Performance

Report

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| Name of service: | St Louis Nursing Home |
| Service address: | 21 Foster Street PARKSIDE SA 5063 |
| Commission ID: | 6817 |
| Approved provider: | St Louis Nursing Home Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 1 May 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 Louis Nursing Home (**the service**) has been prepared by A Kasyan, 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.

**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.

**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**

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. They confirmed they felt valued as a person, staff know what is important to them and they are encouraged to do things for themselves. Furthermore, consumers confirmed staff respect their privacy and treat them respectfully when providing personal care. Consumers confirmed they can decide their routine, such as when they get up in the morning or when they retire at night, who they want involved in their care, where they eat their meals and what activities they want to participate in.

Staff were observed to treat consumers with dignity and respect and interactions were observed to be respectful and kind. Care planning documentation showed that consumers are supported to maintain relationships and are assisted to maintain their independence as much as possible.

Staff described how they help consumers make day-to-day choices and assist with accessing supports to meet needs, goals and preferences. Care documentation demonstrated involvement of consumer and/or their nominated representatives in all aspects of care and service development. The service provides opportunities for consumers to develop and maintain social connections through the provision of group activities and consumers were observed enjoying these activities.

Staff were able to describe risk mitigation strategies they use to support consumers to participate safely in activities of their choosing which have been identified to have some risks. Documentation showed relevant health professionals are involved in the assessment and review of risk where required.

Personal information on the paper based clinical management system was observed to be kept secure in lockable nursing stations. Induction training informs staff of the requirement for consumer privacy and directs the correct use of consumers’ personal information.

**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**

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. They confirmed they are involved in care planning to the extent they wish to be involved and the service discussed with them what was important to them in terms of how their care is delivered, and staff spoke with them about advance care and end of life planning. Furthermore, consumers and representatives interviewed confirmed they are informed about the outcomes of assessment and planning through scheduled meetings, via phone, email or in person.

Documentation reviewed by the Assessment Team showed consumers and their nominated representatives are actively involved in assessment and planning process, and care and services plans are reviewed regularly. Care planning documentation includes discussion of advance care planning and end of life planning if the consumer wishes to participate in such discussions. It also showed appropriately skilled professionals are involved in assessing and planning consumers’ care to make sure it is safe and tailored to consumers’ needs including physio and occupational therapists, podiatrist, speech pathologist, nurse practitioner, dietitian and general practitioners.

All sampled consumer files evidence discussions around goals and preferences with the consumer and/or representative.

The sampled consumer files showed evidence of discussed advance care/end of life care planning with the consumer and/or their representatives. Care planning documents of the sampled consumers reflect that the consumer and others, such as family members and those a consumer wishes to be involved in planning of the consumer’s care, are involved in assessment and planning.

Staff were able to describe assessment and planning process and how they use case conferences or discussions over the telephone to communicate changes in consumer care to a consumer representative.

**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**

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers considered that they receive personal care and clinical care that is safe and right for them. They confirmed that they get the care they need and it is tailored to their needs, including around management of pain, wounds, diabetes and specialised nursing care needs. They confirmed they have access to a doctor and other health professionals who are responsive to consumers’ needs and take time to understand their concerns.

Documentation viewed showed high impact and high prevalence risks are monitored and analysed, with trends used to inform and improve practice including in relation to falls, diabetes, weight loss and changed behaviours. Clinical and care staff were knowledgeable about consumers’ individual high impact risks and could detail how they identify, assess and manage such risks.

Staff demonstrated knowledge of consumers’ individual needs and preferences. Staff also identified high prevalence risks for individual consumers and strategies they use to minimise these risks. They described their roles, responsibilities and accountabilities for recognising and responding to a consumer’s deterioration and how consumers’ end of life care planning documents guide them in responding to a consumer’s deterioration in line with the consumer’s wishes.

Staff described the practical steps they take to reduce the risk of increasing resistance to antibiotics such as practicing good hygiene to avoid bacterial infections that need antibiotic treatment, encouraging consumers to drink plenty of fluids and assisting consumers to maintain good perineal hygiene.

Documentation reviewed showed, consumers receive best practice care in line with the organisation’s policies and procedures in relation to prevention and management of pain, wounds, diabetes and specialised nursing needs. Staff were able to describe best practice guidance in relation to clinical care and how to access a range of policies and procedures to guide them.

Care documentation, including progress notes, handover information, charts and referrals to the relevant health professionals reflect adequate information to support effective and safe sharing of the consumer’s care. Progress notes for the sampled consumers show detailed information was recorded by staff whenever it was necessary, including when there was a change in the consumer’s health or when an incident happened.

Care planning documentation for the sampled consumers showed evidence of the input of others including general practitioners and allied health providers. Referrals are made in a timely manner and recommendations as a result of these referrals are implemented in a timely manner.

The Assessment Team observed adequate hand washing facilities around the service and cleaning and disinfection of high touch surfaces. Staff could describe and explain processes related to infection control and were observed to be wearing appropriate personal protective equipment where required. Data on infections is collected and analysed monthly to identify trends and opportunities for improvements.

**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**

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers provided feedback indicating they felt supported to do things they enjoyed, participate in activities of interest and maintain their independence. They confirmed their condition, needs and preferences have been identified by the service and were known by staff, such as their religious affiliations, personal and family relationships, emotional needs and gender preferences for the delivery of care. Overall, they reported satisfaction with their meals, its quality and quantity. Consumers said they are satisfied with the equipment available, level of input in activity program and with the equipment provided, including mobility and dining aids and assistive technology.

Lifestyle staff described their involvement in care plan assessments to capture consumers’ backgrounds, life story and experiences, past and current interests, religious and cultural practices to provide additional services to support consumers. They advised they use an activity register to track what activities are attended by consumers and what is the level of engagement in them.

Observations showed staff were providing emotional support to consumers experiencing distress and lifestyle supports in line with consumers’ needs, goals and preferences documented in consumer care plans.

Documentation showed information about the consumer’s condition, needs and preferences is communicated timely and accurately within the organisation where responsibility for care is shared. Staff confirmed they have access to current consumer information documented in consumer care plans. They also described attending handover meetings between shift changes where they are informed of consumers’ changing needs.

The lifestyle staff could describe how they work with external organisations and use volunteers to help supplement the lifestyle program, which was reflected in care planning documentation. Staff advised church services are held on a fortnightly basis by visiting religious leaders and observations showed one service to be attended by consumers.

Documentation demonstrated consumers’ dietary needs and preferences, including allergies, likes and dislikes are communicated to hospitality staff and correlate with consumer care plans. Kitchen and serving areas were observed to clean, tidy and staff were observed following food safety protocols when preparing and serving meals. Staff were observed assisting consumers with meals in a respectful manner where support was needed. Meal services showed multiple choices were offered which were well plated, and staff were observed asking consumers what quantity of food they would like as well as variations between meal options.

Observations showed equipment provided for services and supports of daily living is safe, suitable, cleaned and well maintained. Staff advised they have enough equipment available to them to perform their roles and it is well maintained.

**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**

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers advised they felt safe in the service and that it had a home like feeling. Consumers and representatives provided feedback indicating the service was clean and well maintained and consumers can move freely throughout the indoor and outdoor spaces. Consumers reported satisfaction with the maintenance and cleaning of the equipment, fittings and furniture.

Consumers’ rooms were observed to be spacious, clean and personalised. Consumers have access to multiple sitting areas, including communal large spaces for group activities, outdoor areas and centrally located café shop for consumers, friends and family to meet.

The service was observed to have wide corridors with hand railing to promote consumer independence when mobilising and was observed free of obstructions and hazards. Consumers were observed moving freely throughout the service and doors were kept open to outdoor areas. Cleaning staff were observed regularly cleaning communal areas and passageways.

Equipment was observed to be clean and safe, and maintenance staff were able to describe how monitoring and tracking for preventative and reactive maintenance, for furniture, fittings and equipment is conducted. Hospitality staff were able to provide records for the cleaning and upkeep of the service environment and kitchen equipment.

Staff were able to describe what they do when equipment, fittings and furniture were identified as needing repair, and documentation reviewed showed timely and appropriate actions in response to maintenance requests.

**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**

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives provided feedback indicating they are encouraged and supported to provide feedback and make complaints through a variety of feedback mechanisms. They confirmed management respond in a timely manner to address and resolve any issues. They advised the service is prompt to make contact when things go wrong and confirmed staff apologise or express regret. Furthermore, they advised the service has made changes and improvements in response to feedback and complaints they provided.

Staff demonstrated knowledge of feedback processes and confirmed assisting consumers to provide feedback when required. They described how they make consumers aware during the admission process and on an ongoing basis about accessing advocates, language services and other methods for raising and resolving complaints.

Documentation showed the service encourages consumers and others to provide feedback through a range of mechanisms, such as surveys, feedback forms and consumer forums. Observations showed posters and brochures to encourage and support consumers to provide feedback. Written advocacy and language service brochures are available at the reception area and the service’s admissions pack, provided to each consumer, includes information on advocacy services.

Staff were able to describe how they are guided in the complaints management process by a complaint management guideline which includes open disclosure principles. Management advised and feedback and complaints documentation demonstrated opportunities for improvement identified by management based on complaints data were incorporated in the service’s Plan for Continuous Improvement.

**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**

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives provided feedback indicating there are sufficient numbers of staff with appropriate skills to provide safe and quality care and services. Consumers advised they have confidence in the abilities of staff across all designations and do not experience delays in care and services provision. Consumers described staff as ‘caring’ and advised staff are respectful of their culture and background. They provided feedback indicating staff are competent and they felt staff were sufficiently trained.

Staff advised they have sufficient workforce to provide care and services and junior staff are partnered with experienced staff to ensure skill mix. The Assessment Team observed staff provided care and services in a non-rushed manner and were attentive to consumer needs.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Staff were observed knocking on consumer bedroom doors prior to entry, lowering themselves to consumer eye level when speaking with them.

Staff were observed providing care and services competently and with confidence. Staff expressed satisfaction with the supports and training provided and how these enable them to provide safe and effective care, including in relation to pain, medication management, skin and wound care, pressure area care and management of changed behaviours. Training records and professional certificates and registration information showed staff have appropriate qualifications and current registration.

Documentation showed organisational policies and procedures support recruitment and training, and screening processes are undertaken prior to employment. Management reported a centralised recruitment team facilitates recruitment processes which is undertaken in conjunction with key personnel on site. They confirmed ongoing monitoring of each staff member’s work practices and regular review of their performance. Staff files confirmed the ongoing monitoring of staff performance and actions taken when staff conduct is identified to not align with the values of the organisation.

**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**

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives provided feedback indicating they are engaged in the development, delivery and evaluation of care and services and feel supported by the service in this process. They advised the service is run well, they feel safe at the service, and can live the best life they can.

Management and staff described how they engage with consumers to gather feedback and suggestions across a range of care and service topics to ensure care and services are tailored to meet consumers’ needs and preferences.

The organisation’s clinical care is governed by an overarching clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. The organisation has systems and processes to collect, analyse and trend incidents and feedback which are discussed at local, leadership and Board meetings. Systems and processes are in place to escalate risks to key personnel, and accountabilities are outlined in position descriptions and organisational policy. Governance processes include compliance monitoring, strategic planning, financial management and risk management which are embedded in policies and procedures to ensure quality of life, safety and individual care and services for consumers.

Organisational wide governance systems are overseen by the Board and sub-committees relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation has a documented governance framework which describes key elements and provides an overview of governance systems, components and tools. The framework defines the rules, relationships, systems, and processes by which authority is exercised and controlled within the organisation.

Effective risk management systems and practices include but are not limited to the management of high impact or high prevalence risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can. Assessment, review and reporting processes of care needs and incident data ensure the analysis of quality indicators of care, incident, and mandatory reporting data with oversight by the Board and other sub-committees.

Staff demonstrated knowledge of minimising restrictive practice use and antimicrobial stewardship and advised policies and procedures where easy to access and follow. Incident documentation demonstrated the use of open disclosure principles when things go wrong.

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)