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| Name of service: | **Performance report date:** |
| St Brigid’s Green Maroubra | 27 June 2022 |
| Commission ID: | **Activity type:** |
| 1017 | Site audit |
| Approved provider: | **Activity date:** |
| Greengate Care Pty Ltd | 23 May 2022 to 25 May 2022 |

Performance

Report

1800 951 822

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This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for St Brigid’s Green Maroubra (**the service**) has been considered 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* information received by the Commission from consumers and representatives prior to the site audit, concerning the service
* 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 considered that they were treated with dignity and respect, could maintain their identities, make informed choices about their care and services, and live the life they chose. Consumers stated that they felt respected and valued by staff and staff performed their roles in line with best practice. Consumers confirmed the service encouraged them to make decisions for themselves, maintain relationships that were important to them.

Consumers confirmed they consistently received the right information that was timely and easy to understand and care planning documents demonstrated consumers were supported to make decisions about their own care, including taking risks to enable them to live their best lives. Consumers felt the service communicated information effectively and clearly, whilst maintaining their privacy and confidentiality.

Staff consistently demonstrated ways in which they respected consumers’ culture and privacy, and supported consumers to exercise choice, independence and maintain relationships. Staff demonstrated an understanding of consumers’ histories, identities and cultures. Staff were observed providing gentle and culturally safe care that reflected guidelines contained in the service’s policies and training.

Lifestyle staff said the service celebrated most national days and said the service had a few Italian consumers who were interested in celebrating the upcoming Italian republic day. Staff said they organised culturally themed activities such as pasta sorting and an Italian gelato cart.

Staff said they had access to information which identified consumers’ cultural identity and spirituality. Management said that during admission, staff talk to consumers about their cultures, specific preferences and how they can incorporate it into the provision of care.

‎Care staff said the service supported a variety of religious beliefs, and a range of church services were live streamed and made available to consumers.

Care planning documents included information on consumers’ life history and spirituality, including information on their cultural backgrounds and identities.

Staff described how individual consumers’ culture influenced how they delivered care and services and how consumers were supported to make informed choices about their care. Staff stated they involved consumers and their families in assessing risks to consumers. Staff described how information was communicated to consumers, including when a consumer had a cognitive or hearing impairment. The service had a culturally safe care and services policy, which reflected culturally safe practices.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were observed to interact with, and provide support and services to, consumers in a respectful manner.

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

**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**

Consumers and representatives said staff consulted them during the initial assessment and planning process to develop a plan of care that addressed the consumer’s needs, goals and preferences along with end-of-life planning if the consumer wanted. Most consumers and representatives reported they received information about consumers’ assessed care needs and could access a copy of the care and service plan whenever they wanted.‎ ‎Consumers and representatives confirmed medical officers, registered nurses and other allied health professionals were involved where necessary during assessments and planning, to consider risks to consumers’ safety, health and well-being.

Staff described the consumer assessment and care plan review process and the process for referral to other health and allied health professionals. Staff conducted initial assessments on entry, which included an assessment of personal care requirements and preferences, and initial mobility and pain assessments conducted by a physiotherapist. Support plans from hospital were reviewed and the service discussed any changes to care with consumer representatives and care plans were updated as required. End of life preferences were discussed during care plan reviews or case conferences and these conversations were approached with respect for each consumer’s choice.

Care plans were individualised with identified needs, goals and preferences, specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity. Most sampled care plans of consumers showed reviews occurred regularly, or when circumstances changed or incidents impacted on the needs, goals or preferences of the consumer. Registered nursing staff were involved in developing and reviewing care plans and were available whenever staff needed help with the care plans.

The service used best practice assessment tools that were comprehensive and available for staff to use. A review of the reports produced by the service showed monitoring and trend analysis of clinical indicators including, but not limited to, skin integrity, falls and pressure injuries.

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

**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 received the care they needed, that was tailored to individual needs, with access to medical officers and other health professionals as needed. Consumers received timely and appropriate referrals when needed, with access to relevant health professionals such as allied health professionals, medical specialists and specialist services. ‎‎Consumers and representatives said COVID-19 precautions, communication and infection control practices were well managed by the service.

Staff demonstrated care was aligned to best practice, with opportunities for continuing education. Staff also demonstrated an understanding of precautions to prevent and control infection, identifying highly prevalent risks and using incidents to inform changes in practice. Assessments and care and service plans were linked to best practice models of care and included a range of risk-based assessments. Care planning documentation and progress notes included referrals and recommendations from specialist services and demonstrated directives were implemented and followed.

The service had a documented infection control process, including an outbreak management plan, education and training for staff and a nominated infection prevention and control lead at the service, who had completed the required education and training in infection control.

The service demonstrated consumers received safe and effective personal and clinical care that was aligned to best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being.

The service had policies which outlined how high impact or high prevalence risks associated with care of consumers were managed within the organisation and had policies and procedures regarding the minimisation of infection-related risks, infection control and antimicrobial stewardship. The Assessment Team observed precautions at the service to minimise the spread of infections and observed staff members using personal protective equipment.

The service had policies in place and an electronic documentation system to record high impact and high prevalence clinical and personal risks for consumers. Clinical incidents recorded in the system contributed to the monthly clinical indicators data and trends. Consumers were regularly monitored by registered nursing staff and deterioration or changes in a consumer’s mental, cognitive or physical function, capacity or condition were recognised and responded to in a timely manner and representatives were notified. ‎The needs and preferences of consumers nearing end of life were recognised and appropriate care was provided, with consumers and representatives reporting they felt the service supported them to be as free a possible from pain and to spend time with those important to them.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

**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 considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. ‎‎Consumers and representatives were supported by the service to do things of interest to them, such as participating in activities within the service and outside in the community. ‎‎They were supported to maintain social and emotional relationships with those that were important to them.

‎Overall, consumers and representatives said that the quality, quantity, and variety of food were acceptable, and they could provide feedback to the service with suggested improvements. ‎The service demonstrated how consumers’ preferences were communicated at the service and with others where responsibility was shared. Consumers said the service provided appropriate referrals to individuals and organisations outside the service. ‎‎Consumers and staff reported the equipment used to support activities for daily living was safe, suitable, clean and well-maintained. Consumers considered they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives said that they were supported and encouraged to participate in individual and group activities and that their emotional, spiritual and psychological well-being was supported. Consumers and representatives described the ways in which consumers were supported to maintain social and emotional connections with those who were important to them.

Staff described how they were updated on the changing condition, needs or preferences of consumers and care planning documentation identified that there was adequate information to support the sharing of information regarding consumers’ needs. Care planning documentation demonstrated that other individuals and external organisations were involved when providing lifestyle supports, and this involvement supplemented the lifestyle activities offered within the service. Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Equipment used to support the lifestyle needs of consumers, including mobility aids, was suitable for their needs, clean and well maintained. The service’s internal processes monitored the cleanliness and general condition of equipment and ensured it was replaced or repaired when required.

Care planning documentation reflected consumers’ dietary needs and preferences and most consumers and representatives were satisfied with the meals provided; in most cases, consumers advised the food catered to their preference. The Assessment Team sighted the current menu, which included different meal options, as well as an internal survey that was sent out prior to making menus.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

**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 felt they belonged in the service and felt safe and comfortable. Consumers said that the environment was welcoming, felt like home and they felt comfortable using the equipment at the service. Consumers said they could move freely in the service and access outdoor areas if they wished. ‎‎Consumers and/or representatives said that equipment, furniture and fittings in the service were clean, safe, well maintained and suitable to their needs and preferences.

The service environment was observed to be welcoming and had shared areas for consumers to interact. Consumers could access internal and external areas of the service areas freely, including the service’s garden areas.

The service’s maintenance program included scheduled, periodic and reactive maintenance of the service environment. Staff had a shared understanding of how they responded to the identification of an incident, how to action a maintenance issue and how they ensured equipment was clean and safe for use.

The Assessment Team observed that consumers had access to a range of equipment aids and that the furniture, fittings and equipment were safe, clean and well-maintained. Staff confirmed they had access to an adequate supply of clinical and care equipment which was cleaned between use when shared between consumers.

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

**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**

Overall, sampled consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. All consumers and representatives interviewed said they felt safe and supported to provide feedback or raise concerns with staff and management. All consumers sampled described how they could make a complaint if they felt uncomfortable raising concerns with staff at the service. Most consumers and representatives sampled said they were satisfied with the actions taken by the service in response to complaints and concerns about their care. Consumers and representatives provided examples of how the service used feedback to improve the quality of their care and services.

Staff described how they encouraged consumers to raise concerns, how they responded if they received complaints or feedback from consumers, and how the service took appropriate action following a complaint. Staff described the advocacy and language services available in the service and described the open disclosure process, including how they addressed and responded to feedback in a way that acknowledged, responded to and reported issues in accordance with the service’s policy.

Management described how it ensured that consumers felt supported to provide feedback and complaints, and that staff followed an open disclosure process. The service had written documents that outlined and supported its commitment to ensuring consumers were encouraged to provide feedback and that feedback was used to improve the quality of care and services.

The Assessment Team observed feedback and complaints forms, a complaints and feedback box and posters which assisted consumers and staff with raising concerns and complaints, including to external bodies. The Assessment Team observed the service’s open disclosure policy and the complaints register, which included representative and supplier compliments, complaints and feedback.

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

**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 considered that they received quality care and services when required, from people who were knowledgeable, capable, and caring. ‎‎Consumers confirmed staff were kind, caring and gentle when providing care. ‎‎They said there was enough staff and had no concerns about their care or the speed at which care needs were responded to. ‎‎All consumers said staff knew what they were doing and did not identify any areas where they feel staff required more training.

Management provided evidence and outlined how the service had a workforce of sufficient size that was properly skilled to provide safe and quality care and services. Staff received training and were supported to perform their roles.

Staff reported the workforce at the service was consistently and appropriately planned to enable delivery of care and services to consumers. Staff received mandatory training that included restrictive practices, open disclosure and the Serious Incident Response Scheme, as well as targeted internal sessions. Staff described the staff performance appraisal process used at the service and management confirmed the service undertook annual performance appraisals. A review of the staff rosters and call bell data showed that shifts were filled appropriately, and call bells were responded to within an appropriate timeframe.

Management described the onboarding process, which included buddy shifts, appraisals and feedback session for new staff members as well as mandatory training modules, monitored by management.

The Assessment Team reviewed internal policies and resources that outlined staff expectations and further guidance material for staff and managers on performance management, education and professional development.

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

**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**

Consumers and their representatives considered the organisation was well run, and they could partner in improving the delivery of care and services. They said the service communicated regularly and in a timely manner to keep them informed in the development, delivery and evaluation of the care and services provided. The service provided opportunities to participate in the development of activities and services through quarterly consumer meetings and regular surveys.

Management described the governing body’s involvement in the promotion of a culture of safe, inclusive and quality care and provided examples. Management and staff described processes and mechanisms in place for the service wide governance of information management, continuous improvement, financial governance and regulatory compliance, and provided examples of this in practice.

The service’s assessment and care planning processes identified high impact and high prevalence risks that affected consumers and developed risk minimisation strategies. The service conducted ad-hoc surveys with consumers in relation to every aspect of their care, along with monthly internal audits that gathered evidence from various avenues including consumer interviews.

Continuous improvement opportunities were identified in multiple ways, including feedback from consumers, representatives and staff, data and incident trends analysis, staff and consumer meetings, and observation of practice. The service holds regular continuous quality improvement meetings every month and maintained a service specific continuous improvement plan (CIP) which is monitored by the service's management team.

The service had organisational governance mechanisms in place, including a suite of policies and procedures that guided clinical care, information and risk management systems that supported care and service delivery and a range of consumer and staff committees. The service demonstrated that the organisation’s clinical governance systems ensured the quality and safety of clinical care and promoted antimicrobial stewardship, the use of an open disclosure process and minimised the use of restraint.

The organisation had a robust governance structure for the delivery of quality care and services, with the service manager reporting directly to the Board on clinical and leadership and governance matters. The internal audits reflected quality standards, staff and consumers were interviewed as part of the process, and care plans and documentation were also reviewed. A monthly governance report included reports on quality and safety, was submitted to the board and the director of clinical governance informing them of any major incidents. ‎The Medication Advisory Committee of the service met quarterly and to discuss medication incidents, antimicrobial stewardship, and psychotropic medication registers among other clinical indicators. ‎Communications on the Quality Standards and the expectations from the Board were communicated to management, staff and consumers. There was evidence of regular communication with the Board around changes to legislation and ensuring regulatory compliance.

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

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)