Performance

Report

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| Name of service: | Jeremiah Donovan House |
| Service address: | 138 Lewis Road FORRESTFIELD WA 6058 |
| Commission ID: | 7216 |
| Approved provider: | Southern Cross Care (WA) Inc |
| Activity type: | Site Audit |
| Activity date: | 19 October 2022 to 21 October 2022 |
| Performance report date: | 01 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 Jeremiah Donovan House (**the service**) has been prepared by R Beaman, 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 staff, consumers/representatives and others.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers sampled confirmed they are treated with dignity and staff are respectful of their identity and deliver care and services in a way that respects their choices and is culturally safe. Consumers and/or their representatives confirmed consumers are supported to make decisions, including who they wish to be involved in that process, and they are supported to take risks, including eating foods of their choice or smoking.

Consumers stated they are provided information about care and services that is current and in a way that enables them to make choices about what services they wish to participate in or receive, including food and lifestyle options.

Observations throughout the assessment confirmed consumer privacy is maintained by staff and staff support consumers to undertake activities of risk. Staff were able to describe ways in which they support consumers to exercise choice over their care and services and demonstrated understanding of delivering care in ways that supports consumers to make their own decisions.

Documentation sampled confirmed consumers choices about care and services are recorded on their care plans with that information up-to-date, including strategies to minimise the risk of harm to consumers.

Accordingly, I find Standard 1 Consumer dignity and choice is 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

All consumers and/or their representatives samples provided positive feedback about the assessment and planning process and confirmed they are consulted and provide input into the development, delivery and evaluation of care and services. Consumers confirmed their care and services planning includes their needs, goals and preferences, they are informed of outcomes of that process and staff regularly review them.

Documentation confirmed assessment and planning for consumers considers risks to their health and well-being, including skin integrity, falls, pressure injuries and malnutrition. Consumers’ needs, goals and preferences are recorded in care plans and they reflect outcomes have been communicated to consumers.

Observations showed consumers have access to their own care planning and assessment documentation and consumers confirmed they do.

Staff demonstrated understanding of the assessment and planning processes and were able to describe how they identify and include any risks to consumers’ health as part of the assessments to inform care and service delivery.

Staff confirmed they review consumers’ care plans when a change in condition or incident occurs and they described the ways in which they involve consumers in this process.

Accordingly, I find Standard 2 Ongoing assessment and planning with consumers is 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and/or their representatives stated they were satisfied with the personal and clinical care and services consumers received. Documentation showed care plans are tailored to individual needs and high impact or high prevalence risks, including falls, nutrition, medication and wound management are recorded with appropriate strategies to guide staff practice.

Consumers confirmed staff know them well and they don’t have to repeat their needs, goals and preferences for care and services to other providers of care. Consumers and/or their representatives confirmed consumers are referred to other providers of care in a timely manner when requested or required.

Sampled consumer care files showed where deterioration is detected, there are processes in place to manage consumers safely and effectively. Documentation showed there are effective processes in place for timely referrals for consumers, and end of life needs, goals and preferences are respected, recorded and communicated and the consumer’s comfort and dignity maximised.

Staff demonstrated knowledge of consumers’ needs, goals and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Staff were observed adhering to infection control practices, including wearing appropriate personal protective equipment, regular hand hygiene and effective donning and doffing.

Accordingly, I find Standard 3 Personal care and clinical care is 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers sampled provided positive feedback about the services and supports they receive for daily living, confirming they are tailored to their needs and assist them to maintain their independence, health and well-being. Consumers were satisfied with the quality and quantity of meals and described ways in which they are sought to provide input into the development of menus, including a monthly food forum.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ care and service needs, and they are referred in a timely manner to other providers of care and services when required or they wished to be. Consumers confirmed they are supported to maintain friendships of choice and do the things of interest to them and were able to participate in the community within or outside the service when they wished to.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the lifestyle program and described ways in which they were able to support them to engage in things that interest them.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual and psychological needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was observed to be clean, safe and well-maintained.

Accordingly, I find Standard 4 Services and supports for daily living is 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers provided positive feedback about the service’s environment, confirming they are able to personalise their own spaces and it was clean and well maintained. Consumers confirmed the service was easy to navigate around, their visitors were welcomed, and they felt safe living there.

Observations confirmed consumers have access to move freely both indoors and outdoors and were observed utilising the outdoor areas throughout the site audit visit. Documentation confirmed there is a process for preventative and reactive maintenance, and where issues are identified, or consumers raise them those are resolved in a timely manner.

Staff were observed undertaking regular cleaning of individual, communal and high touch point areas and demonstrated knowledge of the maintenance system and how to resolve and escalate any issues that required fixing.

Accordingly, I find Standard 5 Organisation’s service environment is 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and/or representatives confirmed they understand the feedback and complaints process, they feel supported to provide feedback and they know how to seek the assistance for advocacy or language services if they wish. Consumers described the ways in which they are supported to make complaints or provide feedback, including speaking directly to staff, raising during a resident meeting or completing the surveys undertaken at the service.

Observations confirmed the service has information displayed to assist consumers provide feedback, make complaints or seek external services to do so. Documentation confirms the service collects, actions and responds to complaints in a timely manner using open disclosure.

Staff demonstrated understanding of the feedback and complaints process and the use of open disclosure and described ways in which they supports consumers to access the process and provide feedback. Staff confirmed they acknowledge feedback, including complaints, and where they are not able to resolve issues they escalate those for further action.

Documentation confirmed where complaints or feedback is provided, the service uses this information to improve the quality of care and services.

Accordingly, I find 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers provided positive feedback about staffing levels and confirmed when they request or require assistance they receive this in a timely manner. Consumers confirmed staff are kind, caring and respectful when delivering care and services. Consumers were satisfied staff were well trained and competent in their roles.

Staff confirmed they have the support required to undertake their roles effectively and deliver quality care and services. Staff described the various training opportunities they have and confirmed they have access to and are provided further education in various forms if required or requested. Documentation confirmed training is provided regularly and additional sessions are added where issues in care and services are identified.

Documentation confirmed there is a process to monitor staff performance and where issues and gaps are identified additional support and education is implemented. Staff confirmed they participate in probationary and annual performance reviews and can nominate areas they would like additional support and training.

The organisation has effective systems in place to monitor staffing levels, adherence to training and performance and ensuring staff have the relevant skills, knowledge and qualifications to undertake the roles they are recruited for. Documentation confirmed staff are recruited with appropriate qualifications to the role they are undertaking.

Accordingly, I find 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are involved in the development and evaluation of consumers’ care and services and staff support them to be able to do this. Consumers and representatives were positive about the service and confirmed it was well run and consumers felt safe living there. Consumers and their representatives confirmed they are able to contribute to the development and evaluation of care and services in various ways, including through satisfaction surveys, the monthly food forums and resident and representative meetings.

Documentation showed there are a range of ways the organisation’s Board is accountable for the delivery of safe, inclusive and quality care, including various regular governance committee meetings. The organisation has up-to-date policies and procedures in place to guide staff practice.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Staff described ways in which feedback drives continuous improvement and a register showed projects and actions to undertake those in place.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Observations and documentation confirmed consumers are supported to live their best life and where risks are taken those are mitigated with strategies to ensure safety.

Documentation confirmed staff receive training in relation to identification and response of abuse and neglect and reporting of incidents. The incident management system records all incidents and conformed where required they are reported as per legislative requirements.

Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find Standard 8 Organisational governance is Compliant.

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)