**Performance**

**Report**

**1800 951 822**

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| Name: | St. Agnes Care and Lifestyle |
| Commission ID: | 201391 |
| Address: | Bourne House, 10-12 Short Street, PORT MACQUARIE, New South Wales, 2444 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9495 St Agnes' Care & Lifestyle  
Service: 27346 St Agnes Home Care

**This performance report**

This performance report for St. Agnes Care and Lifestyle (**the service**) has been prepared by P. Sherin, 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 Quality Audit report was informed by a site assessment, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary for Home Care Packages (HCP)

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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 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 | | HCP |
| 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 staff treat consumers with dignity and respect. Staff demonstrated knowledge of consumers’ individual backgrounds and spoke about consumers in a way that was respectful and demonstrated an understanding of the consumer’s personal circumstances and life journey. Management described how they ensure interactions between consumers and staff remain respectful through obtaining feedback from consumers and representatives.

Consumers and representatives felt consumers’ individual identity, culture, and diversity is recognised and valued by the service. Staff described how care and services are adapted to meet each consumer’s individual needs. Information on consumers’ cultural needs, including gender preferences for staff providing care are documented in care plans and staff were aware of this. The service has a diversity and inclusion policy to guide staff practice.

Consumers and representatives said consumers are supported to make their own decisions about the services the consumer receives. Staff described various ways each consumer is supported to make informed decisions. Management advised consumers’ care and service choices are ascertained upon commencement with the service, in consultation with their representatives, and during care plan reviews.

Consumers and representatives confirmed the service supports consumers to take risks if they choose and provided examples of this. The service conducts risk assessments of consumers’ homes to identify any potential risks and implement strategies to manage and mitigate these risks. The service has a decision-making and dignity of risk policy which provides guidance to staff on supporting consumers who choose to take risks.

Consumers and representatives confirmed the information provided by the service is current, accurate, and timely and enables consumers to exercise choice. Consumers and representatives said monthly statements are easy to understand and they can contact the service for clarification if required. Management and staff described various ways information is provided to consumers regarding their care and services which enables them to exercise choice. Review of documentation such as monthly statements identified information provided is clear, accurate, and timely.

Consumers said their privacy is respected and confidentiality of their personal information is maintained. Staff described various ways they use to ensure consumers’ privacy and confidentiality is upheld. Review of documentation identified consumers are informed how their personal information is collected and used, and their consent is sought in relation to this.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The service demonstrated assessments and care planning inform the delivery of safe care and services. Review of documentation identified assessments consider specific risks to individual consumers. Registered staff meet with consumers and their representatives to conduct initial assessments, including risk assessments, and to develop the clinical care plan. Care coordinators develop the services section of the care plan. A risk management procedure is available to guide management and staff.

A review of care documentation and interviews with consumers and representatives identified individual consumers’ current needs, goals, and preferences are addressed in care planning, including advance care planning if the consumer/representative wishes. Staff advised a discussion about a consumer’s end of life wishes occurs when the consumer commences with the service, at care plan reviews, and if a consumer’s condition deteriorates.

Consumers and representatives confirmed assessment and planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other healthcare providers and organisations are included in assessment and planning. Staff reported, and review of care documentation confirmed, staff consult with consumers and representatives on a regular basis, and other health professionals are included as required.

The outcomes of assessment and planning are documented in the electronic care management system which is accessible to staff. Most consumers and representatives said they have received a copy of their care plan or are able to request one. Consumers reported they are kept informed of the services they receive and their frequency on commencement with the service and when any changes occur. Staff confirmed they have access to the care plans via a digital application on their mobile phone devices and are kept informed of any changes by registered staff.

The service demonstrated care plans are reviewed regularly depending on the package level for each consumer, as well as when circumstances change, or incidents occur. Consumers and representatives reported the consumer’s care needs and preferences are discussed and staff are responsive to any changes. Staff described how, when an incident occurs, this triggers a review of the care plan which includes relevant allied health professionals when necessary.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Consumers and representatives expressed satisfaction with the quality of clinical and personal care provided by the service. Staff demonstrated detailed knowledge of consumers’ needs, goals, and preferences and described how the service ensures care is tailored to each consumer. Care and service plans included information regarding each consumer’s specific personal and clinical care needs. Policies and procedures are available to guide staff practice.

The service demonstrated high impact and high prevalence risks to consumers are managed effectively via ongoing monitoring, clinical review, and care planning in consultation with other health professionals when required. Staff demonstrated knowledge of risks to individual consumers and strategies in place to manage these risks. Clinical incident data is collated, trended, and analysed by management and a monthly meeting conducted to monitor, discuss, and implement risk mitigation strategies for consumers subject to high impact and high prevalence risks.

Advance care planning and end-of-life wishes are discussed with consumers on entry to the service, as part of care plan reviews, and if there are changes to the consumer’s condition to ensure the consumer’s needs and wishes are met. The service has established relationships with hospitals, medical services, and palliative care teams to support consumers who are palliating or nearing end of life. Staff described how they support consumers by providing comfort cares and liaising with local palliative care services for consumers nearing end of life.

Management advised the service provides consistent staffing to the extent possible as regular staff are familiar with each consumer and able to recognise any change or deterioration in the consumer. Staff provided examples of when there was a change in a consumer’s condition and what actions they took, including escalating to clinical management for further action. Review of care documentation confirmed the service responds in a timely manner to any changes or deterioration in consumers.

Consumers and representatives said consumers generally have the same support worker and staff know the consumer’s needs well. Review of care documentation identified adequate information to support the delivery of safe and effective care. Staff said they document information in the electronic care management system following each shift; receive relevant consumer information by email or accessing the electronic system via their mobile phone devices; and attend regular staff meetings where any changes in consumers’ care or condition are discussed.

Consumers and representatives are satisfied with referrals made by the service to other organisations, including nursing services and allied health. Management confirmed where a need is identified, the service refers consumers to other organisations that provide care and services to address the consumer’s assessed needs. Where input from other organisations and providers of care is sought, their recommendations are incorporated into the consumer’s care and service plans. A review of care documentation identified appropriate referrals are undertaken following consultation with consumers and representatives.

The service has an infection prevention and control policy, an antimicrobial stewardship policy, and an outbreak management plan to guide staff practice. Staff undertake infection control training and advised they have access to sufficient supplies of personal protective equipment. Consumers and representatives said staff practice hand hygiene and appropriate use of personal protective equipment as required. Management and staff demonstrated knowledge of practical ways to minimise the transmission of infections including risks associated with influenza and COVID-19.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 said consumers are supported by the service to maintain their independence and quality of life. Staff demonstrated an understanding of what is important to consumers in relation to activities for daily living, and described how they help consumers to do as much as they can for themselves as per their preference. Care plans are individualised and outline the services and supports for each consumer.

Consumers and representatives are satisfied with the support provided by staff to maintain their wellbeing. Management and staff demonstrated an understanding of providing appropriate emotional support to consumers as required and provided examples of this. Care and service plans include information to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being.

Consumers and representatives said consumers are provided with opportunities for social interaction and connection. Staff provided examples of how they support consumers to do things of interest to them and participate in their community. Care plans include information on consumers’ interests and activities they would like to engage in to guide staff in care and service delivery.

Consumers and representatives said support workers know consumers well and are aware of their needs and preferences. Staff described various ways information is communicated within the service and with others where responsibility of care is shared.

Consumers and representatives said the service provides information on services available to them and assists in accessing any services they require. Staff and management described the process for referrals to other organisations and individuals involved in the consumer’s care. Review of service documentation evidenced information about various external services is provided to consumers. Care documentation identified referrals to a range of health professionals and external service providers based on consumer needs.

Management described how consumers can request for staff to help them prepare meals in their own homes or choose to order meals from subcontracted meal providers. An assessment process is used to identify consumers’ dietary requirements, including allergies. Consumers said meals provided are varied, are of suitable quality and quantity, and staff help them with basic food preparation, if required.

Consumers and representatives described how the service supports them to access equipment for consumers. Staff described how they ensure equipment provided is kept safe, clean, and well-maintained. Management described how they support consumers by identifying when equipment is still under warranty, arranging annual maintenance reviews, and referring to the supplier if repairs are required.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 are aware of how to submit complaints and provide feedback and felt comfortable raising concerns using the service’s feedback form or speaking directly with staff or management. Management advised they encourage feedback from consumers/representatives by ensuring feedback forms are provided to consumers on commencing with the service and ensuring staff carry feedback forms whilst providing care and services. Review of service documentation such as the consumer handbook and consumer service agreements identified consumers and representatives are informed of various methods to submit feedback and complaints.

Most consumers and representatives said whilst they are aware of external complaints and advocacy services, they prefer to manage any concerns directly with the service. Staff confirmed they had access to translation services and said they would seek advice from senior staff if there were any barriers to communication. Management advised consumers/representatives are made aware of external advocacy and complaints mechanisms through information in the consumer handbook.

The service has processes in place for receiving and actioning feedback and complaints. Consumers and representatives expressed confidence in the service resolving their complaints. Staff described the process for complaints resolution including the use of open disclosure when things go wrong. Documentation confirmed the service has an established feedback and complaints procedure governing the documentation, investigation, and management of complaints.

Management and consumers provided examples of improvements implemented by the service in response to consumer feedback and suggestions. The service has an established plan for continuous improvement which captures various actions to improve care and service delivery in response to feedback from consumers, representatives, and staff.

# Standard 7

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| Human resources | | HCP |
| 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

Consumers said staffing is consistent and the service notifies them of any changes to scheduled care and services. Management described ongoing recruitment processes and contingency plans to cover unexpected leave and replace staff when required. Rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences. Staff said they have sufficient time to undertake their allocated tasks.

Consumers and representatives said staff are kind and caring and are respectful to consumers. Staff demonstrated knowledge of individual consumers’ backgrounds, culture, identity, and those important to the consumer. Management described ways they monitor staff interactions with consumers and regularly seek consumer feedback to ensure their satisfaction with staff providing care and services.

Consumers and representatives expressed confidence in competency of staff to undertake the duties of their role. Staff said they have the necessary knowledge and skills to perform their role and are supported by management should they require additional training and qualifications. The service has documented position descriptions that establish the roles, responsibilities and competencies required of various staff members.

The service has processes in place for the recruitment, induction, and onboarding of staff. Management advised, and review of documentation confirmed, staff have completed mandatory and competency-based training on a range of topics. Staff training records are kept on an electronic management system, with regular review and monitoring by management. Consumers and representatives said staff are well trained.

The service has processes in place to regularly assess, monitor, and review staff performance. Staff and management advised staff performance is monitored and reviewed during probation, on an ongoing basis and through an annual performance appraisal process. Staff confirmed they have been involved in probationary and ongoing performance appraisals where they are provided feedback on performance and the opportunity to request further training, development, and support as required. Review of documentation evidenced staff are assessed against key skills and behaviours required of their role.

# Standard 8

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| Organisational governance | | HCP |
| 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 said they consider the service to be well run and can provide feedback on care and services which is considered by the service. Management described and provided evidence of ways consumers are supported to be engaged in the development, delivery, and evaluation of care and services, including via an annual consumer/representative survey, care plan reviews, and feedback and complaints processes. The service has recently established a consumer advisory committee comprising of 4 consumers and 2 representatives.

A review of the organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for quality and safety in the organisation. The organisation’s leadership team through the Quality care advisory committee supports the governing body to ensure the service’s compliance with the Quality standards through ongoing reporting and monitoring, including but not limited to risks, clinical indicators, feedback and complaints, workforce planning, and service delivery outputs.

The service demonstrated effective organisation-wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management provided examples of various systems and processes in place to support these functions.

The organisation has policies and procedures to guide staff practice in managing high impact and high prevalence risks, responding to abuse and neglect, supporting consumer choice and decision-making, and reporting and managing incidents. Staff were familiar with these policies and described their application as relevant to their roles. Staff receive training on incident reporting under the Serious incident response scheme. Review of the service’s incident register evidenced staff report and escalate incidents which are investigated to identify causative factors and to implement controls to prevent recurrence.

The organisation has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Management described the clinical governance framework in place to ensure safe and quality care to consumers, including the reporting process, monitoring systems, analysing clinical indicators, and training provided to staff.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)