Performance

Report

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| Name: | S Antonio Da Padova Nursing Home |
| Commission ID: | 2003 |
| Address: | 7 North Road, RYDE, New South Wales, 2112 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 11 January 2024 |
| Performance report date: | 7 February 2024 |
| Service included in this assessment: | Provider: 38 S'Antonio Da Padova Protettore Di Poggioreale Sydney Nursing Home Limited  Service: 605 S Antonio Da Padova Nursing Home |

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 S Antonio Da Padova Nursing Home (**the service**) has been prepared by D McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# 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 | |  |
| 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 said staff treated them with dignity, respect and valued them as individuals. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Care documentation included information about their backgrounds, culture and personal preferences.

Consumers said staff valued their backgrounds and provided care consistent with cultural preferences. Staff described how consumers’ cultures influenced the delivery of care. Care documentation included information about their cultural needs, such as religious practices they wished to maintain.

Consumers said they chose how and when their care was provided. Staff described how consumers were supported to make decisions, maintain their independence and continue relationships of their choosing. Care documentation included information about their care preferences, who was involved in their care and relationships supports.

Consumers said they were supported to make their own decisions and engage in risk, such as the use of bed rails. Staff were aware of risks taken by consumers and knew what supports were required to promote consumer safety. Policies and procedures guided staff practice on consumers rights to self-determination make informed decisions and taking risks.

Consumers and representatives said they were kept informed via written information and verbal reminders. Staff said consumers and representatives received information verbally, via newsletters and for those with sensory impairments, visual aids were used. Care documentation evidenced individuals’ sensory and language needs were known.

Consumers said their privacy was respected as staff closed doors when delivering care. Staff confirmed they knocked on consumers’ doors and hold conversations about consumers care in private. Consumers’ personal information was observed to be stored on password-protected electronic care management system (ECMS) and nurse’s stations were locked when not in use.

# Standard 2

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

Findings

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

Staff described the care planning process and how risks were considered for individual consumers, which in turn informed the delivery of safe and effective care. Care documentation evidenced, assessments were scheduled to ensure consideration of risks across key aspects of care and the completion of assessments and development of interim and comprehensive care plans, was monitored.

Consumer and representatives confirmed staff had discussed consumers end of life preferences with them. Staff described consumers’ preferences, including for advance care and end of life were assessed on entry. Care documentation evidenced consumers current needs, preferences and goals were recorded and advance care directives, when completed, were kept on file.

Consumers and representatives described how they were involved in the assessment and planning of care and said their input ensured consumers’ needs were met. Staff confirmed assessment and planning occurred in partnership with consumers and their chosen representatives. Care documentation evidenced involvement of medical officers and allied health professionals.

Consumers and representatives said the service communicated assessment outcomes with them, and care plans were made available to them. Staff said the outcomes of assessment and planning were shared in person, by telephone and email. Care documentation was readily available to staff, medical officers and allied health professionals via an ECMS.

Consumers and representatives said care was reviewed when incidents such as falls occurred. Staff explained care plans were routinely reviewed quarterly and when consumers’ health status changed, they were reassessed. Care documentation evidenced review occurred as scheduled and care plans were updated following evaluation. care and services were reviewed quarterly and when consumers’ circumstances changed.

# Standard 3

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

Findings

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

Consumers said they received safe care which met their needs and optimised their well-being. Staff demonstrated knowledge of best practice principles in relation to managing restrictive practices, maintaining skin integrity and managing pain, however some consumers restrictive practice classifications were incorrect. Care documentation evidenced the delivery of care tailored to consumers’ needs.

Consumers and representatives gave positive feedback about how risks to consumers were managed and said interventions were effective. Staff said high-impact and high-prevalence risks were managed through individual mitigation strategies for consumers. Care documentation evidenced risks to individuals were identified and care was delivered according to directions.

Representatives said consumers were provided with care which kept the consumer comfortable during end of life. Staff said care provided ensured consumers’ comfort, through administering medication as needed, repositioning and offering spiritual services. Care documentation evidenced consumers care preferences were met.

Consumers and representatives said deterioration was identified quickly and responsive actions were appropriate. Staff said demonstrated knowledge of condition changes which indicate deterioration and knew how to escalate their concerns to ensure prompt response. Care documentation evidenced consumers were monitored to identify changes and escalation occurred when required.

Consumers and representatives said consumers’ needs and preferences were shared effectively between staff and external providers. Staff said information about consumers’ conditions was shared during shift handovers and could also be accessed via the ECMS. Care documentation included details to support effective and safe sharing of information to support care.

Consumers and representatives said referrals to external organisations were timely and appropriate. Staff demonstrated knowledge of referral pathways. Care documentation showed consumers were quickly referred to medical officers and allied health professionals when required.

Consumers and representatives gave positive feedback about how infection-related risks were managed at the service. Staff understood infection prevention and control and explained how to minimise the need for antibiotics. Policies, procedures and plans guided staff practice on antimicrobial stewardship and managing infectious outbreaks.

# Standard 4

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

Findings

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

Consumers said they were supported to undertake their activities of daily living which maximised their quality of life. Staff explained how they partnered with consumers to gather information about their leisure likes and dislikes, and social, emotional, cultural and spiritual needs and traditions. Documentation showed consumers were offered a lifestyle program which was informed by their interests.

Consumers said their emotional, spiritual and psychological needs were met and they were given emotional reassurance when feeling low. Staff said they provided consumers with emotional support through one-on-one conversations and offering an enjoyable activity or arranging religious services. Care documentation noted spiritual practices, attendance at formal religious services and preferences for spending time with family.

Consumers said they were supported to participate in activities within and outside of the service, maintain contact with loved ones and do things of interest to them, such as going on outings with family and friends. Staff said consumers were supported to maintain contact with loved ones through phone and video calls and in-person visits. Care documentation detailed how consumers wanted to participate in the community and maintain relationships of importance to them.

Consumers gave mostly positive feedback about how their daily living needs and preferences were shared, but some said their meal preferences were not always shared between care and catering staff. Staff said the consumers’ concerns were known and they were working with them to meet their preferences. Catering staff described consumers’ likes, dislikes and dietary preferences, which were in line with care documentation.

Consumers said referrals to individuals and other organisations were timely. Staff said priests, volunteers and hairdressers were engaged to enhance consumers’ experience at the service. Care documentation showed consumers had been appropriately referred to other organisations and service providers.

Consumers gave overall positive feedback about the quality of food provided and said staff generally knew and accommodated their dietary needs, however some felt more variety was required. Staff said biannual menu, was reviewed by a dietician consumer input was sought including to improve variety. Meeting minutes evidenced consumers gave feedback about meals and made their own suggestions.

# Standard 5

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

Findings

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

Consumers said the service environment was welcoming, felt homely as they were able to personalise their rooms. Staff said a homelike environment is encouraged and consumers were supported to understand the service layout when they first moved in. Directional signage was observed to assist consumers to navigate around, and consumer rooms were decorated with their own belongings.

Consumers and representatives gave positive feedback about the cleanliness of the service and said they moved around freely. Staff said the service was cleaned and maintained in line with a schedule and maintenance was reported and managed with an electronic system. Consumers rooms and communal areas were observed to be clean, free from hazards and consumers were moving between indoors and outdoors as they wished.

Consumers and representatives said furniture, fittings and equipment was safe and regularly maintained. Staff said monthly maintenance audits occurred to ensure furniture and fittings were routinely inspected to ensure they were safe and suitable for consumers’ use. Maintenance documentation evidenced maintenance tasks were completed in a timely manner.

# Standard 6

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

Findings

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

Consumers and representatives knew the avenues available to them to give feedback or make complaints and felt comfortable raising their concerns. Staff said consumers were encouraged to give feedback at meetings, via forms and surveys. Policies and procedures guided staff on feedback and complaints processes.

Consumers and representatives were generally aware of and had access to advocates and external complaints mechanisms. Staff explained the available external advocacy and language services and said information about how to access these was readily available. Posters and brochures displayed promoted access to advocacy and external complaints services.

Most consumers said their complaints were actioned and an apology was offered when things went wrong, however, some said the complaints process had not resolved their concerns. Staff demonstrated knowledge of complaints management processes and open disclosure principles. Complaints documentation evidenced actions were taken in response to complaints when consumers concerns were registered, however, not all complaints had been recorded.

Consumers and representatives said their feedback is generally used to improve the quality of care and services; however, others have said some improvements made have not been sustained. Staff said consumers’ feedback informed were improvements to care and services were needed. Complaints and continuous improvement documentation showed actions to improve meal services were planned in response to trending food complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | 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 was adequate staff and call bells were responded to in a timely manner. Management said the workforce was planned to address consumers’ needs, accounted for unplanned leave and meet legislative requirements. Rostering documentation evidenced vacant shifts were filled by existing or agency staff.

Consumers and representatives said staff were kind, caring, gentle and respectful of consumers’ identities. Staff were observed interacting with consumers in a positive, and respectful manner. Staff demonstrated knowledge of how to provide person-centred care, respectful of consumers’ identity, culture and diversity.

Consumers and representatives said staff were effective and competent in their roles. Management said staff position descriptions outlined key knowledge, experience and qualifications with staff competency assessed during orientation and through regular training. Personnel documentation showed currency of qualifications and security checks were monitored.

Consumers and representatives said staff were well trained. Staff said they attended training which supported them to provide quality care and explained how the Serious Incident Response Scheme (the SIRS), open disclosure and restrictive practices were relevant to their roles. Education records showed staff completion of training was monitored.

Management said staff performance was monitored through annual appraisals, informal monitoring and review and performance management if needed. Staff confirmed their participation in performance appraisals and said it provided them with opportunities for improvement. Documentation showed workforce performance reviews were conducted as scheduled.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers gave positive feedback about how the service was managed and said they were partners in their own care and contributed to the development of care and services. Management said consumers and representatives evaluated care and services via monthly meetings, feedback forms, consumer experience surveys and during care plan reviews. Consumer meeting minutes showed they were encouraged to participate in service evaluation, provide feedback and discussed service updates, activities and events.

The organisation’s board of directors (the board) monitored compliance with the Quality Standards via reports from the clinical governance committee, consumer and representative feedback, observation of service practices and internal audits conducted against the Quality Standards. Management said the organisation’s structure gave the board oversight of the quality of consumers’ care via monthly performance reports and communications. Documentation showed the board received the service’s continuous improvement plan and management were supported to provide safe, inclusive quality care and services.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies, procedures and systems to guide staff practice. The board received a range of reports which were used to determine if the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Management said the service had a risk policy whereby consumers were supported to take risks which enabled them to live their best lives. The service had policies and tools to support the identification, reporting and reviewing of SIRS incidents and suspected abuse and neglect of consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Staff described elements of clinical governance policies and how they applied these in their roles, such as minimising the use of restrictive practices. Care documentation showed staff used non-pharmacological strategies prior to implementing a chemical restrictive practice, which was reviewed quarterly with consumers’ medical officers and representatives.

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