Performance

Report

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| Name of service: | St John’s |
| Service address: | 138 Williams Road WANGARATTA VIC 3677 |
| Commission ID: | 4481 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 14 March 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 John’s (**the service**) has been prepared by M Kalra, 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
* the provider’s response to the Assessment Team’s report received 15 February 2023
* 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* + - * Requirement 5(3)(c) – The Approved Provider ensures fittings and equipment are safe, well-maintained and suitable for consumers.

# 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 said they were treated with dignity and respect, and have their culture and diversity valued. Staff demonstrated knowledge of consumers’ identity and culture and explained how they supported consumers’ needs. The service held multicultural days for consumers and staff to share their culture with others, such as the Dutch cultural festival. Care planning documentation reflected consumers’ choices, including their cultural and spiritual needs. Consumers said they were supported to make decisions and maintain connections and relationships of their choice.

Staff were aware of consumer choice and their right to make decisions which may involve risks. The service’s dignity of policy outlined consumers were supported and enabled to exercise choice, whilst considering their safety. Review of care documentation confirmed risk was assessed, with risk assessments completed and discussions held with consumers or representatives.

Consumers said accurate information was provided to help them make informed decisions about meals, activities and care and service delivery. Consumers and representatives said staff respected consumers’ privacy, including during family visits. Staff explained, and observations confirmed staff respected each consumer’s privacy, such as knocking on the door before entering a consumer’s room. Consumers’ personal information was kept confidential through a password protected electronic care planning system.

# 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

Consumers said they were involved in assessment and care planning processes, which identified their needs, goals, and preferences. Consumers said they have regular conversations with staff, either in person, by telephone or at case conferences. Review of care documentation showed various risk assessment tools were used to assess risks to consumers’ health and well-being, informing the delivery of safe and effective care and services. Care plans included relevant information about consumers’ current needs, goals, and preferences, including advance care planning and end of life care wishes.

Staff described how the service partners with the consumers and others to assess, plan and review consumers’ care and services. Care plans confirmed involvement of medical officers and allied health specialists in assessment and planning process, including podiatry, dental, and physiotherapy services. Care plans are available to consumers and representatives if they wish to have a copy. Consumers and representatives stated that they are consulted about their care regularly and are offered a copy of their care plan.

The service had policies and procedures for reviewing care plans every 3 months, or when there was a change in consumers’ condition. Care plans evidenced regular review and review after incidents, such as falls. Documentation showed incidents were investigated and strategies were implemented to manage incidents and reduce the risk of reoccurrence.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives stated they were satisfied with the personal and clinical care they receive at the service. Management said they monitor incidents, infections, quality indicators and progress notes to ensure consumers are receiving optimal care. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation. Staff explained how they applied non-pharmacological interventions to manage consumer behaviours and reported any escalation of behaviours to senior staff for further assessment.

Care plans, progress notes, charting, and validated assessments confirmed skin integrity, wound care, pain management, falls, and other complex clinical care needs were managed effectively. Care plans identified consumers with high impact or high prevalence risks, and staff described how these risks are managed. Care documentation evidenced consumers were supported with end of life care, in a comfortable and dignified manner. Staff explained how they altered their care to support consumers nearing end of life, including assessing pain and comfort levels.

Consumers and representatives said, and care documentation confirmed changes to consumers’ condition were recognised and responded to in an appropriate manner, including referring consumers to other providers of care and services as appropriate. Staff explained they communicated information about consumers’ condition, needs, and preferences through handover meetings, shift reports, and changes made to care plans.

The service has organisational procedures regarding referral processes to health professionals within and outside of the service. Consumers’ care planning documentation included input from other services such as doctors, podiatrists, physiotherapists, dietitians, speech pathologists, and other providers of care.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles, promotion of antimicrobial stewardship and outbreak management plan for COVID-19 and other infections. Staff explained they received training in the management of antimicrobials and infection minimisation strategies, including hand hygiene, the use of appropriate personal protective equipment (PPE), cough etiquette and cleaning processes.

# 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 said they were satisfied they get services and support for daily living that meets their needs, goals, and preferences. Care planning documentation identified consumers’ choices and provided information about support required to assist consumers to do the things they wanted to do. Staff demonstrated they were familiar with consumers’ needs and interests, consistent with consumers’ feedback and care plans. The service demonstrated it supported consumers’ emotional, spiritual, and psychological well-being in various ways, including through referring consumers to volunteer services, conducting church services for different religions, and helping consumers contact family and friends. Staff described checking in with consumers daily and having a chat with consumers who were experiencing low mood.

Consumers felt supported to participate in activities within and outside the service as they chose. Staff described supports available to help consumers do things of interest and maintain their personal connections. Staff explained they shared information about consumers within the organisation, and with others responsible for care through handover processes, and utilising the electronic documentation system. Care plans confirmed referrals were completed in a timely and appropriate manner to meet consumers’ various needs.

Consumers said meals were of satisfactory quantity and taste, with alternative meal options available. Staff described how they met individual consumer’s dietary needs and preferences and how any changes were communicated. Meeting minutes demonstrated consumers’ feedback was sought to ensure meals met their needs. Overall, consumers said equipment provided to support consumers with lifestyle activities were safe, clean, and well-maintained. However, where issues related to general equipment were identified, they have been discussed and considered under Requirement 5(3)(c).

# 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. | Non-compliant |

Findings

I have found this Quality Standard as non-compliant as I am satisfied requirement 5(3)(c) is non-compliant.

The Site Audit report identified consumers considered furniture, fittings and equipment were safe, clean, well-maintained and suitable for them. However, staff said there were some faults with transfer and lifting equipment, which impacted on their care delivery for some named consumers. Whilst staff indicated they reported these faults, review of the maintenance folder did not support this. Staff did not demonstrate they understood the service’s process of reporting hazards or incidents. The service could not provide documentation for any preventative maintenance, servicing, testing or tagging of equipment. The service could not access servicing records for manual handling equipment. During the Site Audit, management sent a reminder email to staff about the service’s processes and highlighted performance management concerns about a staff member responsible for testing and tagging of equipment.

The Approved Provider responded on 15 February 2023 and submitted a Plan for Continuous Improvement which detailed identified issues and planned actions. Some actions included completing servicing of existing equipment, introduction of an electronic system to store information, and providing tool box sessions and further education to staff about the new system.

I acknowledge the Approved Provider’s response, planned actions, and their commitment to continuous improvement. However, deficits were not identified prior by the service’s processes, and planned actions require time to demonstrate completion, effectiveness and sustainability. I am not satisfied fittings and equipment were safe, well-maintained and suitable for consumers. Therefore, I find requirement 5(3)(c) is non-compliant.

I am satisfied the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers said the service was a nice place to live and they felt at home. Staff explained how they support consumers to customise their rooms to promote a sense of belonging and independence. The service has satellite kitchens in each area, a hairdresser, lounge areas, library, activities room, café and courtyard areas outside. The communal indoor and outdoor areas were observed to have wide, levelled pathways, with railing and signage to assist with consumers’ navigation.

Consumers said they can move freely, both indoors and outdoors and the service is clean and well-maintained. The service has processes and systems in place for identifying hazards, maintenance issues, and cleaning relating to the service environment. Cleaning staff explained the processes in place to ensure the service environment was safe and clean, such as high-frequency touch point cleaning.

# 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

Most consumers said they are encouraged and supported to make complaints and provide feedback, and they could relay their concerns directly to staff or management. The service has multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, speaking directly with the management, or raising issues at the resident and relative meetings.

Consumers and representatives said they are aware of other ways to raise a complaint, including through the Commission, however, reflected they were comfortable in raising concerns with management or staff. Staff demonstrated knowledge of internal and external complaints and feedback avenues, and advocacy and translation services available for consumers. Staff described supporting consumers with cognitive impairments or communication barriers to raise a complaint or feedback through engagement with families and representatives, referring to management, or contacting translation services.

Most consumers and representatives said management responded to their complaints or incidents in a prompt manner, including providing an apology when things go wrong. Staff demonstrated knowledge of management of complaints and open disclosure processes and described the process that is followed when a complaint or feedback is received.

Overall, the service demonstrated feedback and complaints were reviewed and used to improve the quality of care and services. However, some clinical complaints were not recorded in the complaints register, which was acknowledged by the management. Management stated approval has been sought for a new complaints feedback and incident management software, which will help better capture, trend and analyse complaints and feedback to inform improvements.

# 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 said they were satisfied with the care and services provided and that staff were very helpful and responsive to their needs. Management advised the effectiveness of the workforce planning is monitored through observations, resident meetings and ongoing surveys of consumers and staff. Some issues relating to the accuracy of call bell data were identified, however, a new quality manager has been appointed to address this issue. Consumers said, and observations confirmed, consumers were treated in a kind and caring manner, with respect to their identity, culture, and diversity.

Consumers said staff had the right skills to meet their care needs. Management explained they ensured staff were competent and had the right qualifications and knowledge for their role through mandatory training, recruitment and selection policies, registration and credential checks, and assessments. Position descriptions set out the expectations for all staff roles at the service. Staff training records confirmed staff had completed annual mandatory training and required competencies. However, some staff were unable to describe how to report near misses or hazard incidents. This has been further discussed and considered under Requirement 5(3)(c).

Management explained they monitored staff performance through performance appraisals, observations, feedback from other staff, consumers, and representatives. Staff feedback and performance appraisal documentation confirmed staff’s performance was regularly reviewed and monitored. Staff described the service’s performance appraisal process, which included discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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

Most consumers and representatives confirmed the service sought their feedback about care and services in various ways, including resident meetings, surveys, and face to face discussions. Meeting minutes evidenced consumers were involved in the feedback and evaluation of care and services and covered matters such as food quality and social activities.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services. The Board and its oversight committees use information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and to monitor care and service delivery. Reports to the Board included monitoring data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback, and visits from the Aged Care Quality and Safety Commission.

The organisation has effective governance systems in place. The service’s information management systems include an electronic care planning system and risk management system. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular correspondence from meetings and external bodies.

The service has effective risk management systems and practices, through policies and procedures which set out mandatory reporting, escalation, and evaluation requirements. Staff confirmed they received education on risk identification and management, and provided examples relevant to their role, such as the prevention of falls, infections, management of challenging behaviours, and minimisation of restrictive practices.

The service has a suite of best practice guides, policies and processes that support the clinical governance framework on clinical risk management, antimicrobial stewardship, the minimisation of restrictive practices, falls minimisation, the identification and response to potential reportable incidents that may result in a Serious Incident Response Scheme (SIRS) report, and open disclosure.

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