

**Performance Report**

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| Name: | Little Sisters of the Poor Glendalough Home |
| Commission ID: | 7771 |
| Address: | 2 Rawlins Street, GLENDALOUGH, Western Australia, 6016 |
| Activity type: | Site Audit |
| Activity date: | 11 November 2024 to 13 November 2024 |
| Performance report date: | 11 December 2024 |
| Service included in this assessment: | Provider: 3086 Little Sisters of the Poor Aged Care Ltd  Service: 4816 Little Sisters of the Poor Glendalough Home |

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 Little Sisters of the Poor Glendalough Home (**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.

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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 4 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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

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

**Standard 2 requirement (3)(b)**

Ensure ongoing 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.

# 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 confirmed staff treat consumers with dignity and respect, consumers can make choices about their care and services and who they wish to be involved in decisions. Consumers confirmed they receive care and services which are right for them and are culturally safe including relating to important aspects of their identity, and beliefs. Consumers were satisfied with the way the service supports them to live their best life by supporting them to continue to do things to maintain their independence and quality of life, including activities with an element of risk. Consumers confirmed staff keep them informed about matters of importance to them and can access information from a variety of sources, including participating in various meetings. Consumers were confident staff maintained their privacy and confidentially.

Staff members in various roles demonstrated knowledge of consumers and described ways they provide care and services in line with each consumer’s cultural needs and preferences. Staff described how they support consumers to make decisions about their care and services including undertaking activities which may involve a degree of risk. Various staff members described how they share information with consumers including via one-to-one discussions, calendars, notice boards and meetings.

The organisation has a range of policies and procedures to guide staff in providing dignified, person centred and respectful care, supporting consumer choice, and maintaining privacy and confidentiality. Training records showed staff receive a range of training in these areas. Care documentation included important aspects of consumers’ identity, cultural, and personal preferences to enable staff to deliver care and services in line with their wishes.

Staff were delivering care and services to consumers in respectful dignified manner, maintaining the privacy of consumers.

For the reasons detailed above, I find 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. | Not 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

In relation to **requirement (3)(b),** the Assessment Team recommended this requirement not met, as they were not satisfied assessment, and planning identifies and addresses consumers current needs goals and preferences in relation to texture modified diets. The Assessment Team’s report included the following information and evidence gathered through interview, observations, and documentation review, relevant to my finding:

* While the service has a documented process requiring assessment by a speech pathologist for consumers with swallowing difficulties before prescribing a texture-modified diet, this process was not followed for 4 named consumers.
  + Care plans for these consumers documented an assessed need for texture-modified diets, however, there was no evidence a speech pathologist had conducted assessments for the named consumers. One of the sampled consumers did not receive the correct texture modified diet, in line with the care plan.
* Management confirmed there was no formal process in place to monitor and ensure the consumers preferences and needs are current.

The provider acknowledged the deficiencies identified in the Assessment Team’s report. While a written response was not provided, the Assessment Team’s report documented improvements made by the service whilst on site including:

* A referral to a speech pathologist was completed for the 4 named consumers.
* Commencement of performance management and monitoring of kitchen staff to ensure meals provided to consumers are in line with their assessed needs, goals, and preferences.
* Completion of International Dysphasia Diet Standard Initiative (IDDSI) training by kitchen staff on day 2 of the Site Audit.
* Clinical staff and management to monitor meal service to ensure the correct texture modified diet preferences are provided to consumers.

While I acknowledge the actions taken by the provider to address the deficits identified, I find the service did not demonstrate assessment and planning identified consumers current needs, goals and preferences, specifically in relation to dietary needs. In coming to my finding, I have considered information in the Assessment Team’s report that shows for 4 named consumers assessment and planning did not identify their current dietary needs. I have also considered information that shows the service did not have a formal process in place to monitor the consumers needs, goals and preferences for care and services delivery are current and meet the needs of consumers.

I have also considered, and acknowledge the actions already undertaken by the provider, however, I have also considered the time improvements require to be fully embedded into practice and evaluated for effectiveness.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to **requirements (3)(a),** **(3)(c), (3)(d)** and **(3)(e),** consumers confirmed they participate in the assessment and planning process, including advanced care and end of life planning, and can involve others, if they wish. Consumers and representatives confirmed staff communicate with them about care and services, staff were knowledgeable about their needs, goals and preferences, and care plans are available to them if they would like.

Staff provided examples of how they ensure care and services are tailored to each consumer and were knowledgeable about consumer needs. Staff confirmed planned assessment and review of each consumer’s care occurs, including following incidents and changes in consumers’ condition. Staff described how assessment and planning identifies and addresses advance care and end of life planning if the consumer or their representative wishes.

Care documentation showed strategies to minimise risks to consumers are documented and communicated to staff. Documentation showed a range of allied health professionals, medical officers and specialists are involved in consumers’ care, and recommendations are documented in consumer care plans to guide staff in providing appropriate care. Care documentation showed consumers care and services are reviewed following incidents and changes to consumers’ condition and on a regular basis. Policies and procedures provide guidance to staff on the assessment and planning process including the assessment and planning of risks related to consumers’ care.

For the reasons detailed above, I find requirements (3)(a), (3)(c), (3)(d) and (3)(e) 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

Consumers and representatives confirmed consumers receive personal and clinical care which supports their health and well-being, and the service manages risks associated with the care of consumers effectively. Consumers are confident staff know them well and would recognise if their health changed or deteriorated and respond appropriately. Consumers and representatives expressed care is consistent, with staff and other health providers familiar with their needs, goals and preferences. Consumers’ are satisfied referrals to other providers of care and services are made promptly when their personal or clinical care needs change and are confident staff manage infection-related risks.

Staff understood consumers’ personal preferences for care and services and described how they ensure consumers are receiving care which is safe and tailored to the consumers’ individual needs. Staff described the ways they deliver end of life care to consumers in line with preferences ensuring consumers comfort and dignity is maintained. Staff confirmed processes in place to report and respond to changes related to consumers’ health and well-being, and described processes to ensure referrals are completed in a timely and appropriate manner. Staff were knowledgeable about standard and transmission-based precautions and confirmed they receive training in the use of PPE and hand hygiene and managing COVID-19 and other infectious disease outbreaks.

Care documentation showed risks to consumers health and wellbeing are recorded, including but not limited to diabetes, wounds, falls, pressure injuries and the use of psychotropic medications and included strategies to minimise identified risks. Information in relation to care delivery is communication and documented with appropriate and timely referrals included in care documentation.

Infection control measures were in place throughout the service, including handwashing stations, hand sanitiser, antibacterial wipes and personal protective equipment.

For the reasons detailed above, I find 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

Consumers felt they get safe and effective services and supports for daily living, which meet their needs, goals and preferences, and optimises their independence, health, well-being and quality of life. Consumers were confident their emotional and spiritual well-being was a priority for staff and felt there were sufficient services available to them to support their emotional, spiritual and psychological well-being. Consumers confirmed they are supported to participate in activities within the service and the wider community. Consumers expressed satisfaction with the quality and quantity of meals provided and confirmed their dietary needs were met and were able to exercise choice.

Staff described the ways they support consumers to maintain their independence, quality of life, and provide emotional and spiritual support. Staff provided examples of lifestyle activities available to consumers, both within and external to the service and confirmed they seek input from consumers and their representatives about activities they enjoy and wish to participate in. Staff confirmed access to the service’s electronic care documentation system and described ways information is shared to ensure effective communication about consumers’ needs and preferences.

Care documentation showed consumers lifestyle and activity preferences, important relationships, and emotional, social, spiritual, and cultural supports are recorded to guide staff in providing person centred care. Documentation showed a menu is in place which offers choice and caters to consumers preferences and dietary requirements. Documentation confirmed the service has mechanisms in place for consumers to provide their feedback in relation to the menu.

Consumers were interacting with each other and staff, and meals were observed to be of sufficient quality and quantity and appeared appetising. A range of equipment, including walking aids, specialist commodes, air mattresses, shower chairs, and transfer aids, are kept clean and maintained with servicing tags. Lifestyle equipment such as art, craft and painting supplies, and puzzle books for individual activities are available and a range of activities were being held.

For the reasons detailed above, I find 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

Consumers said they found the service environment welcoming, homely, comfortable and easy to understand, and furnishings, fittings and equipment were always clean and well maintained.

Staff demonstrated an understanding of the cleaning and maintenance processes and procedures and were clear on their roles and responsibilities to provide a clean, welcoming and maintained environment.

Observations showed the service environment is welcoming, clean and tidy with accessible communal and personal spaces. Documentation included policies and procedures for safe and effective cleaning and comprehensive cleaning checklists for staff to follow.

Documentation confirmed cleaning schedules are in place which include room cleaning, furniture, and fittings. Maintenance schedules, and there is a system to ensure maintenance is prioritised and attended to in a timely manner are in place.

For the reasons detailed above I find 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 and representatives confirmed they were supported to provide feedback and make complaints if they needed to. Consumers confirmed staff take appropriate action to resolve their concerns and they were satisfied their feedback is used to improve care and services.

Staff described ways they support consumers to make complaints and said they receive training on open disclosure principles. Staff said they refer complaints to management for handling. Management described how the service document and respond to complaints and feedback in line with policy and procedures and use feedback to drive continuous improvement.

Documentation showed consumers and representatives receive information on how to provide feedback and make complaints including information about advocacy and external complaint services. The feedback register showed complaints, and feedback is reviewed monthly, and feedback is used to drive continuous improvement.

Observations showed various information brochures about complaint and feedback mechanisms, advocacy, language services and external complaint resolution services available for consumers throughout the service.

For the reasons detailed above 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

Consumers and representatives said there was sufficient staff with a variety of suitable skills to deliver care in a timely manner. Consumers said staff treat them kindly and respectfully and are responsive to their needs. Consumers said staff are skilled, trained well, and they have confidence in staff’s ability to undertake their roles effectively

Staff confirmed they feel supported with enough staff allocated to meet the needs of consumers. Management confirmed processes are in place to ensure the skill mix of the workforce is considered and staffing levels are adjusted relating to occupancy rates, care minutes and acuity of consumers. Staff said they are provided ongoing training on a range of topics, opportunities for professional development are provided, and they have regular performance discussions.

Processes and procedures are in place to enable the planning of the workforce, to ensure the delivery of safe quality care and services. Service documentation including reports and meeting minutes showed action being taken in relation to staff numbers and mix. Documentation showed staff receive ongoing training, roles and responsibilities are documented to ensure staff understand what is required of them, and where specific registration or competencies are required to perform roles, these are tracked and completed to ensure a competent workforce. Assessment, monitoring, and review processes of the workforce are in place, including a formal performance planning process.

Observations showed staff undertaking duties in a calm unrushed manner, with engaging consumers in a kind, caring and respectful manner.

For the reasons detailed above, 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**

Consumers said they feel they are safe, care and services provided are of good quality. Consumers were satisfied the service is well run, and they are supported to be engaged in the development and delivery of care and services including participating in the consumer advisory body, food focus groups and resident and relative meetings.

An organisational structure is in place, with clear lines of delegation, roles, responsibilities and accountabilities. A communication pathway is established between the Board, the service’s National Advisory Group (NAG), other workforce groups and the consumer advisory body. Those providing care and services described their mission to provide a high standard of quality care and services to vulnerable consumers. A range of information and communication processes are in place to ensure the governing body is engaged with, and responsible for, care and services provided to consumers, in accordance with the Quality Standards.

Effective governance systems relating to information management, workforce governance, financial governance, regulatory compliance, and continuous improvement are in place. A range of policies, procedures, and processes are in place to ensure an effective risk management system. The organisation uses various mechanisms to identify opportunities for continuous improvement including surveys, feedback, incident monitoring and trending and regular meetings with consumers.

Clinical incident data is collected, analysed, and trended to mitigate high impact high prevalent risks to consumers and identify improvements to care and services. Where adverse events occur, incidents are reviewed and investigated, and the organisation has processes in place to ensure transparency and oversight. Documentation shows staff receive education on managing risk, incident management, including serious incidents reportable under the Serious Incident Response Scheme (SIRS), elder abuse, antimicrobial stewardship and infection management, prevention, and control.

An effective clinical governance framework inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure is demonstrated place. The clinical governance framework includes effective reporting and monitoring systems, policies, procedures, and processes. The framework is supported by clinical staff, leadership and oversight at a service and organisation level, including a clinical governance committee, and reporting mechanisms to the Board.

Reporting and monitoring processes and a range of governance meetings ensure clear oversight. Monitoring the use of psychotropic medications occurs, and policies, procedures and education provided, guide staff in understanding restrictive practices and minimising restrictive practice usage in accordance with relevant legislation and regulatory requirements. The application of open disclosure principles is evident through the review of incident and complaint data, and training records show staff receive education on open disclosure and staff could demonstrate their understanding of open disclosure and its application.

For the reasons detailed above, I find Standard 8, Organisational governance, compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)