Performance

Report

**1800 951 822**

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| Name of service: | Loreto |
| Service address: | 20 Fulham Road Pimlico QLD 4812 |
| Commission ID: | 5912 |
| Approved provider: | Mercy Community Services North Queensland Limited |
| Activity type: | Site Audit |
| Activity date: | 14 September 2022 to 16 September 2022 |
| Performance report date: | 12 October 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 Loreto (**the service**) has been prepared by Ms D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 28 September 2022.

# 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 | **Non-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.

* Requirement 7(3)(e) – the service implements and embeds systems and processes to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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 staff treated them with dignity and respect and they felt valued as individuals. Staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumers’ individual background, culture and preferences. Care documentation showed consumers’ culture, diversity and identity were recorded and respected. The service had policies on creating a diverse and inclusive culture.

Consumers and representatives confirmed the service recognised and respected consumers' cultural background and provided care that was consistent with their cultural traditions and preferences. Staff could identify consumers from diverse backgrounds and described how they ensure each consumer received care in accordance with the preferences in their care plan.

Consumers and representatives said they were supported to make choices about their care, communicate decisions, and maintain relationships of choice. Care documentation set out the consumer’s individual care preferences, who was involved in their care and how the service supported them to maintain relationships.

Management explained how consumers were supported to understand risks and participate in activities involving risks. Staff were aware of the risks taken by individual consumers, and said they supported them to take risks to live the way they chose and maintain their independence. Consumers described how the service supported them to understand risk and take them, if they chose.

Consumers described how they were provided information in a way they could understand, to inform their choices. Staff described different ways they provided information to consumers and representatives, in accordance with their needs and preferences. Information was observed to be displayed throughout the service to support consumers choices.

Consumers described how their privacy was respected by staff. Staff provided practical examples of how they respected consumers' privacy and the confidentiality of their personal information. Staff were observed knocking before entering rooms and nurse’s stations were locked when unattended throughout the site audit. The service had policies in place to protect consumer privacy and computers were password protected.

# 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

Documents showed assessment and planning by the service was unique to individuals, considered risks to each consumer’s health and well-being, and informed the delivery of safe and effective care. Consumers and representatives said they received the care and services they needed, and they were active participants in their care planning. Staff described the assessment and care planning process in detail, and how it informed the delivery of care and services.

Care planning documentation identified and addressed the consumer's current needs, goals and preferences, including advance care and end of life planning, where the consumer wished. Consumers and representatives said clinical staff involved them in the assessment and planning of their care, including end of life care, through regular conversations either in person or by telephone. Clinical staff explained how they determined consumers’ care needs through regular discussions, care plan reviews and clinical observations.

Management described how they partnered with consumers, and those they wished to involve, in their care planning. Care documentation evidenced care conferences and the involvement of a range of external providers and services such as medical officers, physiotherapists, speech pathologists, podiatrists and dietitians. Clinical staff explained the importance of consumer-centred care planning and explained how they involved consumers, representatives and external service providers, where appropriate.

Consumers and representatives said the outcomes of assessment and planning were effectively communicated to them and documented in their care plan, which they could get a copy of if they wanted. Staff said they clearly explained any clinical issues to consumers and representatives and clarified any questions they had.

Care planning documentation evidenced review on both a regular basis and when circumstances changed, such as a deterioration in condition, or incidents such as infections, falls and wounds occurred. Clinical staff described how and when consumers’ care plans were reviewed. The service's care planning policy stated care plans were reviewed annually unless clinical incidents triggered an earlier review. Consumers and representatives said clinical staff regularly discuss their care needs and any changes requested were addressed in a timely manner.

# 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 said they received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of each consumer.

Management and staff described the high-impact and high-prevalence risks for consumers at the service and how they were effectively managed. Consumers and representatives said the service was adequately managing risks to consumers' health, particularly for falls and COVID-19. Documents showed high-impact and high-prevalence risks were effectively managed through suitable preventative measures, regular clinical data monitoring and trending.

Consumers who were nearing the end of life were observed to be comfortable and had strategies in place to ensure their dignity was preserved with care being provided in accordance with their needs and preferences. Care planning documentation included an advance care plan which aligned with the consumer's responses. Staff described how they supported consumers during end of life care by facilitating regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care.

Consumers and representatives said the service recognised and responded appropriately to a deterioration or change in condition promptly. Clinical staff explained how changes in condition would be discussed during handovers or staff meetings and result in escalation to the medical officer and hospital transfer, if needed. Care documentation and progress notes showed a deterioration or change in condition was identified and responded to quickly.

Information about the consumer’s condition, needs and preferences was documented and effectively communicated with those involved in the care of consumers. Care documentation was sufficiently detailed and accessible to enable sharing of important information with those involved in their care. Consumers and representatives said the consumer’s care needs and preferences were effectively communicated to those that needed to know.

Consumers and representatives said referrals to other health professionals was timely and appropriate. Care planning documentation and progress notes demonstrated the service referred consumers to other organisations and providers of health services promptly.

The service demonstrated preparedness in the event of an infectious outbreak, including COVID-19, and best practice antibiotic prescribing practices. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other general infection control practices. The service had an infection prevention and control leader who had completed the relevant training and outbreak kits and spaces for infectious consumers required to isolate were readily available in the service.

# Standard 4

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

Findings

Consumers and representatives confirmed they were supported to participate in activities they enjoyed and optimised their independence and quality of life. Lifestyle staff explained how consumers' needs, goals and preferences were identified and communicated. Staff could explain consumers’ leisure likes and dislikes, personal interests and spiritual needs and this aligned with the information on their care plans. Consumers of varying levels of ability were seen participating in daily living activities during the site audit.

Consumers and representatives said they were supported when they were feeling low, and they described how the service promoted their emotional, spiritual and psychological well-being. Care documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Staff could explain how they supported consumers’ mental health and helped them maintain their important social and personal connections. Consumers said they could participate in activities within the service and in the outside community, as they chose. Care documentation identified the people and activities important to individual consumers.

Consumers and representatives said information about the consumer's condition, needs and preferences was communicated effectively within the organisation and with others involved in their care. Staff said they document and communicate changes during the shift handovers and relevant staff and external care providers can access updates to care documentation.

Consumers said they were referred to other organisations, individuals and providers of lifestyle supports and services. Care documentation showed the service collaborates with external providers to support the diverse needs of consumers. Lifestyle staff described how the service’s care and services was supplemented by other providers of care and services.

Consumers said the service provided meals of suitable quantity, quality and variety. Consumers said their dietary needs and preferences were accommodated and staff knew their dietary needs and preferences. Care documentation reflected consumers’ up to date dietary needs and preferences. Consumers were observed to be eating their meals independently, or with assistance from staff.

Consumers said the service's equipment was readily available and suitable, if they required it, and they felt safe using it. Staff said they had access to equipment when they needed it and they described how equipment was kept safe, clean and well-maintained. The preventative maintenance schedule demonstrated regular servicing of equipment. Equipment and items in the lifestyle cupboard were observed to be clean and in good order.

# 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 and representatives said the service environment was welcoming, allowed for easy accessibility through the service and enhanced their sense of belonging. Consumers’ rooms were observed to be personalised and the service had neutral-coloured walls and clear signage throughout. The service had multiple comfortably furnished communal spaces and outdoor courtyards, as well as a hair-dressing salon and chapel. Management and staff could describe aspects of the service that helped consumers and visitors feel welcome and enhanced their sense of belonging and ability to navigate around.

The service appeared clean, safe and well maintained. Consumers could move freely, both indoors and outdoors. Consumers and representatives said they were happy with the cleanliness and condition of the service. Staff were able to provide details concerning cleaning responsibilities and duties. The cleaning schedule checklist showed recent cleaning had occurred according to the schedule.

The furniture, fittings and equipment were safe, clean and well-maintained. Consumers confirmed their equipment was checked, cleaned and maintained regularly. Staff said mobility equipment such as wheelchairs, walking frames and hoists were checked as part of the preventative maintenance schedule. The preventative maintenance schedule indicated all equipment maintenance had been completed according to the schedule and the call bell system had been checked annually.

# 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 said they had not made any complaints however, if they did, they would be comfortable to provide feedback or make a complaint directly to staff or management. Management and staff could describe the feedback and complaints process and how they supported consumers in different ways. Documentation such as consumer meeting minutes showed consumers, representatives and others were encouraged and supported to provide feedback and make complaints. Brochures and posters promoting external complaints agencies were displayed throughout the service and reception area. While, feedback boxes and forms were not readily available in some common areas, this had been identified as an area for improvement on the service’s continuous improvement plan.

Consumers and representatives were aware of advocacy and translation services, however said they did not require them. Management and staff described advocacy, translation and external support services they promoted to consumers. Observations and documentation showed the service was actively promoting advocacy, language services and external complaints mechanisms in a variety of ways.

Management and staff could describe actions taken in response to feedback and complaints received, including practicing open disclosure. Documentation showed open disclosure was practiced in response to complaints. Consumers and representatives could not recall any recent complaints however, the previous consumer experience survey report indicated all consumers said management took very swift action to rectify any issues.

Management described how feedback and complaints were recorded and used to improve the quality of care and services. Documentation showed the continuous improvement system drew on the feedback and complaints system. Most consumers and representatives were not aware of any recent feedback or complaints so could not provide examples of improvements to the quality of care and services resulting from feedback or complaints.

# 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. | Non-compliant |

Findings

The assessment team recommended one of these requirements was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service non-compliant with this requirement:

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

In relation to requirement 7(3)(e), the site audit report evidenced the staff’s performance was monitored through informal processes and when one staff member had identified a training need this had been organised by the service, however, the service was not able to demonstrate regular assessment and review processes were undertaken with each member of the workforce with management advising a formalised appraisal approach was in the process of being adopted. Additionally, staff were unable to identify when their performance was last reviewed.

The provider’s response to the site audit report provided additional information and documentation confirming a formalised approach is currently being adopted and some staff have undergone a formal performance review, since the finalisation of the site audit.

Additionally, the provider submitted documentation which evidenced two other staff had been supported to access training programs, one of which was historical, and another staff member had applied for an internal promotion in support of staff having the opportunity to identify training needs and their performance being appraised. While I accept this supports training is provided and recruitment processes are in place, I do not consider this supports the performance of the workforce was being assessed or reviewed regularly.

I acknowledge the corrective actions planned and commenced by the service, including the progress made in adopting a formalised performance review approach, however at the time of the audit, I consider each member of the workforce has not had an appropriate person regularly assess and evaluate how they were performing their role nor have they had an opportunity to identify, plan and have supported any training and development needs, which supports non-compliance with this requirement.

Overall, I am satisfied that regular assessment, monitoring and review of each member of the workforce has not been demonstrated and the remedial actions commenced by the service will take time to implement and monitor for effectiveness.

Therefore, I find requirement 7(3)(e) to be non-compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Documents showed the workforce was planned and there were adequate numbers and type of staff to meet the needs of consumers, including a registered nurse on duty at all times and strategies were in place to fill unplanned leave. Consumers and representatives said there was always enough staff to meet their needs, even during the COVID-19 outbreak. Management explained the rostering process and how they ensured minimum staffing levels were maintained to provide safe and quality care. Agency staff were used as a last resort to fill vacant shifts. Staff were observed attending to call bells in a timely manner.

Consumers and representatives said the staff were kind, gentle and caring when providing care. Staff were observed to be interacting with consumers in a kind, caring and respectful manner and displayed detailed knowledge of consumers and their individual needs and preferences. Consumers, representatives and staff said they had never witnessed any inappropriate interactions between consumers and staff or had any concerns about staff behaviour.

Consumers and representatives said staff performed their duties effectively and they were confident staff were skilled to meet their care needs. Management said position descriptions include key competencies and qualifications that were either desired or essential for each role. Management described the induction process where new staff received the necessary information, training and support to perform their role. New staff completed as many buddy shifts as was necessary to be rated competent in their role and there was a probation period of 6 months. Documentation sighted confirmed competencies, mandatory qualifications, evidence of registration and police checks were monitored.

Consumers and representatives felt staff were competent and qualified to do their job and did not identify any areas where staff needed more training. All members of the workforce felt like they were recruited, trained, equipped and supported to deliver safe and effective care. Management described how they supported their staff to ensure they received the training they needed to perform their roles in accordance with the Quality Standards.

# 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 and representatives advised they were engaged in the design development and evaluation of care and services through a variety of ways such as bi-monthly consumer meetings, annual surveys, care planning reviews or conferences, and management’s ‘open door’ policy. There was also a consumer representative for food services. Consumers and representatives said the service listened and responded to their suggestions and sought input on a range of topics including content for consumer newsletters.

Management described a robust organisational structure that oversighted the delivery of quality care and services across the organisation. The Board issued central policies and procedures promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation’s general manager and Board had visibility of critical incidents, monthly reports from the service and clinical indicators reported through an online system. The general manager regularly visited the service and performed internal audits of the service. Information is conveyed from the Board to the service via meetings, emails and phone calls.

Management and staff described effective documented organisation-wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Whilst the service demonstrated workforce governance was generally effective, it could not demonstrate workforce performance was regularly assessed or reviewed and were in the process of implementing standard operating procedures to rectify the deficit.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff knew which consumers were at risk and demonstrated an applied understanding of the risks to these consumers and how they managed the risks in line with best practice.

The service provided a documented clinical governance framework with policies addressing antimicrobial stewardship and minimisation of the use of restraint. While the open disclosure policy was still under development, staff demonstrated an understanding of open disclosure by explaining what it entailed and how they practiced it in their work, particularly in relation to complaints and incidents.

Staff demonstrated an applied understanding of the principles for antimicrobial stewardship, open disclosure and minimising the use of restraint and described how they implemented them in on a day-to-day basis. Clinical staff explained how they minimised the use of antibiotics and participated in antimicrobial performance benchmarking and the use of psychotropic medications was monitored and reviewed with some medications having been ceased as non-pharmacological strategies had been effective.

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)