Performance

Report

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| Name of service: | Performance report date: |
| Nazareth Residential Aged Care | 23 August 2022 |
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| The Nazareth Lutheran Church of South Brisbane | 13 June 2022 to 15 June 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 Nazareth Residential Aged Care (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 13 June 2022 to 15 June 2022; 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 on 28 June 2022.
* other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 six of the six specific requirements were assessed as Compliant.

Consumers considered they were treated with dignity and respect, could maintain their identities, make informed choices about their care and services and life choices. They provided positive feedback and examples of how the service supported them to exercise choice and independence, and how staff respected their personal privacy. Consumers and representatives stated the service valued their identities, and consumers felt valued even after many years of residing at the service. Consumer feedback advised the service provided culturally safe care.

Staff demonstrated an understanding of consumers’ individual needs and diversity of backgrounds. They outlined how consumers were supported to make informed decisions about their care and services and how they supported consumers to maintain relationships. Staff also described cultural, spiritual and personal preferences for consumers, ranging from Serbian, Italian, to Arabic. Staff described how they supported consumers to have dignity of risk while respecting their right to make lifestyle choices.

Care planning documentation identified the service understood and supported consumer choice. The service had policies and procedures in place which promoted consumer dignity, respect, and individuality. The service’s respect policy stated consumers were to be provided necessary support to continue their lives independently, personal choice, freedom of expression and diversity in a safe and secure environment. It also identified what and who was important to the consumers, their cultural backgrounds, family relationships, activities of interest, and individual preferences.

Overall, consumers and representatives indicated that they were provided with information that was current, clear, accurate and timely, easy to understand and enabled them to exercise choice. Staff stated they respected consumers’ privacy by knocking on doors before entering rooms, and even though the service had a paper-based information management system, the files were kept locked in the Registered Nurse’s office.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 five of the five specific requirements were assessed as Compliant.

Overall, sampled consumers and representatives considered they felt like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives said they received the care they needed all of the time. Consumers said staff knew their needs, and they were happy with the care provided. Consumers and representatives stated they were involved in their care planning when they chose to be, and the service invited them to care conferences to discuss their care and services.

The service had policies and procedures to ensure assessment and planning occurred in consultation with consumers and their chosen representatives. Consumers’ needs, goals and preferences, including advanced care planning, was documented in consumers’ care and services plans. Regular care conferencing to review care and services was undertaken with consumers and their chosen representatives. Re-assessment and reviews occurred regularly and as changes occurred. Appropriately skilled staff had responsibility for assessment and care planning.

Consumers and representatives said staff consulted them through initial assessment and planning to develop a plan of care that addressed consumers’ needs, goals and preferences along with end-of-life planning if the consumer wanted. Most consumers and representatives reported they were provided with information about their assessed care needs and could access a copy of the care and service plan whenever they wanted.‎ ‎Consumers and representatives confirmed medical officers, Registered Nurses and other allied health professionals were involved where necessary during assessments and planning and collectively considered risks to consumers’ safety, health and well-being.

Staff described the consumer assessment and care plan review process, and the process for referral to other health and allied health professionals. Staff conducted initial assessments on entry which included assessment of personal care requirements and preferences, and initial mobility and pain assessments conducted by a physiotherapist. Support plans from hospital were reviewed and the service discussed any care changes with consumer representatives and care plans were updated as required. End-of-life discussions were discussed during care plan reviews or case conferences and these conversations were approached with respect for each consumer’s choice.

Care plans were individualised with identified needs, goals and preferences and consideration of specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity. Most sampled care plans of consumers showed reviews occurred regularly for effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer. Registered nursing staff were involved in developing, reviewing, and were available whenever staff needed help with the care plans.

The service used best practice assessment tools that were comprehensive and available for staff to use. A review of the reports produced by the service showed monitoring and trend analysis of clinical indicators which included, but were not limited to, skin integrity, falls and pressure injuries.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 were assessed as Compliant.

Overall, sampled consumers and representatives considered they received personal care and clinical care that was safe and right for them.

The service had systems to ensure personal and clinical care was delivered in a safe and effective way, consistent with best practice. Clinical care was overseen by Registered Nurses (RNs). Clinical governance was maintained at the service and organisational level through staff education, analysis of clinical data and consultation with relevant regulatory and advisory bodies.

Staff are aware of management strategies for deteriorating consumers and clinical file reviews identifies policies and procedures are followed to ensure safe and effective care. Consumers are referred to appropriate specialist and allied health and assisted to attend external appointments.

The service has an infection control program which included anti-microbial stewardship and standard and transmission-based precautions to prevent and control infections. The service had policies which outlined how high-impact or high-prevalence risks associated with care of consumers were managed within the organisation and had policies and procedures regarding the minimisation of infection-related risks, infection control and antimicrobial stewardship. The Assessment Team observed precautions in place at the service to minimise the spread of infections and observed staff members using personal protective equipment.

The service had policies in place and an electronic documentation system to record high-impact and high-prevalence clinical and personal risks for consumers. Clinical incidents recorded in the system contributed to the monthly clinical indicators data and trends. Consumers were regularly monitored by registered nursing staff and deterioration or change in a consumer’s mental, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner and representatives were notified. ‎The needs and preferences of consumers nearing end-of-life were recognised and appropriate care was provided, with consumers and representatives reporting they felt the service supported them to be as free as possible from pain and to have those important to them, able to spend time with them.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were assessed as Compliant.

Overall, consumers and representatives said the quality, quantity, and variety of food was acceptable and they could provide feedback to the service for improvement if necessary. ‎The service demonstrated how consumers’ preferences were communicated at the service and with others where responsibility was shared. Consumers said the service provided appropriate referrals to individuals and organisations outside the service. ‎‎Consumers and staff reported that equipment used to support activities for daily living was safe, suitable, clean and well-maintained. Consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives said they were supported and encouraged to participate in individual and group activities and management and staff supported their emotional, spiritual and psychological well-being. Consumers and representatives described the ways in which consumers were supported to maintain social and emotional connections with those who were important to them.

Overall, sampled consumers considered that they get the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do.

For example:

* The Assessment Team observed consumers being supported to engage in a variety of activities that were of interest to them, such as crafts and bus trips.
* Consumers and their families were supported to maintain relationships through visits.
* All consumers and a representative interviewed praised the food at the service.
* The weekly activity calendar and discussions with lifestyle staff demonstrated there were a variety of activities offered to meet the different preferences of consumers.

Staff described how they were updated on the changing conditions, needs or preferences of consumers and care planning documentation showed information concerning consumers’ needs was shared appropriately between those who needed to know. Care planning documentation demonstrated other individuals and external organisations were involved when providing lifestyle supports, and this involvement supplemented the lifestyle activities offered within the service. Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Equipment used to support the lifestyle needs of consumers, including mobility aids, was suitable for their needs, clean and well maintained. The service’s internal processes monitored the cleanliness and general condition of equipment which was replaced or repaired when required.

Care planning documentation reflected the dietary needs and preferences of consumers and consumers and representatives were satisfied with the meals provided; in most cases consumers advised that the food provided catered to their preferences. The Assessment Team sighted the current menu, which included different meal options, as well as an internal survey that was sent out prior to creating menus.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 were assessed as Compliant.

To understand the consumer’s experience and how the organisation understood and applied the Requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered they felt they belonged in the service and felt safe and comfortable in the service environment.

The service was observed to be welcoming, clean, well maintained and consumers’ rooms were personalised. The layout enabled consumers to move around freely with suitable furniture, fittings and equipment. Consumers had easy access to well-kept outdoor areas with gardens, paths and outdoor furniture. Handrails assisted consumers to move around the service and there was signage to aid with location. There were several private areas where consumers could meet family and friends, as well as communal activities’ room and dining rooms.

Consumers commented the service was clean, at a comfortable temperature and well maintained with comfortable furnishing and fittings. They were satisfied there were private places they could go, and stated they enjoyed the outdoor areas.

The service had policies and procedures which covered the maintenance and repair of equipment and staff described how they reported any maintenance issues.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 were assessed as Compliant.

Overall, sampled consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

For example:

* Most consumers and a representative sampled stated they felt comfortable providing feedback or making a complaint to the service if they needed to do so.
* All consumers and a representative sampled felt that changes were made in response to feedback or complaints.

A range of documentation provided evidence that the service adequately recorded, managed and reviewed feedback and complaints to make service improvements. The service provided information to consumers and representatives about how to access information on advocacy services and external complaints processes.

The Assessment Team observed the service’s open disclosure policy and the complaints register, which included representative and supplier compliments, complaints and feedback.

**Standard 7**

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| Human resources | | Compliant |
| 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 were assessed as Compliant.

Overall, sampled consumers considered they received quality care and services when they needed, from people who were knowledgeable, capable and caring.

Consumers and representatives confirmed staff were kind and caring and they felt staff were capable, knew what they were doing and were satisfied staff were adequately trained and equipped. Both consumers and staff stated they considered the service had an adequate number of staff.

The Assessment Team reviewed evidence of mandatory training and regular assessment, monitoring and review of staff performance. Management described the onboarding process, which included buddy shifts, appraisals and feedback sessions for new staff members as well as mandatory training modules, which were monitored by management.

The Assessment Team reviewed internal policies and resources that outlined staff expectations and further guidance material for staff and managers on performance management, education and professional development.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 were assessed as Compliant.

Overall, consumers and representatives considered the organisation was well run and that they were partners in improving the delivery of care and services.

Consumers said they could talk with management and staff, attend meetings, complete feedback forms and provided examples of how they were involved in the day-to-day running of the service, including food focus groups and providing suggestions about activities.

The service promoted a culture of safe, inclusive, quality care through monitoring the performance of the service against the Quality Standards, using risk management and incident management systems and processes, and an established reporting framework.

Following discussions with management, staff and consumers and a review of care and service delivery, the Assessment Team found the service had effective governance systems in place which included information management, continuous improvement, financial governance, regulatory compliance and complaints processes.

The service demonstrated it had effective, organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service had a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraints and open disclosure. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and provided examples of the relevance to their work.

The service demonstrated the organisation’s clinical governance systems ensured the quality and safety of clinical care and promoted antimicrobial stewardship, the use of an open disclosure process and minimised the use of restraint.

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-2)