Performance

Report

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| Name of service: | Germanus Kent House |
| Service address: | 20 Dickson Drive BROOME WA 6725 |
| Commission ID: | 7159 |
| Approved provider: | Southern Cross Care (WA) Inc |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 17 August 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 Germanus Kent House (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others.

The provider did not submit a response to the Assessment Team’s report.

# 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

Consultation with consumers and representatives ensures care and services are provided in a culturally safe way. Consumers can set their own routine, decide who they have involved in their care, and exercise choice in relation to how their care and services are delivered. Staff described how they show respect to consumers and training, policies, and procedures guide staff to ensure diversity is recognised, valued, and respected. Consumers and representatives said staff understand consumers’ needs and preferences, treat them with dignity and respect, and support them to live the life they choose.

Consumers and representatives are provided current, accurate, and timely information that supports them to make informed choices. Consumers are encouraged to take risks and are involved in implementing strategies to reduce risks in their chosen activity. Consumers and representatives felt consumers are supported to do the things they wish to do while understanding the benefits and possible harm.

Consumer privacy is respected and information is kept confidential. The service provides training and information to all staff at induction about privacy and confidentiality. Staff always knock and seek consent before entering consumers’ rooms and consumers said they have never overheard staff discussing sensitive information pertaining to them or other consumers. Consumers and representatives said they have never observed a staff member providing care and services that compromises a consumer’s privacy.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Assessment and planning occurs on admission to inform the delivery of safe and effective care and services. Assessments are undertaken annually or as required due to clinical changes. When risks are identified, interventions to minimise or mitigate risks are discussed with consumers and representatives. Advance care plans are completed with representatives and consumers to provide information regarding consumers’ care at end of life. Care plans guide staff in consumers’ clinical needs and personal wishes when they are nearing the end of life.

Documentation showed ongoing partnership with consumers and others the consumer wishes to involve in the assessment, planning, and review of their care needs. Referral to other services, such as specialist clinics, occupational therapists and physiotherapists are undertaken for assessment and clinical support as required.

Care plans can be accessed by staff and are discussed with consumers and representatives. Staff attend handover at every shift and information regarding changes in consumers’ conditions are reported. Staff said they have adequate information regarding consumers and demonstrated an understanding of consumers’ care needs.

Care and services are reviewed regularly and when health changes are identified or incidents impact on consumers’ care needs. Documentation showed ongoing review and assessment with clinical care being changed according to recommendations.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Policies and procedures guide staff in the delivery of best practice care to identify and manage high impact or high prevalence risks of consumers. Care plans show personal and clinical care is tailored to consumers’ needs to optimise their health and well-being. Consumers’ health is monitored daily and any changes and risks of harm identified are followed up with interventions to reduce risk. Monthly risk reports are also generated for further analysis and discussion. Consumers said they are looked after by staff who are very good to them.

The needs, goals and preferences of consumers nearing the end of life are maximised and their dignity is preserved. Care plans are developed to guide staff when consumers are identified as receiving palliative care. Specialist care services and the palliative care team are consulted for additional planning and recommendations to ensure consumers’ comfort needs are met. Representatives are involved in consumers’ end of life planning to ensure end of life wishes are documented and actioned.

Staff recognise changes in consumers’ clinical, cognitive or mental health status and respond appropriately. Procedures guide staff on care when consumers’ demonstrate deterioration of their physical function or cognition. The Aboriginal medical health service doctors visit the service weekly, or on referral following changes.

Consumers’ condition, needs and preferences are documented in care plans and staff are provided information regarding consumers’ daily needs in a diary kept in the office and at handovers. Other care services have access to consumers’ clinical data and following assessment or review, enter information or recommendations in consumers’ progress notes.

Clinical staff make referrals to other providers of care when issues are identified that require follow up. This includes referral a physiotherapist or doctor following a consumer’s fall or incident, or referral to the dietician when consumers with unplanned weight loss are identified.

Standard precautions are used to prevent and minimise infection-related risks and policies are in place for infection control and minimisation of risks. Staff have infection control training at commencement of employment and then on an annual ongoing basis. A monthly infection report is completed for monitoring and analyses, and results are discussed at management meetings. Antibiotics are not generally prescribed before preliminary testing and information from pathology is received regarding the use of an appropriate antibiotic. Documentation showed monthly audits of antibiotic usage are completed.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Services and supports for daily living are varied and delivered in line with each consumer’s needs, goals, and preferences to improve their quality of life. Staff described consumer interests and preferences and how they support consumers to maintain independence in line with their care plans and are aware of consumers’ emotional, spiritual, and psychological well-being. Consumers and representatives said staff respected and encouraged consumers’ independence, health, and well-being and there are services and supports in place to promote their emotional, spiritual, and psychological well-being.

Consumers are encouraged to follow their interests, have a say in what they take part in and are supported to maintain relationships with people important to them. Care plans documented consumers’ likes, dislikes, preferences and history to inform and guide staff. Consumers and representatives said consumers are supported to do what’s important to them and spend time with friends and family within and outside of the service.

Information about the consumer’s condition, needs and preferences is communicated with others where responsibility is shared. Staff said whilst they know consumers well, they can refer to additional consumer information located in the electronic care management system and handover notes. Consumers and representatives felt consumers’ condition, needs, and preferences are communicated within the service.

Processes are in place to refer consumers to individuals, other organisations and other providers care and services in a timely manner. Staff refer consumers to both internal and external services where appropriate. Consumers and representatives said consumers have access to allied health and other services and supports as needed.

The menu is reviewed by a dietician for nutritional balance and consumers have a choice of meals for lunch and dinner with alternative options available. Staff described how they are kept informed of consumers’ nutrition and hydration needs and preferences, and how to report any dietary changes. Consumers and representatives said consumers could change their meal choice at any time and they never felt hungry or thirsty in between or after meals.

Processes ensure the ongoing maintenance of equipment and staff described their responsibilities of ensuring equipment was well maintained and safe for consumers to use. Observations showed equipment provided for consumers to be clean, well maintained and stored appropriately. Consumers and representatives said consumers felt safe using the equipment supplied and would notify staff if they had any issues.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment has an easy-to-understand floor plan and signage supports consumers’ navigation to key locations and other areas. Posters, artwork and reading material displayed throughout the service reflects the diverse culture and background of consumers. Consumers and representatives said the service is inclusive and provides a sense of belonging.

The service was observed to be clean, corridors had mobility rails and were free of obstruction along with the communal areas and emergency exits. Staff described how they assist consumers who cannot mobilise on their own to access areas they choose, and described their responsibilities to keep consumers safe. Consumers and representatives said the service is clean, well maintained and consumers were observed to be moving freely throughout the service.

Processes are in place to ensure furniture, fittings, and equipment, are maintained regularly and meet the required specifications. Staff described how they escalate any concerns of suitability and safety of equipment and how they report any faults with equipment. Consumers felt safe when staff are using equipment with them, including mobility aids and hoists.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers are supported and encouraged to provide feedback, suggestions and complaints. Feedback forms are located at the entry of the service along with a secure box to ensure privacy and confidentiality is maintained when forms are submitted. The operations manager oversees the feedback process and undertakes appropriate action in relation to feedback and complaints.

Information is provided to consumers regarding language and advocacy services that can support consumers to provide feedback when they have communication barriers. An advocacy service visits a co-located service which consumers can access when they wish to have further information regarding advocacy services. The organisation has access to additional interpreting services, including Aboriginal languages at the Yawuru cultural service centre located in the town.

The service responds to complaints appropriately and open disclosure is used when things go wrong. The open disclosure policy guides staff to have an open and consistent approach to communication and explanation of incidents, including an apology as appropriate. Complaints are documented, followed up, and actioned according to policy and processes.

The continuous improvement plan includes improvements made to the quality of care and services as the result of consumer feedback and complaints received. General feedback regarding meals from consumers has improved the dining experience with consumer meeting minutes reporting consumers being satisfied with the changes.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Staff felt there is generally enough staff rostered to perform their duties and the service has a structured process for creating rosters, managing leave and using contracted staff. Rosters are reviewed regularly to ensure the current skill mix and number of staff are adapting to the changing needs and situations of consumers. Consumers and representatives were happy with staffing levels at the service.

Staff are provided cultural training that includes choice, dignity, respect and consumer directed care. The organisation’s mission statement and values are in the staff handbook and on display at the service. Policies and procedures guide staff to provide compassionate care in a flexible and responsive way. Overall, staff were knowledgeable of each consumer’s needs, preferences, culture and diversity. Consumers and representatives said staff show kindness and have a caring attitude with interacting with consumers.

All staff said they are provided with regular professional development opportunities to learn new skills or further develop their skills and competency. A scheduled training program starts at orientation and continues annually with further education provided if the service identifies gaps in work practice or if consumers’ needs have changed. Management work in partnership with head office to monitor and ensure all staff have the appropriate qualifications and registrations required for their role. Competency of staff is monitored through surveys, complaints and feedback, buddy shifts, observing work practice and performance appraisals. Consumers and representatives said staff are competent and understand consumers’ support needs.

Policies and procedures are in place to monitor and manage staff performance to ensure safe care and services are being delivered. Staff performance is monitored through direct observations, feedback, complaints and incidents. The performance management process is undertaken annually or earlier if required.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers are engaged in the development, delivery and evaluation of care and services via feedback forms, verbal conversation and at bi-monthly consumer meetings. Consumers undertake external and internal surveys to provide feedback and all next of kin are invited to participate in bi-monthly consumer meetings promoting engagement with the service.

A range of reporting mechanisms are in place to ensure the governing body is aware of and accountable for the delivery of care and services provided. Consumers or representatives are provided a handbook when they enter the service that outlines the organisation’s mission, vision, purpose, and values. The organisation has a code of conduct for staff which ensures respectful behaviour is displayed and staff were observed being respectful of consumers.

Information management systems are in place to ensure staff have access to relevant information to perform their roles effectively. Management described the process for both in and out of budget expenditures. Consumers and representatives are encouraged to participate in providing feedback and completing surveys which are used to drive continuous improvement. The organisation’s head office monitors legislation changes and ensures the service is meeting all obligations. Processes are in place to ensure staff are selected and trained to meet the job requirements and organisation values.

Systems are in place to identify and manage risks to the safety and well-being of consumers. Accidents and incidents are reported, actioned, and followed up to implement strategies to reduce consumers’ risks. High impact risks to consumers’ safety have further guidelines regarding reporting requirements. Quality management staff monitor incidents that are documented and discussed for further follow up at the monthly meeting and reporting process.

The clinical governance framework identifies the roles and responsibilities of staff and management and involves a range of monthly reporting systems and clinical meetings. Processes and policies support the management of antimicrobial stewardship, minimising the use of restraint and open disclosure. Monthly reports demonstrated clinical data in relation to infections, clinical incidents and psychotropic medications is trended at the service and at an organisational level and utilised to identify opportunities for improvement. Staff demonstrated an understanding of open disclosure and antimicrobial stewardship and could describe where they would find policies and procedures to guide them in practice.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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