St. Agnes Care and Lifestyle

Performance Report

Bourne House, 10-12 Short Street
PORT MACQUARIE NSW 2444
Phone number: 02 5525 3600

**Commission ID:** 201391

**Provider name:** St Agnes' Care & Lifestyle

**Assessment Contact - Desk date:** 28 March 2022

**Date of Performance Report:** 3 June 2022

# Performance report prepared by

J Taylor, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Home Care Packages, 27346, Bourne House, 10-12 Short Street, PORT MACQUARIE NSW 2444

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

## As the Assessment Team did not conduct an assessment of performance for all Requirements, no overall rating for the Standard is provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*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.*

The service demonstrated it has assessment and care planning systems, processes and procedures to support consumers to get the care and services they need to support their health and well-being.

The Assessment Team provided information that the Approved Provider has undertaken the following activities to address the noncompliance identified in the previous assessment conducted on 18 November 2020. These improvements include:

* Development of a specific Home Care Package assessment and care planning procedure.
	+ The service purchased a suite of externally developed assessment and care planning policies and procedures. Supported by the organisations clinical safety and quality manager, the purchased procedures were combined with the service existing policies and procedures and distributed to members of the St Agnes Care and Lifestyle team for comment and feedback. Policies and procedures were finalised in November 2021 and are currently in use.
* Development of a new suite of ‘intake’ assessments.
	+ Management advised the service recognised the need to split their previous assessment tool into 3 distinct assessment tools/forms which have now been implemented.
		- Home Care intake form - to be completed by the client relationship team.
		- Home Care assessment form - to be completed by a care coordinator.
		- Home Care registered nurse assessment - to be completed by a registered nurse.
	+ Management advised the new forms capture consumers’ needs and preferences in line with individual staff scopes of practice. They went on to say all parties aligned with consumer care and services, including finance, allied health and care staff and work closely together as a team. Weekly meetings have been established to discuss 'all things home care' where individual consumers are discussed to ensure matters are shared between all parties, in a timely manner.
	+ Management advised the new forms and framework is seen as a ‘pro-active approach’ in reducing consumer falls and wounds. For example, the service had previously recorded 15 active consumer wounds, this has now been reduced to approximately 2-3.
	+ Management advised the suite of assessment forms has been up loaded into the service electronic documentation system and all existing and new staff have been trained in their use. Paper based forms are also available, if required.
* Reassessment of all consumers has occurred using the new documentation.
	+ Management confirmed a re-assessment schedule was developed with priority going to the consumers with high-impact high-prevalent risks.
* Enhanced consumer assessment and planning.
	+ Management confirmed consumer care plans are reviewed annually, or when consumer changes occur such as a period of hospitalisation or an acute episode, when the consumer package level changes or a request is received from a consumer.
	+ The service has introduced a new registered nurse referral flow chart which is intended to indicate at what point in time the registered nurse is required to review a consumer.
	+ Management advised the service has enhanced its consumer Incident reporting process and as a result there has been an increase in the number of incident forms completed. The collated data and statistics aids in prompting a re-assessment of individual consumers, as required.
	+ Management advised the consumer care plan review schedule has been updated. When a review is completed a function within the consumer electronic documentation system prompts the scheduling of the next review. Staff are prompted to undertake a consumer review via an alert function. In addition, the service maintains a white board list for each care co-ordinator which serves as a visual review prompt.
	+ Management confirmed, a ‘team leader’ role has recently been appointed, in recognition of the need for on-going oversight of the services assessment and care planning systems, processes and procedures.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## As the Assessment Team did not conduct an assessment of performance for all Requirements, no overall rating for the Standard is provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The service demonstrated it has had effective risk management systems and practices to support the management of high-impact, high prevalence risks associated with the care of consumers.

The Assessment Team provided information that the Approved Provider has undertaken the following activities to address the noncompliance identified in the previous assessment conducted on 18 November 2020. The service has:

* Strengthened consumer assessment and planning through the implementation of a new suite of assessment forms and processes and procedures, as identified in Requirement 2(3)(b) above.
* Revised the service duty of risk policy to reflect a home services approach.
* Conducted staff risk management training in 2021, and established risk management as a yearly education topic.
* Management advised the service is in the process of implementing a staff incident management 'app'. The aim of the ‘app’ is to increase the reporting of consumer incidents in an easy and efficient manner. The ‘app’ is expected to be implemented by mid-2022 and relevant training will be provided to staff.
* Management said the previous organisation structure has been improved and the service has its own dedicated manager and an allied health therapy team has been established. Management confirmed a significant focus on electronic system application improvements and development has occurred and the service is in the process of identifying a new consumer software documentation system which is expected to provide enhanced support for consumer care and services.
* Management confirmed the process of escalating consumer risk related matters to the executive and Board has been strengthened by the production and distribution of monthly reports. This process has allowed for a focus on quality and the Aged Care Quality and Safety Standards, which in turn represents enhanced accountability. The service is developing a Home Care plan to include the appointment of ‘non-billable staff roles’ to support monitoring and reporting functions.

I have considered the information provided by the Assessment Team and I find this Requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.