Performance

Report

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| Name of service: | Sacred Heart Community |
| Service address: | 101 Grey Street ST KILDA VIC 3182 |
| Commission ID: | 3153 |
| Approved provider: | Sacred Heart Mission Inc. |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 9 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Sacred Heart Community (**the service**) has been prepared by Grace Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

Consumers and representatives said they were treated with dignity and respect. Staff spoke about consumers in a respectful manner and were familiar with consumers’ backgrounds, likes, dislikes, preferences and how these impacted on their care. The Assessment Team observed staff greeting consumers with familiarity and interacting in a dignified and respectful manner. The service’s policies guided staff on dignity of risk, diversity, privacy, and inclusivity.

Care planning documentation included information regarding consumers’ background, identity and cultural practices. Staff described consumers’ cultural backgrounds and how this influenced their approach to care and services. Consumers were satisfied with how the service was meeting their cultural needs.

Consumers were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships. Staff described supporting consumers to exercise choice. For example: prior to attending to their care, consumers were provided the opportunity to voice a change in preferences, or if the consumer wanted to deviate from their regular routine.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff knew which consumers were supported to take risks. Risk assessments were conducted with the consumer, representative and relevant health professionals. The service acknowledged completion of dignity of risk forms was still a work in progress, along with on-going staff training on dignity of risk. Continuous Improvement Plan (CIP) actions had been raised to reflect this, and a Quality and Risk Management role had been created. This evidence is also considered in Requirement 7(3)(c).

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumers’ choice and varied communication methods to suit their needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers said their privacy and confidentiality was respected. Staff described practical ways they respected the personal privacy of consumers. Consumers’ information was stored securely in closed cupboards at the nurses’ station.

# 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

Consumer care plans established assessment and care planning occurred to identify the needs, goals, and preferences of consumers. Relevant high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours were included, along with advance care and end of life planning if the consumer wished.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described referring consumers to relevant allied health professionals.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care plan when they wanted to and knew how to do so. Care planning documents were reviewed every 3 months, or earlier if changes to a consumer’s condition were recognised or any incidents occurred. Clinical incidents were reviewed monthly at service and organisational levels to identify strategies to minimise the risk of reoccurrence, and improvements implemented.

# 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

Care planning documentation reflected care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had policies and procedures in place to support the delivery of care, including wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention. Staff understood the protocols required to prevent pressure injuries and non-pharmacological strategies that were successful in de-escalating consumers with challenging behaviours.

Consumers and representatives said they were satisfied high impact or high prevalence risks were effectively managed. Care planning documentation identified effective strategies to manage key risks, including falls, weight loss and skin and wound care. Management advised consumers/representatives and allied health professionals were included in the process of managing falls and implementing falls prevention strategies.

Care planning documents of consumers receiving end of life care, reflected consumers’ comfort was maximised, and their wishes and needs supported. The service engaged the support of community palliative care services to ensure consumers received end of life care that maintained their comfort, well-being and dignity.

Consumers and representatives said staff responded promptly to changes and deterioration in consumers’ health. Staff described how deterioration or changes in condition were recognised and responded to, including early detection of COVID-19. Care planning documentation, progress notes and charting identified deterioration in consumers’ health, capacity and function were recognised and responded to.

Information about consumers conditions, needs and preferences were documented and communicated with those involved in their care. Progress notes, care and service plans provided adequate information to support effective and safe shared care. This was corroborated with consumer and representative feedback.

Consumers and their representative’s said referrals were timely, appropriate and occur when needed. Staff described the process to refer clinical matters to other providers. The service was guided by organisational procedures regarding referral processes to health professionals within and outside of the service.

Consumers and representatives were satisfied with the service’s management of infection control practices. The service had an Infection Prevention Control lead who worked with senior and clinical management to oversee infection control. Staff understood infection minimising strategies, including hand hygiene and confirmed they had received increased education and training on COVID-19 precautions.

# 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

Consumers and representatives were mostly satisfied and said they were enabled to pursue their interests and optimise their quality of life. Lifestyle staff said activities were tailored to consumers’ needs, preferences and levels of functional ability. Care planning documentation included information on what was important to consumers, and the supports needed to help do the things they wished to do.

Consumers felt supported to maintain social, emotional, and spiritual connections, which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as spending one-on-one time with consumers who do not wish to participate in group activities, and volunteers who visit consumers in their rooms. The service employed an Emotional Support Therapist to support consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Prior to COVID-19, the service had extensive community engagement. Lifestyle staff said the service was slowly introducing community engagement again such as, mystery bus outings, morning walks outside the service and trips to the local hardware store.

Staff described how consumers’ needs and preferences were communicated via care plans, handover and dietary requirements listed in the kitchen. Lifestyle staff were often present during handover, and received information about changes to consumers’ conditions, needs and preferences at that time. Referrals to other providers occurred based on consumers’ needs, such as religious services, private businesses, geriatrician services and volunteers.

Most consumers and representatives considered meals were of suitable quality and quantity, and suited to dietary needs. Staff said meals were planned to accommodate consumers’ needs, they offered consumers choices and sought feedback on meals. The service provides summer and winter menus designed by a dietician and trialled with consumers.

Equipment which supported consumers to engage in lifestyle activities was suitable, clean, and well maintained. Consumers confirmed this to be the case. Staff said they had access to equipment they needed, and when issues were identified with equipment, this was reported to maintenance and rectified in a timely manner. The Assessment Team observed staff cleaning equipment between uses.

# 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

Consumers said the service environment was welcoming, encouraged a sense of belonging and they could decorate their rooms with personal belongings. The Assessment Team observed the environment to be spacious, with adequate lighting and clear signage to aid navigation around the service.

The service environment was observed to be clean and well maintained with no hazards, and the temperature comfortable and natural light with expansive windows throughout. Consumers were observed to be freely accessing the external walkways. Documents reviewed identified testing, services and maintenance were conducted by an external company located at the service 5 days per week. Different systems such as fire systems, portable fire equipment, pest control, lifting machines, and slings were maintained by separate contractors.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumers. Consumers and staff confirmed sufficient equipment was available. Maintenance requests were addressed 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

Consumers and representatives said they were supported to provide feedback and make complaints. Staff described the different avenues for consumers to raise concerns, such as consumer and representative meetings, feedback forms or speaking directly with the management team. However, during the Site Audit, only 1 feedback box was observed, located on the ground floor. When raised, immediate steps were taken to install additional boxes and consumers were provided with published information about other ways to raise complaints.

Consumers and representatives said they were aware of other avenues for raising a complaint but were comfortable raising concerns with management and staff in the first instance. Staff described how they assisted consumers with a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Observations showed brochures for advocacy services available in the service and multilingual information about making complaints.

Consumers and representatives said when feedback was provided, the service responded appropriately, apologised if things went wrong, and acted promptly to resolve the issues. Staff described the process followed when feedback or a complaint was received and knew the underlying principles of open disclosure. The service had an open disclosure process which included a simplified flowchart guiding staff on how to enact open disclosure when required.

Feedback and complaints were reviewed and used to improve the quality of care and services and linked to the service’s CIP. The service had an embedded process for capturing and recording complaints and entering them into the service’s continuous improvement register.

# Standard 7

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

Findings

The workforce was planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Consumers mostly considered they received timely response to call bells and reported no concerns with the care received. However, the Assessment Team found the service’s call bell system was not fit for purpose as it consisted of pagers linked to only 1 nurses’ station on the ground floor. Furthermore, although most consumers were observed to be able to mobilise well and interact directly with staff, the service was not able to provide recent call bell data. As management took immediate steps during the site audit to upgrade the system and consumers were generally satisfied with call bell response times, on balance, the Assessment Team found the service met Requirement 7(3)(a).

Consumers and representatives said staff engaged in a respectful, kind and caring manner. The service had an Emotional Support Therapist to support consumers, most of whom had previous experience of social disadvantage. Training was provided to staff to support consumers with their mental health, emotional well-being and previous experiences of social disadvantage.

Consumers felt staff were skilled and competent in their roles. Each role had a position description, minimum qualifications, and credential requirements. Documentation reviewed identified the service was up to date with its mandatory training. As outlined in Requirement 1(3)(d), management advised staff training on dignity of risk requirements was a work in progress and would be prioritised with toolbox training, and onboarding of a Quality and Risk Management team member.

The workforce had the qualifications and knowledge they needed to effectively perform their roles. Consumers felt staff were competent in providing care and knew what they were doing. Management described how qualifications and checks for staff were verified through an online human resource management system.

Review of relevant staff documentation identified that performance appraisals, mandatory training and competency assessments were conducted annually and were up to date. Staff understood the performance development process at the service and management confirmed staff performance was also monitored through direct observation of practice and staff, consumer and representative feedback.

# 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

Consumers and representatives said they could raise concerns or provide feedback on any aspect of care and services and were aware of the feedback mechanisms available. The Assessment Team identified examples of consumer engagement in the design and evaluation of the service, including consumers and representatives having input into refurbishment of the service by selecting furniture fixings, colour schemes and courtyard gardens.

The organisation’s governing body promoted a culture of safe, inclusive care. The board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. Management said the service was undertaking a review of all policy documents to ensure they were updated and relevant to the service’s vision, values, systems and sector-wide legislative processes. Evidence of this was sighted by the Assessment Team in the service’s CIP.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed expenditure for an improved call bell system had been approved to improve the delivery of quality care and services to consumers and acknowledged the existing process with recording feedback would be refined into an improved reporting system that would include up-to-date trends analysis information.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Although the service acknowledged completion of dignity of risk forms was still a work in progress due to the large number of risks consumers choose to take, staff had been trained in their obligations to identify and respond to abuse and neglect, under SIRS.

The service’s clinical governance framework supported the provision of quality clinical care and promoted antimicrobial stewardship, the minimisation of restrictive practices, and open disclosure. Staff had received training in, and demonstrated their understanding of, open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)