Performance

Report

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| Name of service: | St Anna’s Residential Care Facility |
| Service address: | 41 Burley Griffin Boulevard BROMPTON SA 5007 |
| Commission ID: | 6144 |
| Approved provider: | Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 17 January 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 Anna’s Residential Care Facility (**the service**) has been prepared by James Howard, 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 conducted from 22 November 2022 to 24 November 2022; 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 this 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 are treated with dignity and respect by staff. Staff described ways in which consumers’ privacy, dignity and cultural diversity is valued. Care planning documentation contained details of individual cultural and diversity needs for each consumer.

The majority of consumers are from Croation, Ukrainian and Belarusian backgrounds; however, consumers from other cultural backgrounds are welcomed as the service provides culturally safe care. Staff explained the entry process, which included discussions about consumers’ cultural background and preferences. The Assessment Team observed consumers’ care plans included details of consumers’ cultural and spiritual backgrounds and their preferred language.

Consumers said they are supported to make decisions about who is involved in their care and how it is delivered and felt supported to maintain relationships and communicate their decisions. Staff provided an overview of the care planning process and confirmed they correspond with consumers’ representatives. The service supports consumers to maintain relationships of choice and married couples are provided with the option to have separate or shared rooms and can attend activities together as they wish.

Consumers felt supported by staff to take risks to enable them to live their best lives. Management and staff said they ensure consumers understand the associated risks and potential consequences and involve family and allied health professionals as needed. In reviewing documentation, the Assessment Team noted risk assessments were signed by staff but not signed by consumers. This was raised with management during the site audit, and management responded by amending the risk assessment template to include a signature space for the consumer and representative to sign.

Consumers advised they receive timely and accurate information. Staff described how information is provided to consumers regarding their care and services, which enables them to exercise their own choice.

Consumers reported staff respect their privacy and confidentiality and described staff practices, such as knocking on doors prior to entry. Staff demonstrated consumer information is kept private and stored on secure laptops which are password protected. This was confirmed through onsite observations by the Assessment Team. The service has a privacy policy which sets out how personal information is kept confidential.

# 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**

Staff explained how assessment outcomes are reflected in the care planning documents, which guides them in the safe and effective care of consumers. Consumers and representatives reported they are satisfied with how the risks are identified and managed to promote their independence and safety. Care planning documents identified key risks to consumers, such as falls, pressure injury.

Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care. Staff described how information about consumers’ preferences and goals are discussed and documented to inform care delivery.

Consumers and representatives advised assessments and care planning are based on partnership. Staff described the process of referring consumers to relevant allied health professionals. Care planning documents showed consumers and their representatives are consulted in assessments and care planning, which included input from other health professionals.

Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan when required. Consumers’ care plans were readily available to the consumers and their representatives, staff, and other health professionals involved in the delivery of care at the service.

Care planning documents showed reviews occur following incidents, or any changes to consumers’ health and well-being. Staff discussed the service’s policies and procedures for the reporting and recording of incidents.

# 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 said consumers receive personal and clinical care that meets their needs and preferences. Care planning documents showed consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff demonstrated understanding of consumers’ personal and clinical care needs.

Care planning documents identified risks and effective strategies to manage key risks. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Consumers and representatives confirmed staff spoke with them about advance care planning and end-of-life preferences. Care planning documents showed consumers nearing the end-of-life stage received care in line with their wishes. Staff described how they attend to consumers in palliative care, to prioritise comfort and dignity during end-of-life care.

Care planning documents reflected the identification of, and timely response to, deterioration or changes in function, capacity, and condition. Staff are guided by organisational policies for identification and escalation of changes in consumers’ conditions.

Care planning documentation contained adequate and accurate information to support effective and safe sharing of the consumer’s information in providing care. Staff said they receive up-to-date information about changes in consumers’ conditions and needs at handover or via electronic care planning system’s alerts and messages.

Consumers and representatives reported satisfaction with their access to relevant health professionals and access to medical specialists. Care planning documents showed referrals occur to medical officers and other health professionals and recommendations are incorporated into consumer care plans. A review of documentation showed consumer care planning material consistently recorded information and recommendations from other providers of care and services.

Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they are used appropriately. Consumers and representatives expressed their satisfaction with the service’s infection control practices. The service has implemented mandatory vaccinations for staff and encourage vaccinations for 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 reported receiving safe and effective services tailored to their needs, goals and preferences. Staff demonstrated an understanding of consumers’ needs and preferences and reported how consumers are assisted to maintain their independence. Care planning documents included information about consumers’ goals and preferences.

Consumers described meaningful activities that are of interest and importance to them. Care planning documents reflected consumers’ own stories and experiences that provide insights on their preferred activities and interests. Staff explained how services are delivered specifically tailored to meet consumer needs.

Care planning documents identified how consumers wish to participate in activities and maintain relationships of choice. Consumers provided positive feedback stating they are supported to keep in touch with the people who are important to them and participate in the community within and outside the service.

Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living. Staff demonstrated a clear understanding of their roles and responsibilities in handover procedures to ensure continuity of services and supports.

Care planning documents identified the service liaises with other organisations to supplement the services and supports for daily living offered to consumers. Consumers described how they were referred to appropriate services and were satisfied with the support provided. Staff said referrals are sent to other service providers promptly as required.

Consumers expressed satisfaction with the quality and quantity of the meals. Staff described how they meet consumers’ dietary needs and preferences. Staff were observed providing appropriate assistance to consumers during mealtimes.

Consumers said that they feel safe when they are using the equipment, know how to report any concerns they have and expressed satisfaction with the service delivery provided. Equipment provided was observed to be 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 said the reception area was welcoming and provided adequate seating for visitors and guests. Staff were observed to be friendly and welcoming when guest or visitors arrive. Signage in common areas supported consumers ‘independence and visitors for easy navigation. Consumers were able to personalize and decorate their rooms according to their preference.

Consumers said they consider the service environment to be clean, well-maintained and comfortable. The service was observed to be free from any obstructions and hazards. Consumers were observed walking independently around the service and in the gardens.

Consumers and representatives said that the equipment and furniture at the service is safe, clean and well-maintained. Staff reported furniture in common areas are regularly cleaned and maintained daily to support consumers’ health and wellbeing.

# 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**

Staff described avenues for consumers to provide feedback or make a complaint. Consumers stated that they are supported to provide feedback and make complaints. Several feedback boxes were placed around the service for consumers, representatives and staff to provide their feedback.

Staff demonstrated a shared understanding of translation and interpreting services, available for consumers and representatives. Consumers and representatives were aware of other avenues for raising complaints and advised they were comfortable raising concerns with management and staff. Information on advocacy services and the complaints process were available in several different languages at the service.

Consumers and representatives said their concerns are promptly addressed and resolved and confirmed that staff at the service followed an open disclosure process. A review of the complaint log demonstrated the service took timely and appropriate action, and applied an open disclosure process.

Consumers stated they were satisfied with improvements at the service based on their feedback. Staff described how information from feedback and complaints is used to improve the quality of care and services. A review of the service’s Continuous Improvement Log explained the specific complaints in detail and the actions taken by the service to rectify issues.

# 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**

Consumers said there were adequate staff rostered at the service and staff attend to them very quickly in response to call bells. Staff said there were enough staff although some staff mentioned things are busy on some occasions, due to unplanned staff absences. A review of staff allocation rosters showed all shifts were filled.

Consumers and representatives advised staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful. Management advised they monitor interactions through observations and formal and informal feedback from consumers and representatives.

Consumers and representatives were confident staff are suitably skilled and competent to meet their care needs. Staff expressed satisfaction with the support provided to them when they commenced employment, and on an ongoing basis. Staff are required to meet the minimum qualification and registration requirements for their respective roles.

Consumers and representatives felt staff are well trained and equipped to perform their roles. Training records demonstrated the service provided orientation and training upon commencement and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. Staff stated they undergo annual mandatory training, which includes modules such as infection control.

Staff stated performance reviews are undertaken, and they are offered development opportunities. Management advised, and staff confirmed, the service has probationary and ongoing performance review systems in place.**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**

Management described how consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive. Consumers and representatives were satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The service has systems and processes to monitor the performance of its service. Various reports are generated and consolidated and provided to the governing body on a regular basis. The governing body uses this information to identify compliance with Quality Standards and to initiate improvements to enhance performance or monitor care.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service’s continuous improvement plan showed that incidents and identified risks are among the sources of information and improvements that are captured within the document.

The service’s risk management framework is used to monitor and assess high impact or high prevalence risks associated with the care of consumers. Staff demonstrated knowledge of various signs to identify abuse and neglect in consumers who were unable or unwilling to report such abuse.

# The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff also demonstrated a shared understanding of antimicrobial stewardship, minimising the use of restraint and open disclosure. This was evident through the service’s feedback and complaint log and interviews with staff and representatives.

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)