Performance

Report

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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 Steele Haughton Unit (**the service**) has been considered by L Glass, 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, 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.

# 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 Compliant as six of six Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation and interviewing staff about understanding and application of the requirements under this standard.

Staff confirmed residents are treated with dignity and respect, with their identity, culture and diversity valued.

Nursing staff were able to detail the backgrounds and family history of the sampled consumers and were knowledgeable about interventions that suited individual consumers. For example, staff were observed treating consumers with respect and were gentle and kind when assisting consumers with mobility issues to move around the service or when responding to a consumer requiring support.

Some consumers were observed being supported to exercise choice and independence and were assisted by staff to attend an off-site celebration for one of the consumers.

Staff of the unit during this time demonstrated excellent methods of communication, using their knowledge of the consumer’s needs and likes to keep them appropriately informed and to provide suitable engagement.

Each consumer’s privacy is respected and personal information is kept confidential. The assessment team observed staff knocking and seeking permission to enter consumers’ rooms.

# 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 Compliant as five of five Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers confirmed their overall satisfaction in feeling like partners in care. The service was able to demonstrate that assessment and care planning always considers the risks to the health and wellbeing of the consumers. The service demonstrated care planning and assessment were effectively reviewed when circumstances change or when incidents impact on the needs, goals or preferences of consumers.

The service provided evidence it addresses the consumer’s needs goals and preferences inclusive of advanced care planning. All consumers’ files reviewed contained hard copy advanced care directives. All consumers confirmed they were satisfied with how the service documented consumers’ care needs.

The service demonstrated assessment and planning were based on ongoing consumer partnership and includes other organisations that provide care and services. For all consumer files reviewed progress notes demonstrated consistent and timely communication with consumer representatives. Assessments, care plans and progress notes for all consumer files contained input from other health professionals such as speech pathologists, dieticians, physiotherapists and psychiatrists as appropriate.

The service was able to demonstrate that outcomes of assessment and planning are communicated to the consumer or their representative and documented in a care and services plan. Staff were observed referring to consumer care plans and assessments throughout the site audit.

The service has multiple policies in relation to assessment and planning to guide staff practices.

# 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

This Quality Standard is Compliant as seven of seven Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service demonstrated all sampled consumers receive personal and clinical care that is safe and right for them. The service demonstrated restrictive practices are utilised as a last resort, after exhausting a non-pharmacological approaches. Psychotropic medications are reviewed regularly with the aim to minimise or eliminate usage and informed consultation with the consumers’ representatives is consistently obtained. Skin care and wound management is appropriate and in line with best practice. Pain management is monitored, evaluated and adjusted to address consumers’ changing needs.

The service demonstrated early identification and management of high impact, high prevalent risks related to falls prevention and management, weight loss, dysphagia and medication management.

Deterioration or change in consumer’s health is identified and actioned in its early stages. The needs, goals and preferences of consumers nearing the end of life are recognised and addressed. Dignity and comfort are maximised.

The service demonstrated care planning information is communicated efficiently within and outside the organisation, when care is shared. There is demonstrated evidence of timely and appropriate referrals to internal and external specialists and other healthcare providers.

Consumers interviewed stated they are happy and grateful for the care provided. Staff demonstrated knowledge of each consumer’s care needs and circumstances. The assessment team observed staff providing care to consumers in line with the consumer’s documented care needs.

Outbreak prevention and management are effective. The service requires staff to wear personal protective equipment (PPE) including N95 masks and eye protection. The assessment team observed staff following infection control practices by wearing PPE appropriately and performing hand hygiene when adjusting their PPE. High touch points and communal equipment were observed being wiped with disinfectant wipes after use. The assessment team observed staff following hand hygiene practices on multiple occasions before and after contact with consumers.

The assessment team observed the Outbreak Management Plan was clear, well organised and included an index directory for quick reference.

Antimicrobial Stewardship principles are communicated within the organisation. The service is working on practices to promote the appropriate use of antibiotics.

The service has a suite of policies and procedures as well as clinical flow charts to guide staff practices in relation to personal and clinical care.

**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

This Quality Standard is Compliant as seven of seven Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers. Observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of the requirements within this standard. The assessment team also examined relevant documents.

Lifestyle, nursing and resident service assistants all demonstrated to the assessment team during interviews, that they knew the consumers in their care and were aware of their likes, dislikes, and care requirements.

Lifestyle staff said that during COVID-19 outbreaks it has been difficult keeping consumers connected to the community. Prior to the pandemic the service had a community program where they would have visits from a range of volunteers, dogs support groups and entertainers. The service uses technology to facilitate consumer engagement with religious services.

The Lifestyle program calendar is developed and based on previous experiences (trial and error) and observing what consumers enjoy, focus meetings and family and consumer input. Every effort is made to assist consumers in achieving their goals. One consumer said that they always wanted to travel and armchair travel has been arranged for them.

Lifestyle staff said if they need equipment to assist with activities, they can request it. Smart TVs were requested to assist with entertainment for consumers during lockdowns and these have been purchased and installed. Care plans included leisure and lifestyle preferences and documenting of the consumers life history. Care plans were personalised and detailed including: Nutrition and hydration requirements, spiritual preferences and activities consumers enjoy and whether they wish to participate in large, small or one on one activities.

The catering general manager is invited to attend nutrition and hydration meetings with unit managers and dieticians to discuss consumer nutrition and hydration. The assessment team observed consumers making their selection for the next day’s meals from a menu of seven dishes. The menu covers both lunch and dinner and the same choices for both meals are on offer for that day. Plates, drinkware, and cutlery were observed to be matched to the needs of the consumer.

Information about the consumer’s condition, needs and preferences is communicated within the organisation, Nursing staff said they held detailed handovers at each shift and that handover sheets were sufficient for them to care for consumers. They have easy access to individual care plans when needed.

Consumers and staff providing care and services have access to safe, clean, and well-maintained equipment. This was also observed by the assessment team at various times during the site visit.

# 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

This Quality Standard is Compliant as three of three Quality Standards have been found Compliant.

To understand the consumers’ experience and how the organisation understands and applies 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.

The assessment team observed consumers had personalised and individualised their rooms. During the site audit, consumers were observed to be happy and comfortable in the communal areas. The service was clean and well maintained. Not all consumers have access to the external areas of the unit and must have a signed consent form to be given this access. The assessment team did not see any consumers outside and all doors were locked.

The service was observed to be clean, well-furnished, and uncluttered enabling the free movement of the consumers around the facility. Staff were observed being respectful of consumer privacy, for example knocking and requesting permission to come in and clean consumer’s rooms.

Nursing staff said that equipment is well maintained and kept clean. Shared equipment is cleaned before and after use and all other equipment is cleaned once a week. All consumers that require the use of a lifting machine have their own slings.

All staff interviewed were able to describe the process of lodging a maintenance request.

**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

This Quality Standard is Compliant as four of four Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers and/or their representatives said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to feedback.

Four of 4 consumers and/or their representatives interviewed were satisfied they are encouraged and supported to provide feedback and make complaints where relevant. Consumers and/or their representatives consistently described how they have provided feedback regarding the care and services provided via suggestion forms placed throughout the service, Quick Response (QR) codes, or directly with staff.

The assessment team observed information on display throughout the service informing consumers and visitors about access to other methods for raising complaints such as the Older Persons Advocacy Network (OPAN), the Aged Care Quality and Safety Commission and the organisation’s head office to escalate complaints and feedback where necessary.

Consumers and/or their representatives consistently noted that any issues they had raised with staff or management were satisfactorily resolved within an appropriate timeframe or were continuing to be addressed.

Management said feedback was viewed as an opportunity to improve services and support for consumers and was therefore encouraged. Staff and management consistently seek verbal feedback from consumers and their families directly and demonstrated they assist consumers to complete paper-based feedback where appropriate. This aligned with the assessment team’s observations of kind and caring interactions between staff and consumers and consistent feedback from representatives.

The service’s management undertake regular surveys of the consumer experience at the service and regular ‘resident meetings’ are conducted to obtain feedback regarding care and services provided. The feedback registers and continuous improvement plan reviewed by the assessment team demonstrated that feedback is recorded and actioned as appropriate.

All staff sampled confirmed that open disclosure is practiced when something goes wrong and this aligned with feedback from representatives. Staff described how open disclosure included open and honest communication about a mistake or an incident and included an apology. Representatives consistently stated that staff contact them immediately when something goes wrong, confirmed open disclosure is practiced and expressed satisfaction that they were well informed.

**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

This Quality Standard is Compliant as five of five Quality Standards have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the assessment team spoke with consumers about their experience with staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers said they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services. All consumers and/or their representatives sampled were satisfied with the number and mix of staff at the service. A review of staff rosters demonstrated that all shifts were covered, and call bell audits illustrated a timely response to calls.

Consumers and/or their representatives described how staff are kind, caring and gentle when providing care to the consumer.

All consumers and/or their representatives interviewed considered the staff knew about their personal care needs and were appropriately trained. There is an effective workforce in place which is recruited and supported to ensure the provision of safe, high quality and person-centred care.

While consumers and/or their representatives were generally satisfied that staffing levels at the service were adequate, some noted occasions where staff appeared busy or hard to find. Four of 4 consumers and/or representatives described receiving timely and quality care and services.

Documentation demonstrated staff have qualifications relevant to their roles and their competency is monitored. Records demonstrated staff participate in mandatory training annually and additional training is provided as needed, or at the request of staff. Management demonstrated that the organisation’s recruitment and selection process, position descriptions, and qualifications ensure staff are competent and capable of the position for which they are recruited.

All staff interviewed said they were supported to provide quality care through regular face-to-face and online training. Staff said they were encouraged by management to request additional training and that management acted on and was supportive of this feedback. Staff consistently stated they were supported in their roles through mandatory training, performance reviews and orientation.

The service maintains records of staff attendance and completion of mandatory training. Management participates in regular consumer and representative meetings to seek feedback regarding staff and services provided to ensure staff are competent and capable in their role.**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

This Quality Standard is Compliant as five of five Quality Standards have been found Compliant.

To understand how the organisation understands and applies the requirements within this Standard, the assessment team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers and/or their representatives provided examples of how they can partner and be involved in the development, delivery, and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to care staff, surveys, individual conversations and ‘resident meetings’. Management actively seeks input from consumers and representatives and acts on feedback provided.

Overall, consumers and/or their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The service demonstrated a culture of safe, inclusive and quality care and services which are maintained through a range of internal audits to monitor and review performance against the quality standards.

The service maintains a continuous improvement register to record feedback and action improvement ideas. For example, management discussed, and the continuous improvement plan documents, plans and actions to provide additional lifestyle support to residents including greater flexibility in the use of resident bus for outings. This information aligns with feedback from consumers and/or representatives who consistently expressed that the service was well run and that their feedback was listened to and actioned.

To ensure the quality standards are being met the service management and Quality Subcommittee monitor clinical indicators to identify trends and risks. Analysis of clinical indicators is reported at the Board level and benchmarked across all services in the organisation to identify and address wider trends and implement appropriate changes.

Regulatory compliance is managed centrally and updates to legislation and regulations are communicated to staff.

The service management demonstrated appropriate knowledge of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained and were reviewed by the assessment team. Staff were able to explain the reportable incident system and outline their responsibilities based on their position. In support of this evidence, incidents reportable under SIRS examined by the assessment team demonstrated management follow the required procedures and actions to ensure the safety of consumers.

The organisation’s risk management framework ensures risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management including the Board. The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and open disclosure.

The service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records, and feedback amongst others to identify and analyse trends. Where incident trends and gaps in staff practices are identified these items are included in the continuous improvement plan for action and reported at a board level to consider changes to policies and procedures.

The service’s governance framework contains policies and procedures to manage antimicrobial stewardship, minimising the use of restraint and the use of open disclosure when something goes wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)