end of the year.

The service conducts staff performance appraisals on an annual basis, where staff performance is assessed, monitored, and reviewed. Staff were aware of the service’s performance development processes, which included discussions of their current performance and identification of areas where they would like to develop their skills and knowledge.

# 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

While consumers and representatives did not identify specific examples of changes implemented at the service resulting from feedback and complaints, they said they felt confident the service would implement such changes when indicated. Management described changes and improvements made at the service are discussed at monthly consumer meetings.

The service is run by an order of Catholic nuns who demonstrated a culture of safe, inclusive, and quality care. Audit reports, feedback and complaints, consumer surveys are discussed at regular Board meetings.

The organisation has effective governance systems in place. The service’s information system includes an effective electronic documentation management system, which is only accessed by relevant staff. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaint, regulatory compliance and workforce governance systems are suitably addressed.

The service has a risk management system implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported and analysed through monthly reports including falls, behaviours, pressure injuries and medication incidents. Consumers said they were supported to live the best life they can. The service’s incident management system is used to record all incidents.

The service has policies and procedures relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Staff described principles related to these policies, including examples relevant to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)