Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Nazareth House Wynnum |
| Commission ID: | 5219 |
| Address: | 272 Wynnum North Road, WYNNUM, Queensland, 4178 |
| Activity type: | Site Audit |
| Activity date: | 17 July 2024 to 19 July 2024 |
| Performance report date: | 27 August 2024 |
| Service included in this assessment: | Provider: 3399 Nazareth Care  Service: 3576 Nazareth House Wynnum |

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 Nazareth House Wynnum (**the service**) has been prepared by P. Wallner, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission in relation to this service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives stated staff treated them with dignity and respect, and they felt valued as individuals. Staff were aware of consumer’s identity, culture, and values, and described how they treated them with dignity and respect. Care planning documents included information about consumers’ identity, culture and diversity. Staff underwent mandatory dignity and respect training and were observed interacting respectfully with consumers.

Consumers said the service recognised and respected their cultural background and provided culturally safe care. Management and staff described how they adapted care delivery to meet consumers’ cultural needs and preferences. Documented policies and procedures guided staff in providing culturally safe care and services.

Consumers and representatives said they were supported to make independent choices about their care, and to maintain relationships of choice. Management and staff described how consumers were supported to make informed choices about their care and services, and to maintain relationships. Care planning documents detailed consumers’ choices around their care delivery, who was involved in their care, and their important relationships.

Consumers said they were supported to take risks to do the things they enjoyed, and to live the best life they could. Management and staff described how consumers were supported to take risks, and to understand the possible harm when they made decisions about taking risks. Care planning documents showed risks were documented and appropriate assessments and risk consent forms completed. The service had policies which acknowledged the importance of consumers being able to take risks.

Consumers and representatives said they received suitable information to make informed decisions. Management and staff explained how they supported consumers with information to make informed choices about their care and the services. Documentation showed clear and current information was provided to consumers and representatives, in a timely manner. Information such as activity calendars, menus, and other information, was displayed around the service.

Consumers said staff respected their privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential on password protected computers. Staff were observed knocking on consumers’ doors and waiting for a response before entering. The service had policies and procedures to guide staff practice in relation to privacy.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said assessment and care planning addressed risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Management described how the assessment and care planning process ensured risks to consumers were identified, monitored and managed. Care planning documents confirmed individualised assessment and care planning, which included the identification and assessment of risks. The service had policies and procedures in place to guide staff on the assessment and planning of care,

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and their end of life wishes. Management and staff explained how assessment and care planning reflected consumers’ current needs, goals and preferences, including their preferences for advance care. Care planning documents recorded consumers’ current needs, goals and preferences, and their advance care preferences.

Consumers and representatives said they were involved in the assessment and care planning process, along with others they wished to involve such as health professionals. Management described how they involved consumers, representatives and other providers of care in assessment and care planning. Care planning documentation showed the involvement of consumers, representatives, and a range of other health service providers. The service had policies and procedures to guide staff in assessment and care planning in collaboration with consumers, representatives, and other health professionals.

Consumers reported they were informed of the outcomes of care reviews, had been offered a copy of their care plan, and knew they could request a copy at any time. Management and staff described how they regularly communicated with consumers and representatives to evaluate consumer’s care plan. Care planning documents confirmed regular consultation with consumers and representatives, and a copy of the care plan was offered.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed, and reviewed when circumstances changed, or incidents impacted on their needs, goals or preferences. Management explained how care plans were reviewed regularly, and if there was a change in circumstances or an incident occurred. Consumers’ care plans showed they had been reviewed regularly, and if there was an incident or change in circumstances.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, which optimised consumers’ well-being. Management and clinical staff described how they delivered safe and effective personal and clinical care, in line with best practice. Care planning documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives stated the service identified and effectively managed high-impact or high-prevalence risks to consumers health. Management and staff described the high prevalence and high impact risks to consumers at the service and the management strategies in place. Care planning documentation showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Consumers receiving palliative care reported their needs, comfort and dignity were maintained. Management and staff were aware of consumers’ needs, goals and preferences, and described how they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documentation contained consumers’ end of life care plans.

Consumers and representatives said the service was responsive to a deterioration or change in consumers’ condition. Clinical staff described how they recognised and responded promptly to a deterioration or change in consumers’ condition. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. The service had policies and procedures to guide staff in the management of clinical deterioration.

Consumers and representatives said staff were well informed about consumers’ condition, needs and preferences, and communicated effectively if there was a change to their needs, preferences or condition. Management and clinical staff described how current information about each consumer’s current condition and needs was shared effectively within the service through shift handovers and accessing electronic records. Staff were observed sharing current information about consumers’ needs and preferences at shift handover.

Consumers and representatives said a range of appropriate other organisations and health services were involved in their care, and referrals were timely. Management and staff described effective procedures for referring consumers to other health professionals and explained how this informed the care and services provided. Consumers’ care plans confirmed timely referrals to other health service providers, when necessary.

Consumers and representatives expressed satisfaction with the infection prevention and control practices at the service and said staff were clean. Management and staff were knowledgeable in infection prevention and control practices and antimicrobial stewardship, and confirmed they minimised the use of antibiotics. The service had two infection prevention and control leads on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their well-being and independence. Staff explained how they identified consumers’ lifestyle needs, goals and preferences and the services and supports they needed. Care planning documents and the activities calendar confirmed a wide of lifestyle supports and activities were provided.

Consumers explained how the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and how staff could support them.

Consumers said they were supported to stay connected with family and friends, participate in their community, and do things of interest to them. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ interests and important relationships.

Consumers and representatives said current information about their condition, needs and preferences was effectively communicated between staff, and others involved in providing services and supports for daily living. Staff described how changes in consumers’ care and services were communicated through handover processes and via the electronic care management system. Care planning documents provided sufficient current information to support consumers’ lifestyle needs and preferences.

Consumers said they were supported by other individuals and organisations providing services and supports, such as volunteers for company. Staff described how they worked with other individuals and organisations to provide consumers with services and supports for daily living. Care planning documents and observations confirmed consumers were supported with appropriate referrals to external services and supports.

Consumers expressed satisfaction with the variety, quality, and quantity of the meals provided Consumers could provide feedback on the food through food focus meetings and other feedback mechanisms. Hospitality staff described how they provided meals which met consumers’ dietary needs and preferences. Consumers’ care plans included their dietary needs and preferences, including allergies and required texture. The dining experience appeared relaxed, food looked and smelled appetising, and consumers appeared to be enjoying their meals and engaging in conversation.

Consumers said the equipment was safe, suitable, clean and well maintained. Staff said there was sufficient equipment and could describe the processes for keeping equipment clean and well maintained. Equipment was observed to be safe, clean, and in good condition.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service environment was safe, welcoming, clean and easy to navigate. Management described features of the service which made consumers feel welcome and optimised their sense of independence, interaction and function. Staff explained they assisted consumers to personalise their rooms to help them feel at home. The service environment appeared welcoming, well-lit, free of clutter, with handrails and clear signage to aid navigation.

Consumers said the service environment was safe, clean, and well-maintained and allowed them to access all areas, both inside and outside. Maintenance and cleaning staff explained effective systems in place for identifying hazards, and cleaning and maintaining the service. The service was observed to be clean, free of odours and consumers were observed moving around freely, both indoors and outdoors.

Consumers confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for checking, cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt supported and encouraged to provide feedback and make complaints, and described various ways they could do this. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints through various channels. The consumer handbook and information pack detailed the processes for providing feedback and making complaints. Feedback forms, related information and secure lodgement boxes were available around the service.

Consumers and representatives said they had been provided information about external avenues for making complaints, and for accessing advocacy and language services. Management and staff explained how consumers and representatives were informed about external advocacy, language and complaints services, and knew how to access the relevant information. Information about advocacy, interpreter, and complaint services was observed around the service.

Consumers and representatives said the service acknowledged their complaints and took appropriate action in response. Management and staff explained how they responded to all complaints and used open disclosure. Feedback and complaint records confirmed the service resolved complaints promptly using open disclosure. The service had policies, procedures and training to guide staff in complaints management and the use of open disclosure.

Consumers and representatives felt their complaints were used to improve the quality of the care and services. Management described how complaints were reviewed and used to make improvements at the service. The service’s Continuous Improvement Plan and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of care and services.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to deliver safe and effective care and services, and call bells were answered in a timely manner. Management advised rosters and staffing numbers were based on the care needs of consumers, and vacant shifts were backfilled. Staff said there were sufficient staff, and they had time to provide safe and quality care. Rosters and other documents demonstrated the workforce was planned and sufficient to meet the needs of consumers. The service met the care minute and registered nursing requirements, and average call bell response times were below the target time. Consumers were observed to be well-groomed, comfortable and well supported, with staff visible and call bells being responded to promptly.

Consumers and representatives said staff were kind, caring, respectful. Staff described how they received code of conduct and cultural awareness training and were always respectful to consumers. Management and staff were observed to always interact with consumers in a kind, caring, and respectful manner.

Consumers and representatives said staff were competent and had the knowledge to effectively perform their roles. Staff confirmed they knew their duties and had the necessary training and qualifications to meet their position description. Management described the recruitment processes in place and how they ensured staff had the necessary competencies, qualifications and registrations for each role. Documentation showed the service checked and monitored qualifications, professional registrations, and security checks.

Consumers said staff were well trained for their roles and knew how to meet their care needs. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records confirmed staff were trained and supported to perform their roles.

Management described how staff performance was monitored, assessed and reviewed through annual formal performance appraisals and continuous informal monitoring. Management advised performance reviews were conducted at 3 and 6 months for staff on probation, and then every 2 years. Staff confirmed their performance was monitored and reviewed. Records showed performance appraisals were up to date. The service had policies to guide the management of staff performance.

# Standard 8

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reported being engaged in the design, delivery, and evaluation of care and services. Management described various ways consumers and representatives were engaged in the development, delivery and evaluation of care and services, such as through resident meetings, feedback processes, care reviews and speaking with staff. Consumers were represented on the service’s Consumer Advisory Body (CAB) and the Quality Care Advisory Body (QCAB). Feedback from consumers and representatives was reflected in documented improvement actions.

Consumers and representatives said the service was well run, and they felt safe and received appropriate care. Management described how the governing body (the Board) promoted a culture of safe, inclusive and quality care and services, and was accountable for their delivery. Management described the organisational governance and reporting arrangements and documents confirmed the Board received regular performance reports and ensured the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Management and staff demonstrated an applied understanding of the risks associated with the care of consumers, and the best practice management of risks.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in practice, and knew how to respond when incidents occurred, or risks were identified.

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)