Performance

Report

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| Name of service: | Loreto Home of Compassion |
| Service address: | 33 Bardia Street WAGGA WAGGA NSW 2650 |
| Commission ID: | 2406 |
| Approved provider: | The Mary Potter Nursing Home and The Ethel Forrest Day Care Centre Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 18 April 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 Loreto Home of Compassion (**the service**) has been prepared by E Woodley, 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 13 April 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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.

* Requirement 2(3)(b) – the approved provider must demonstrate assessment and planning, including review of care and services, is effective in identifying and addressing consumer’s current needs, goals and preferences. The approved provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said staff are kind, caring, and respectful, and they feel valued as individuals. The service demonstrated care provided to consumers is culturally safe, and the organisation has policies and procedures providing staff guidance on dignity, respect, cultural diversity and inclusion.

Consumers and representatives interviewed expressed satisfaction that consumers can exercise choice and make decisions about their care and services, and are supported to maintain relationships that are important to them. The service demonstrated it supports consumers to take risks enabling them to live the best life they can, and has consumer choice and dignity of risk policies in place. The service demonstrated consumers are supported to exercise choice where there may involve some risk, regarding their dietary choices and smoking. Consumers and their representatives considered they receive timely, accurate and current information which assists consumers to make decisions and exercise choice. Information was observed by the Assessment Team around the service proving consumers information and choices on the menu, activities, consumer meetings, and feedback and complaint avenues.

Consumer and representative feedback, staff interviews and observations by the Assessment Team demonstrated consumer’s privacy is respected and personal information is kept confidential. The Assessment Team observed consumer’s doors were closed when personal care was being delivered, and consumer information was contained in password protected electronic systems and computers were locked when not in use. The organisation has a privacy and confidentiality policy, signed staff confidentiality agreements, and education and training about privacy and confidentiality during orientation for all staff.

# 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. | Non-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

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team found assessment and planning did not consistently identify and address consumer’s current needs, goals and preferences. For example, the Assessment Team found for one consumer their care planning documentation did not identify a current injury or the potential impacts this injury could have on assistance required with mobility or feeding. Another consumer’s care plan had contradictory information regarding mobility and transfers, including following a fall. However, advance care planning and end of life planning was completed for sampled consumers to identify and address their needs and preferences regarding this.

The approved provider’s response included some additional information about the review of care and services for the consumers named in the Site Audit report. However, for the consumer who had sustained an injury, this did not demonstrate the consumer’s assessment and planning identified current needs or changes in assistance required as a result. Additionally, I have considered that while two consumer’s care and services were reviewed following multiple falls and unplanned weight loss, these reviews were not effective to identify changes to consumer’s current needs, goals and preferences, or interventions to prevent further reoccurrence.

While the approved provider’s response identifies some continuous improvement actions implemented to ensure review of care and services occur, I am not satisfied these are demonstrated to be effective in ensuring reviews consistently identify and address consumer’s current needs, goals and preferences.

I find the following Requirement is non-compliant:

Requirement 2(3)(b)

The Assessment Team found the service did not demonstrate that assessment and planning consistently considers risks to consumer’s health and well-being to inform the delivery of safe and effective care and services. Several consumers reviewed by the Assessment Team did not have completed care plans in accordance with the service’s procedures. Two consumers who live with diabetes did not have guidance on the management of this.

The approved provider’s response demonstrates since the Site Audit the service has undertaken a review to ensure all consumer’s care plans are completed, and have implemented improved monitoring processes. The approved provider’s response includes some additional information on the assessment and management of diabetes for the consumers named in the Site Audit report that demonstrates this was being managed effectively.

Overall, I consider that assessment and planning for consumers named in the Site Audit report is effective to inform safe and effective care delivery, and includes consideration of risks to their health and well-being. The service has implemented continuous improvement to rectify issues with consumer’s care plans not being completed.

The Assessment Team found the service did not demonstrate that care and services are reviewed for effectiveness regularly, and when circumstances change or incidents impact on consumers. Several consumer’s care plans were not reviewed within the three-month period per the service’s procedure. One consumer’s mobility and transfer needs were not reviewed following three falls. Two falls were identified to be due to the same behaviour, and the care plan did not have reference to this behaviour or strategies to address this and prevent further falls. While one consumer’s care plan had been recently updated, it did not identify or address recent unplanned weight loss, or strategies to prevent further weight loss.

The approved provider’s response includes additional information about the review of these consumer’s care following identified incidents. For the consumer who sustained multiple falls, the approved provider demonstrated review by the physiotherapist occurred following each fall to identify impacts to their mobility requirements. The service has implemented continuous improvement actions to ensure review and evaluation of consumer care plans, and improved monitoring processes. While for two consumers, review of care and services did not consistently identify changes to their current needs, goals and preferences, I have considered this in my assessment of Requirement 2(3)(b). Overall, the service and the approved provider’s response demonstrates implemented action to ensure care and services are reviewed regularly. The service demonstrated care and services were reviewed for consumers when circumstances change or following incidents.

The Assessment Team found consumer care assessment and planning occurred in partnership with consumers, and involved input from other organisations, individuals and providers of care and services. Most consumers and representatives interviewed considered they were able to contribute and partner in the ongoing assessment and planning of their care and services. The outcomes of assessment and planning are being communicated to consumers and their representatives, and consumers and representatives interviewed said they are informed when the consumer's condition changes, or an incident occurs in a timely manner.

I find the following Requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Most consumers and representatives interviewed by the Assessment Team provided feedback that consumers receive personal and clinical care that optimises their health and well-being. The Assessment Team found safe and effective care delivery was evident in relation to the minimisation of restrictive practices, pain management, skin care and wound management. Staff interviewed demonstrated knowledge of individual consumer’s personal and clinical care needs and how they meet these. The Assessment Team found the service is effectively managing high impact and high prevalence risks for consumers in accordance with the organisation’s policies and procedures. This included risks associated with falls and unplanned weight loss. However, gaps were identified in the assessment and management of diabetes for some consumers sampled.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, and their comfort and dignity maximised. For a consumer who had recently passed away at the service, the Assessment Team found the consumer, their representatives and medical officer were involved in the management of their care to provide comfort and dignity during the end of their life. Monitoring and management of their pain was effective and other wishes were attended per the consumer’s advanced care directive.

For consumers sampled, care planning documents reviewed reflected the timely identification and response to deterioration or changes in their condition. Clinical staff refer the consumer to the medical officer or other health professional for review, or transfer to hospital if appropriate. Care planning documents reviewed show timely and appropriate referrals to allied health professionals, medical specialists, wound care specialists, palliative care team, dementia support services, dietitians, and others. For example, the decline in one consumer’s mobility was identified and the consumer was referred to the physiotherapist for review and update to the consumer’s care needs.

Consumers and representatives interviewed said the consumer's care needs and preferences are effectively communicated between staff. For consumers sampled, a review of care planning documentation demonstrated progress notes and some care plans provide adequate information to support effective and safe care delivery.

The service has infection control policies and procedures that guide staff on standard and transmission-based precautions to prevent and control infection. Staff interviewed confirmed they receive training on infection control, and demonstrated an understanding of how they minimise the spread of infection and the use of antibiotics to ensure they are used appropriately.

# Standard 4

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

Findings

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, consumers and their representatives provided positive feedback regarding how staff support consumer’s independence, well-being, and quality of life through services and supports for daily living. Consumers provided positive feedback about exercise sessions with the physiotherapist, the activities run at the service, supports for emotional, spiritual and psychological well-being, and pen-pal programs. Consumers and representatives interviewed felt supported to do things of interest to them both inside and outside the service. Staff interviews, documentation reviewed and observations by the Assessment Team showed consumer’s lifestyle needs are identified and addressed. The Assessment Team found processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others when required.

Care planning documentation reviewed by the Assessment Team demonstrated that the service makes timely and appropriate referrals, and collaborates with external providers to support the diverse lifestyle needs of consumers. This includes the National Disability Insurance Scheme, dementia support services, and the pastoral support team.

Most consumers interviewed said they were satisfied with the quality, quantity and temperature of the meals provided at the service. While two consumers said there are sometimes issues with meals being cold when they receive them, they were aware the service was trying to resolve the issue. Many of the consumers interviewed said they attend food focus group meetings to give feedback about what they like or want regarding the meals. The service has an onsite chef and catering staff who prepare meals in the service’s kitchen, and consumers are given options for each of their meals.

Consumers interviewed confirmed they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair and knew the process for reporting an issue. Equipment used for activities of daily living were observed by the Assessment Team to be safe, suitable, clean, and well maintained.

# 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 Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

The service environment was observed by the Assessment Team to be welcoming, comfortable, clean, clutter-free and well maintained. Consumer bedrooms were spacious and furnished with personal affects including photos and memorabilia. Furniture, fittings and decorations provide a home-like environment. Consumers interviewed said they were satisfied with the service environment, including that it was safe, clean and well maintained.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers interviewed were satisfied with the furniture, fittings and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of furniture, fittings, and equipment.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said they felt supported to provide feedback or raise a complaint and were generally aware of advocacy services to support them during the process. Consumers said they can give feedback and raise complaints directly to staff, on feedback forms, at resident meetings or food focus meetings. Consumers and representatives interviewed said that management address and resolve any concerns raised, or when an incident has occurred.

The service provides information to consumers and representatives on advocacy services, language services and other methods for raising complaints through the consumer handbook and resident meetings.

The service demonstrated appropriate action is taken in response to complaints, and complaint and feedback information is reviewed and used to improve care and services. For example, improvements have been implemented in response to feedback regarding the laundry service and temperature of meals.

# Standard 7

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

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. While there were some examples raised by consumers about needing to wait extended periods of time for staff assistance, overall, consumers and representatives interviewed felt there was sufficient staff to provide them quality care. The service demonstrated effective processes to fill shifts, including for unplanned leave. Consumer interviews and observations by the Assessment Team demonstrated workforce interactions with staff are kind, caring and respectful.

The service demonstrated effective workforce processes to ensure staff are competent in their role, including orientation, buddy shifts, completion of competencies, and training. However, the service did not have systems in place to track that all staff had completed their mandatory training, and some staff did not demonstrate a sound knowledge regarding the Quality Standards, the serious incident response scheme (SIRS), and open disclosure. However, this did not impact on the outcomes required by the Quality Standards.

The service demonstrated regular assessment, monitoring and review of staff performance. Staff interviewed confirmed they had regular performance reviews which included relevant complaints or feedback from consumers.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services through a range of mechanisms including various meetings and surveys. Consumer feedback is escalated and discussed at organisational meetings involving members of the executive and the board. The service demonstrated its governing body promotes a culture of safe, inclusive, and quality care and services and they are accountable for providing this. Members of the board are undertaking the Governing for Reform in Aged Care program, and have engaged consultants to assist with assessing how services are providing care and services to consumers in line with the Quality Standards and to guide quality improvement activities.

The organisation has effective organisation wide governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and regulatory compliance. The organisation demonstrated it has effective risk management systems and practices in place. Consumers with high impact or high prevalence risks associated with their care were being tracked at the organisational level and discussed at clinical governance meetings. The organisation had a range of policies and procedures to guide staff with the management of these risks. The service was meeting its obligations in relation to SIRS including reporting incidents within an appropriate timeframe. The service tracks and reviews all incidents at a service level with strategies generally implemented to prevent reoccurrence. A report is generated and provided to the executive of the organisation who discuss findings and trends at clinical governance meetings.

The organisation has a clinical governance framework in place and have a range of clinical oversight mechanisms that contribute to overseeing quality clinical care, including relating to open disclosure, antimicrobial stewardship, and restrictive practices. Information is monitored at a service level and reported to the executive team who review this at organisational clinical governance meetings.

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)