Performance

Report

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| Name of service: | St Agnes Site |
| Service address: | 1 Lochinvar Place PORT MACQUARIE NSW 2444 |
| Commission ID: | 0217 |
| Approved provider: | St Agnes’ Care & Lifestyle |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 17 April 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 St Agnes Site (**the service**) has been prepared by A. Douglas, 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 stated they were treated with dignity and respect and valued as individuals. The Assessment Team observed staff treating consumers with dignity and respect and they understood consumers’ choices and preferences.

Care planning documentation captured information regarding consumers’ emotional, spiritual, and cultural needs and preferences. Staff identified consumers with diverse cultural backgrounds and demonstrated an understanding of their identity.

Consumers and representatives advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. A review of meeting minutes from consumer meetings evidenced consumers were given the opportunity to participate in decision making and exercise choice and independence.

Consumers advised they were supported by staff to take risks and live the best life they can. Care planning documentation demonstrated risks were identified and strategies were in place to mitigate potential risks.

Consumers advised they received up-to-date information about activities, meals, COVID-19, and other events occurring within the service. The Assessment Team observed the activity calendar, newsletters, and menu options displayed throughout the service in a clear and easy to understand format.

The Assessment Team observed the practical ways in which staff ensured consumer privacy is respected. The service utilised an electronic care management system which was password protected.

# 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

Care planning documentation outlined individual risks to consumers and appropriate mitigation strategies. The service had processes and procedures in place to provide staff guidance in relation to the assessment and identification of risks.

Consumers and representatives advised the service addressed and supported the consumer’s needs and preferences, and confirmed their end of life preferences had been discussed with them and documented. Care planning documentation evidenced the assessment process was individualised to the consumer’s needs and preferences.

Staff reported regularly liaising with consumers, multidisciplinary team members and family members to ensure a partnership throughout the assessment and care planning process. Consumers and representatives confirmed they frequently provided input into the assessment and care planning process.

Representatives said the outcomes of assessments were accurate and provided in a timely manner. Care planning documentation evidenced the outcomes of assessment and planning were communicated with consumers and representatives.

The service demonstrated care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Representatives confirmed the service regularly communicated with them about changes to the consumer’s care and services.

# 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

Consumers and representatives said consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff reported they had access to senior staff for additional support and guidance in relation to best practice care and processes.

Consumers and representatives reported the service effectively managed high impact or high prevalence risks pertaining to their care needs and risk mitigation strategies were in place. Staff demonstrated an understanding of the high impact or high prevalence risks related to consumers’ care and the strategies in place to manage these risks.

Care planning documentation for 2 recently deceased consumers evidenced consumers had their dignity preserved, and care was provided in accordance with their needs and preferences. Staff detailed how they provide care in accordance with the needs and preferences of consumers.

Consumers and representatives were confident the service would respond in a timely manner to effectively address any deterioration in the consumer’s health status. Clinical staff reviewed progress notes daily to ensure timely identification of changes.

The Assessment Team observed staff accessing the service’s electronic care management system to review information relating to the consumer’s condition, needs and preferences. Staff reported information relating to consumers’ conditions, needs and preferences were documented in the service’s electronic care management system and communicated via the shift handover process.

Care planning documentation evidenced consumers were referred to a range of services and providers. Clinical staff reported that referrals were generated by the clinical leader to ensure referrals were lodged appropriately and promptly actioned.

Consumers and representatives indicated they consistently observed staff wearing their personal protective equipment. Staff demonstrated a shared understanding of infection control practices relevant to their duties, and the service had several documents to inform and guide staff practice in relation to infection control, appropriate antibiotic use and 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

Consumers felt supported by the service to engage in activities of interest to them. The Assessment Team observed consumers engaging in a variety of group and independent activities throughout the service.

The service had an onsite pastoral care team and a chapel within the service to support consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could support their well-being.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of how consumers were supported to maintain relationships with individuals that were of importance to them.

Consumers and representatives felt information about their condition was effectively communicated and staff understood their needs. Care planning documentation detailed information about the consumer’s condition, needs and preferences, and was accessible through the electronic care management system.

The Assessment Team observed a variety of brochures and resources available to support referral to external organisations as required. Care planning documentation confirmed the service collaborated with external providers to support the diverse needs consumers.

Consumers stated they were happy with the variety, quality and quantity of meals being provided at the service. The Assessment Team observed that consumers’ dietary information was displayed in the kitchen and the information reflected consumers’ current needs and preferences.

A review of documentation evidenced the occurrence of scheduled preventative and reactive maintenance. The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained.

# 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 advised the service environment was open and welcoming, and they felt at home within the service. The Assessment Team observed the service environment to be well-lit and easy to navigate throughout.

Consumers advised the service environment was safe, clean, and well maintained, and allowed them to move freely, both indoors and outdoors. Staff described the process for documenting and reporting maintenance issues.

A review of the internal maintenance log by the Assessment Team evidenced furniture and equipment were routinely inspected and any issues were addressed in a timely manner. Staff advised furniture, fittings and equipment were assessed for suitability prior to purchase to ensure they met consumers’ personal and clinical needs.

# 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 stated they were supported by the service to provide feedback and make complaints. Management advised they had an open-door approach for consumers and representatives to voice their feedback and complaints with them directly.

The Assessment Team observed posters and leaflets regarding advocacy and language services displayed throughout the service. Staff described how they supported consumers to complete feedback forms and demonstrated an awareness of the advocacy services available to consumers.

Consumers and representatives indicated the service took appropriate action in response to feedback and complaints, and staff understood and utilised an open disclosure process in dealing with complaints. The feedback register and plan for continuous improvement demonstrated the use of open disclosure principles and timely management of complaints in accordance with the service’s policy.

Consumers were satisfied with the feedback processes and confirmed service improvements had occurred as a result of the provision of feedback and complaints. The Assessment Team noted feedback and complaints data was compiled and reported on a regular basis to the relevant committees.

# 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

Consumers and representatives were satisfied with the level of care provided and felt there were sufficient levels of staff. Management and staff advised they had the appropriate resources to provide the right level of care to consumers, and staffing levels changed based on the needs of consumers.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner, and were gentle when providing care. The Assessment Team observed staff engaging with consumers and representatives in a respectful and personable manner.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management outlined how they ensured staff met the minimum qualification and registration requirements for their respective roles.

Staff received orientation training, annual mandatory training, and completed competencies such as medication, first aid, manual handling and infection control practices. Staff were confident they could access additional training when required and felt well supported by management to do so.

Management indicated staff competency was regularly assessed by the clinical staff and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. Staff confirmed their performance was monitored through educational competencies and annual performance appraisals.

# 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 considered the service was well run and were engaged in the development, delivery and evaluation of care and services. Management and staff were aware of the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

The service demonstrated they took accountability for promoting a safe culture of quality and inclusivity through proactive monitoring. Management described how the service’s governing body promoted a culture of safe, inclusive and quality care by reviewing clinical indicators and incidents with various committees and the Board.

The organisation had robust and comprehensive governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The management team advised they held a monthly meeting with financial managers to align the service’s budget and request further funding if necessary.

The service had risk management systems in place to monitor and assess high impact or high prevalence risks associated with the care of consumers. Incident reports were completed through the electronic care management system which was reviewed by the clinical management team and regularly audited by the quality team.

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)