Performance

Report

**1800 951 822**

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| Name: | St Ann's |
| Commission ID: | 8062 |
| Address: | 142 Davey Street, HOBART, Tasmania, 7000 |
| Activity type: | Site Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 5315 St Ann's |

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 Ann's (**the service**) has been prepared by Denise McDonald, 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 confirmed their culture, identity and diversity was respected by staff, however, one consumer said their dignity was impacted, on one recent occasion, when they became incontinent, and staff were delayed in responding to their calls for assistance. Staff were familiar with consumers’ backgrounds, and described how they provided care which respected their diversity. Staff were observed to assist consumers in a polite and respectful manner, communicate patiently and provide dignifying care.

Consumers and representatives felt their culture was respected and supported by staff. Care documentation reflected consumers’ cultural history and the practices they wished to maintain. Staff identified consumers with unique cultural backgrounds and described their cultural preferences.

Consumers and representatives confirmed consumers were supported to exercise choice with the care and services they received and respected their choices. Management advised consumers’ choices were identified during their entry to the service and on an ongoing basis through care plan reviews. Care documentation evidenced consumers’ choices and preferences were captured.

Consumers said they were supported to engage in their chosen activities which contained an element of risk, including a consumer who was at risk to fall to independently exit the service. Care documentation evidenced risks assessments were conducted, and consumers and representatives were informed of risks associated with consumers’ chosen activities.

Consumers confirmed staff informed them of current information, including menu options, upcoming activities and news. Menus were observed to be clearly displayed in dining areas, noticeboards and within consumers’ rooms. Staff advised consumers with visual impairments were provided with verbal communications regarding upcoming activities and meals.

Consumers felt confident their personal information was kept confidential and their privacy was maintained. Staff were observed to knock on consumers’ doors and await their consent prior to entry. Staff advised computers containing confidential information were kept password locked when not in use.

# 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 documentation evidenced validated assessment tools were utilised to identify and assess key risks to consumers well-being, including falls and pressure injuries. Staff were aware of the key risks to consumers and the risk mitigation strategies in place. Representatives confirmed information regarding risks to the consumer’s health was captured upon their entry to the service.

Consumers confirmed they had discussed their needs and preferences with staff, inclusive of their end of life goals. Care documentation reflected, consumers’ current care goals, needs and preferences. Policies and procedures were in place to guide staff practice to capture consumers’ need, goals and preferences for new and existing consumers.

Consumers and representatives felt partnered and involved in the assessment and review of the consumers’ care. Care documentation evidenced the collaboration with a diverse range of providers of care, including allied health professionals and medical officers. Staff advised information and directives provided by allied health professionals informed the delivery of the consumers’ care.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Care documentation evidenced regular contact with consumers and their representatives to provide updates on assessment outcomes. Staff advised assessment outcomes were accessible through the electronic care management system, and they regularly reviewed this information.

Care documentation evidenced care plans were reviewed on a regular basis, and when changes in condition or an incident occurred, including changes to mobility. Staff advised care plans were reviewed every 3 months, and explained how changes or incidents could prompt a care plan review.

# 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

Most consumers and representatives confirmed consumers received safe and effective personal and clinical that was tailored to their needs, however, concerns were raised by 2 consumers or representatives in relation to delayed delivery of personal care. Care documentation evidenced allied health professionals were consulted to inform the delivery of best practice care. Staff demonstrated an understanding of consumers’ care needs in relation to pain management, skin integrity and restrictive practices.

Care documentation evidenced the high impact or high prevalence risks associated with consumers’ care was effectively managed, and staff followed their documented directives. Staff demonstrated an understanding of the key risks to consumers, and the strategies in place to mitigate these risks. Policies and procedures guide staff practice on the management of high impact and high prevalence risks.

Consumers confirmed they had discussed their end of life needs, goals and preferences with staff and were confident they would receive appropriate end of life care when required. Care documentation for a consumer that received palliative care evidenced the delivery of their care was in alignment with their goals and preferences. Staff described how ensured consumers’ comfort was maximised and dignity preserved during the provision of end of life care.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Consumers and representatives felt staff were responsive to consumers’ changing health conditions. Staff described the signs they monitored which may indicate deterioration, and how they would escalate their concerns for further investigation.

Staff advised consumers’ information was communicated during handover and documented within progress notes. Consumers and representatives confirmed staff had a consistent understanding of consumers’ care needs, and they did not have to repeat their preferences to staff. Staff were observed to communicate changes in the condition and preferences of consumers during handover.

Consumers and representatives confirmed consumers received timely and appropriate referrals to allied health professionals. Staff demonstrated an understanding of the referral process to ensure consumers had access to external providers of care. Care documentation evidenced consumers were referred to specialists following changes in their behaviour.

Consumers and representatives felt confident staff effectively prevented and managed infectious outbreaks, including COVID-19. Staff described the strategies in place to ensure the appropriate use of antibiotics, including by awaiting pathology results prior to the administration of antibiotics.

# 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 confirmed they enjoyed the activities offered to them, and felt their independence and well-being was supported. Staff advised consumers’ feedback and input was captured to tailor the delivery of the activities program. Various types of activities were observed to take place throughout the service, with consumers actively engaged and receiving assistance when required.

Representatives confirmed staff supported consumers’ emotional well-being by engaging in conversations with them and discussing their backgrounds and culture. Staff were aware of consumers’ emotional support needs, and described the action they would take when they recognise consumers’ low mood. Care documentation evidenced consumers’ emotional, spiritual and spiritual preferences were captured.

Consumers felt supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff described the supports provided to consumers which promoted their social and personal relationships. Consumers were observed to engage in activities of interest within the service.

Consumers confirmed staff were consistently aware of their needs and preferences and did not have to repeat their preferences to staff. Care documentation evidenced information regarding the consumer’s needs and preferences was documented in alignment with consumer feedback. Staff demonstrated an awareness of consumers’ care preferences, and advised consumers’ dietary preferences and needs were updated on a weekly basis.

Consumers confirmed they received visits from volunteer organisations. Staff advised they collaborated with external providers of care to supplement the activities offered to consumers, including spiritual leaders. Care documentation evidenced consumers expressed their interest to receive support to play table tennis, and a volunteer service was contacted to arrange equipment and provide assistance.

Consumers provided positive feedback regarding the quality of the meals provided to them, and confirmed they were able to provide their input into the development of the menu. Care documentation evidenced consumers’ current dietary needs and preferences were captured and accessible by staff. Staff advised meals were adapted to consumers’ dietary needs and preferences, and provided examples of consumers’ feedback which led to menu changes.

Consumers confirmed they had appropriate access to clean and safe equipment to support their needs, including mobility aids and air mattresses. Maintenance logs evidenced preventative and reactive maintenance was conducted to ensure equipment was suitable for use and well maintained. Staff advised an electronic maintenance reporting system was used to log their maintenance requests.

# 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 and representatives felt welcomed and at home within the service, and consumers found the service environment easy to navigate. Staff advised consumers’ feedback regarding the layout of the service environment was captured, and consumers were encouraged to personalise their rooms. The service environment was observed to be well-lit, easy to navigate and consumers’ rooms contained their personal photographs and artwork.

Consumers said the service environment was clean, well maintained and they were able to freely access indoor and outdoor areas. Consumers were observed to move freely throughout the various indoor communal areas, their rooms and outdoor courtyards.

Staff were observed to regularly clean furniture and carpets, and cleaning schedules were observed to be updated. Consumers confirmed their equipment, furniture and fittings were safe, clean and well maintained, and any issues were promptly resolved. Staff advised shared equipment was disinfected prior to and after use.

# 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 felt encouraged and supported to provide their feedback, and said they could speak directly to staff, complete feedback forms or raise their concerns during consumer meetings. Feedback forms and locked suggestion boxes were observed to be displayed and accessible throughout the service. Staff described the various feedback avenues available to consumers, and outlined they would escalate the complaint if they were unable to resolve it.

Consumers and representatives confirmed they were aware of external advocacy services, including the Commission, to raise and resolve their complaints. Posters displayed in multiple languages promoting access to advocacy and language services were displayed throughout the service. Staff demonstrated an understanding of the external complaints, advocacy and language services available to consumers.

The complaints register evidenced all complaints were acknowledged, discussed with consumers and their representatives utilising open disclosure principles and investigated. Representatives provided an example of a complaint they had made and confirmed appropriate action was taken in response to their complaint. Staff advised a complaint would be acknowledged within 24 hours of being made, and they would offer them an apology and take action to resolve the complaint in accordance with relevant complaint management and open disclosure policies.

Consumers and representatives confirmed feedback and complaints were used to improve care and services and provided examples of changes implemented from the provision of their feedback. Management advised feedback complaints were trended and analysed to inform improvement opportunities. The continuous improvement plan evidenced consumers’ complaints and feedback, including feedback given during this Site Audit on delayed response to calls for toileting assistance, had prompted actions to improve the quality of care and services.

# 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

Most consumers and representatives advised there were sufficient staff to meet consumers’ care needs, however 2 consumers and representatives said at times, the consumers call for assistance with toileting was not promptly responded to by staff, with call bell reports evidencing average response times of 5 minutes. Staff advised there was enough staff to enable them to provide timely care and services to consumers and they felt supported by management if the need for additional support arose. Management stated the staffing roster was planned in consideration with consumers’ needs, regulatory care minute requirements and ensuring a Registered Nurse was always on duty.

Consumers felt their interactions with staff were kind, caring and respectful. Staff advised they referred to consumers by their preferred names and demonstrated an understanding of their backgrounds. Staff were observed to interact with consumers in a respectful manner, and they were familiar with consumers’ identity.

Consumers confirmed staff were skilled to perform their roles and meet their care needs. Position descriptions contained the necessary knowledge, experience and qualifications required for each role. Management advised checks were in place to ensure new staff had the appropriate registrations and qualifications in place prior to their employment.

Consumers confirmed staff had the appropriate knowledge and training to complete their duties, and did not identify any areas staff required additional training. Staff advised they received training on a variety of topics including restrictive practices, infection control and manual handling during the orientation process and on an ongoing basis. Training records evidenced 89% of annual mandatory training was completed, and outstanding training was on track to be completed by June 2024.

Management advised performance appraisals were completed after the 3 month probationary period for new staff, and on an annual basis thereafter. Management stated staff performance was further monitored through general observations, feedback from consumers and representatives and through the analysis of incidents. Staff confirmed they completed an annual performance appraisal.

# 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 confirmed the service was well run, and were engaged and supported to be involved in the development and delivery of their care and services. Management described a variety of ways consumers and representatives were engaged in the development and delivery of care and services, including through consumer meetings, feedback forms and consumer surveys.

Management advised monthly clinical indicators, quality initiatives and incidents were discussed with the governing body and committees to ensure oversight and accountability. Management stated they were provided with regular updates and communication from the governing body through meetings, emails and memorandums, and this information was shared across the wider workforce.

Staff confirmed they had access to the policies and procedures relevant to their roles through the online portal and physical copies. Management described the approval process for the request of additional equipment to meet the changing needs of consumers, and provided examples of recently purchased equipment to ensure the safety of consumers. Continuous improvement actions were informed by results from surveys, audits, incident reporting and data and trend analysis.

Management confirmed incidents and risks to consumers, including infectious outbreaks, were analysed to identify trends and improve care and services. Policies, procedures and risk management systems were in place to manage the high impact and high prevalence risks to consumers and guide staff practice. Staff advised they completed incident reports which were further discussed in monthly meetings.

A clinical governance framework was in place which guided staff practice in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Restrictive practice usage was reported on a monthly basis to the governing body and benchmarked across the organisation. Staff demonstrated an understanding of open disclosure practices and how it was applied in their daily duties.

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)