Performance

Report

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| Name of service: | Performance report date: |
| St Andrews | 29 September 2022 |
| Commission ID: | Activity type: |
| 5270 | Site audit |
| Approved provider: | Activity date: |
| Lutheran Church of Australia - Queensland District | 31 August 2022 to 2 September 2022 |

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 Andrews (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the site audit report received 23 September 2022.
* 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 | | Compliant |
| 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 and staff valued their identity, culture, and diversity. Staff described how they respected consumers’ choices and how their background and preferences influenced their care. Care planning documentation showed care was tailored to ensure consumers were treated with dignity, respect and had regard to their culture and background.

While all consumers spoke English, consumers’ care planning documentation identified their cultural needs and preferences, and consumers reported they were provided culturally safe care and services. Staff could identify consumers from a culturally and linguistically diverse (CALD) background and could describe their care needs and preferences which aligned with their care planning documentation.

Consumers said they were encouraged to maintain important relationships, exercise choice and independence and decide who should be involved in making decisions about their care. Consumers stated they were supported by staff to take risks and live the best life they can. Management and staff could describe the way consumers were supported to take informed risks and understand the benefits and possible harms.

Consumers and representatives confirmed they received timely information in relation to care, activities, COVID-19 and other events happening around the service. Staff were able to describe the ways in which information was provided to consumers in accordance with their needs and preferences. Current information such as activity programs were observed to be displayed throughout the service. Staff explained they communicated to consumers who were hard of hearing or had dementia by speaking slowly, using hand gestures, picture boards and cue cards.

Consumers said their privacy was respected and their personal information was kept confidential. Consumers said staff always knock and wait for an answer before entering and give as much privacy as possible when toileting or delivering care. Staff described various practical ways they respected the personal privacy of consumers.

Staff explained consumer personal information was kept in locked cupboards in the nurse’s station, computers were all password protected and handovers were held in a private area. One nurse's station was observed to be left unlocked when unattended and management responded by checking all vacant nurses' stations were locked and sending a reminder to staff. There was no reoccurrence of this during the audit.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and planning considered risks to each consumer’s health and well-being. Consumers and representatives said they were involved and had a say in the care planning process. Management and staff described the assessment and planning process on entry which involved a comprehensive checklist detailing every step, including the completion of risk assessments. Care documentation confirmed a comprehensive assessment and care planning process had included considering individual consumer’s risks and identified the strategies to reduce or eliminate those risks, assessment of risk in relation to bed rails for one consumer was identified as missing.

Assessment and planning reflected consumers’ goals, needs and preferences and included advance and end of life (EOL) care planning, if the consumer wished. Consumers’ care plans displayed current key information about the consumer including their diagnoses, vital information, end of life care plan, communication, mobility, and their individualised care needs and preferences. Consumers and representatives said staff spoke to them regularly about their care needs and confirmed that end of life care had been discussed.

Consumers and representatives confirmed they were actively involved in the ongoing assessment and care planning process. Care planning documentation showed the involvement of consumers and their representatives, and a diverse range of external providers and services such as medical officers, geriatricians, physiotherapists, speech pathologists, podiatry and dietitian services. Staff described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives face to face, via email or over the telephone.

The outcomes of assessment and planning were effectively communicated to the consumer and representatives and documented in a care and services plan that was readily available to the consumer, and to those involved in their care. Consumers and representatives confirmed they were involved in any changes to their care and services plan and could obtain a copy.

Care planning documentation indicated regular reviews in line with the service’s 3-monthly review process, or when circumstances changed, such as a deterioration in condition or incidents such as infections, falls and wounds. Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested were addressed in a timely manner. Allied health professionals also confirmed they were involved in 3-monthly care plans reviews or sooner, if triggered by an incident or change in circumstances.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 felt they received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Consumer files reflected safe, effective care, tailored to the specific needs and preferences of each consumer. Staff could describe how they provided safe and quality care that met the needs of individual consumers. Some gaps in the documentation required for restrictive practices were identified and is considered under regulatory compliance.

High impact and high prevalence risks were effectively managed through regular clinical data monitoring, analysis and implementation of suitable risk mitigation strategies for individual consumers. Management and staff confirmed the relevant high impact and high prevalence risks for the service, and this aligned with the monthly clinical indicator reports and care documentation. Consumers nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences. Staff described how they approached conversations around end of life and how they provided dignified end of life care including supporting family contact, hygiene and comfort care, pain control.

Care planning documentation and progress notes showed a deterioration or changes in consumers’ condition was identified and responded to promptly. Consumers and representatives said the service recognised and responded to changes in condition and implemented appropriate actions to assist the consumer in a timely manner. Clinical staff explained how deterioration would be discussed during handovers and staff meetings, trigger a medical review and hospital transfer, if needed, and prompt a review of care planning documentation.

Care planning documentation evidenced adequate information to support appropriate care. Referrals to other providers or organisations is timely and appropriate. Consumers and representatives said referrals were timely, appropriate and they had access to a range of health professionals, including allied health and medical specialists. Clinical staff described how the service is regularly supported by a geriatrician, medical officers, physiotherapists, dietitians, speech pathologists and podiatrists.

The service had documented policies and procedures to support the minimisation of infection related risks, including an outbreak management plan for COVID-19 and other infectious diseases. Staff demonstrated knowledge of key infection control practices, and these topics were part of mandatory education for all staff. Management explained they educate staff and consumers about infections and antimicrobial stewardship, and antibiotic usage is monitored and charted. Antibiotics are prescribed for correct clinical indications after confirmed pathology. Vaccination records were maintained for annual influenza and COVID-19 for staff and consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported in their independence and to participate in the activities they liked. Lifestyle staff could explain how consumers’ preferences and choices were catered to and what options were available for consumers who do not attend activities. Care staff knew what specific consumers liked to do and this aligned with their care documentation.

Consumers and their representatives said their emotional, spiritual, and psychological needs were supported, and they could stay in touch with family and friends or converse with staff for comfort and emotional support. Staff described how they supported consumers emotional and spiritual needs by offering one-to-one support, weekly church services and visits from the chaplain and family.

Consumers and representatives said they were supported to participate in the community within and outside the service, keep in touch with people that were important to them and live the life they chose. Staff described how they supported consumers to stay in touch with people that were important to them and to participate in the community.

Consumers and representatives said their needs and preferences were communicated effectively between staff and others involved in their care. Staff described various ways they shared information about changes to consumers’ condition, needs and preferences. Care plans confirmed information was current and updated to support safe and effective support for daily living.

Consumers and representatives said they were supported by other organisations and providers of other care and services. Care plans identified referrals to other organisations and services such as the hairdresser and Dementia Services Australia. Staff described how they assisted specific consumers to access external service providers and ensured they were prepared for their appointments.

Most consumers expressed satisfaction with the dining experience and recent changes to the menu. They said the menu was now improving and there was plenty of variety, quality and quantity of food, however some consumers expressed they preferred the previous chef and menu. Consumers stated if they do not like the choices on the menu, they could request an alternative which was provided. Catering staff explained the menu was seasonal and was reviewed and approved by a dietitian.

Consumers and representatives confirmed there was access to mobility aids and lifting equipment as well as resources and equipment for lifestyle and daily living. Staff said they had access to adequate equipment and it was kept safe, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives said the service environment was friendly and welcoming and their sense of independence, function and enjoyment was optimised. The service was observed to be welcoming with a foyer and reception area at the entrance, artwork on the walls and a comfortable seating area. The private single ensuite rooms were personalised and enabled easy access to different parts of the service. Management and staff described how the chapel and communal areas on the lower level were easily accessed by lifts.

There were effective processes in place to ensure the environment was safe, clean and well maintained, allowing consumers free movement inside and outside the service.

Consumers and representatives said the service and equipment was well maintained and the maintenance officer was very responsive to any requests made. The preventative maintenance schedule and reactive maintenance logs indicated all works were completed in a timely manner and external contractors were employed to complete any major maintenance work.

Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers and representatives said the equipment, including the call bell system, was kept in good working order and they felt safe. Staff said they cleaned and sanitised consumers' mobility aids before and after trips. Cleaning staff said they do high touch point cleaning twice a day and will report maintenance concerns via the maintenance log.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 felt safe and supported to provide feedback or raise concerns with staff and management. Consumers and representatives understood the various ways for raising complaints including using the service's feedback forms, raising issues at consumer meetings, speaking directly with staff/management and completing surveys. Posters and flyers about making complaints were on noticeboards at reception and throughout the service, along with feedback forms and a locked lodgement box.

The service had an open-door policy where consumers, representatives or staff could approach management directly with any feedback, complaints or concerns. Management and staff described the processes in place to encourage and support feedback and complaints. There were also monthly audits and consumer experience surveys in relation to the Quality Standards.

Consumers and representatives were aware of advocacy, language services and other supports for raising and resolving complaints. Information and brochures about advocacy organisations and language services were displayed around the service.

Consumers and representatives said the service responded appropriately when an incident occurred and resolved their complaints or concerns using open disclosure. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. There was a written policy on open disclosure and complaints management to provide guidance to staff.

Consumers and representatives reported their feedback was used to improve services. Management gave examples of how feedback and complaints had been resolved and used to inform continuous improvement across the service. There was a system and procedure for receiving, monitoring and actioning feedback and complaints and a continuous improvement system.

# Standard 7

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| Human resources | | Compliant |
| 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 service showed they planned their workforce and there were adequate staff numbers and mix to meet the needs of consumers. Whilst some consumers and representatives said staff were busy and at times, there seemed to be a shortage of staff, their needs were met and no adverse outcomes were identified. Consumers said staff respond in a reasonable timeframe when they use the call bell or come and explain if they are delayed. Call bell audits were completed and call bell responses greater than 10 minutes were investigated.

Consumers and representatives said all staff were kind, gentle and caring. Staff were observed to be kind and always call the consumer by the preferred name reflected in their care documentation. Documented policies and procedures outlined how care and services were to be delivered in a respectful, kind and person-centred manner.

Management explained recruitment processes and how position descriptions included key competencies and qualifications that were either desired or essential for each role. A new clinical staff member confirmed the application and induction process and how the onboarding process included mandatory training and doing buddy shifts before being rostered on to shifts.

Consumers and representatives said most staff had the appropriate skills and knowledge to deliver safe and quality care and services. The service provide mandatory and supplementary training to support staff to deliver quality care. Management advised there was an annual mandatory training schedule that was monitored centrally and followed up by the service. The organisation had an online training portal that included the scheduled training, non-mandatory training and needs based training.

Two representatives said care staff could improve their knowledge of dementia and how to manage behaviours. Care staff stated they had recently received training from Dementia Services Australia on behaviour management generally and on specific strategies for 2 consumers in the memory support unit, who had been involved in a number of incidents.

Records showed performance reviews were mostly conducted annually for all staff and after an initial probation period for new staff.

# Standard 8

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| Organisational governance | | Compliant |
| 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 assessment team recommended one of the requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with this requirement:

* Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, regulatory compliance; feedback and complaints.

In relation to Requirement 8(3)(c), the site audit report found the organisation wide governance systems relating to information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints were effective. However, the site audit found the service was not meeting the legislative requirements for restrictive practices as 3 consumers were identified to had bed rails applied without restrictive practice assessment and consent forms signed by a medical officer on file. I note for two of these consumers they were identified as immobile or unable to bare weight and therefore, the use of bed rails is not classified as restrictive practice and in these circumstances, an assessment and dignity of risk process to discuss potential risks and obtain their consent is sufficient.

The provider responded to the site audit report and disagreed with the interpretation that a medical officer needs to assess and authorise the use of bed rails. The provider submitted information and evidence including the mobility and transfer and restrictive practices assessments and evidence of consent for the 3 consumers using bed rails. The provider submitted their written restrictive practices procedure based on the legislative requirements which does not require a medical officer to sign off on restrictive practice consent forms, unless it is for chemical restraint. The procedure also recognises that documented evidence of informed consent, by a substitute decision maker, can include evidence of a conversation and verbal approval.

I note the additional information and evidence of assessment and consent for the use of bed rails for the relevant consumers. I agree with the provider that legislation requires mechanical restraint, be assessed as necessary by an approved health practitioner and this includes a registered nurse or nurse practitioner and acknowledge a medical officer does not need to sign documentation for consumers who have bed rails as a restrictive practice. Therefore, I am satisfied the organisation had governance systems in place to guide information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints.

Therefore, I find Requirement 8(3)(c) is compliant.

I find the remaining 4 requirements of Quality Standard 8 compliant as:

Consumers and representatives felt supported and engaged in the development, delivery and evaluation of care and services. Consumers and representatives said they were involved as a partner in their own care and services and the service listened and responded to their suggestions and input.

Feedback mechanisms were in place, with consumers and representatives regularly engaged through a variety of ways including monthly consumer meetings, surveys, case conferences and feedback forms to contribute towards the development, delivery and evaluation of care and services provided at the service. Management explained their 'door is always open' as a way of encouraging verbal feedback from staff, consumers and their representatives.

The organisation’s Board promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The service had a strategic 5 year plan and the Board monitored the progress, direction and improvements at the service. Management confirmed the governing role of the Board in ensuring safe and quality care was delivered by the service. Monthly meeting minutes showed the Board received regular reports from the service on clinical and operational governance and the Board monitored incidents, complaints, balance scorecard, quality indicators and clinical indicators.

The service had established risk management systems related to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Risks and incidents were reported, escalated and reviewed by management and used to inform continuous improvement.

The service had a documented clinical governance framework which included policies for; antimicrobial stewardship, minimising the use of restrictive practices and open disclosure policy. Staff had received training in relation to these policies and could explain how they were applied in their work at the service.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)