Performance

Report

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| Name of service: | St Luke’s Nursing Home |
| Service address: | 429 Rokeby Road SUBIACO WA 6008 |
| Commission ID: | 7794 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 26 July 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 Luke’s Nursing Home (**the service**) has been prepared by M. Nassif, 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.

# 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 6 of the 6 Requirements have been assessed as complaint.

Consumers and representatives said staff interacted with consumers in a respectful way, and supported their needs. Staff explained how they treated consumers with dignity and respect, consistent with observations. Care planning documents contained information on consumers’ cultural preferences, and what is important to them.

Staff explained they captured information about consumers background and what was important to them through assessment and planning processes, to guide the delivery of care and services. Care planning documents included personalised information regarding cultural and spiritual needs and identified ways to support the delivery of culturally safe care and services.

Consumers considered they were supported to make decisions about their care and services, how it should be delivered, who should be involved, and were able to maintain relationships of choice. This was reflected in care planning documents. Staff described ways consumers were supported to exercise choice and independence.

Consumers and representatives considered consumers were supported to live life on their terms, and any potential risks involving their decisions were discussed and consulted with staff. Documentation demonstrated risks were identified and discussed with consumers and other providers of care, with risk mitigation strategies in place.

Consumers and representatives said consumers were provided information which helped them to make decisions about care and services. This was consistent with observations. Staff described the ways consumers were supported to make informed decisions about care and services, including tailoring information to accommodate consumers’ communication needs.

Consumers and representatives considered the service respected consumers personal privacy and maintained the confidentiality of consumers information. Staff explained how they kept personal information confidential, and were observed maintaining privacy protocols, and respecting consumers privacy.

# 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 5 of the 5 Requirements have been assessed as complaint.

Staff explained the assessment and planning process, including how risks are identified and assessed. Care planning documents demonstrated risks were identified and discussed with consumers and other providers of care, with risk mitigation strategies in place.

Consumers and representatives said they have the opportunity to discuss end of life wishes if they wished to do so. Processes and procedures guided staff in assessing consumers’ needs and preferences, with consideration to advance care planning and palliative care. Care planning documents included information about consumers advance care directives.

Consumers and representatives said they were actively involved in the assessment and planning of care and services, and other providers of care and services were included. Staff explained how they involved consumers, representatives, and others in assessment and planning of consumers care and services, as evidenced in care planning documents.

Staff said a copy of the care plan was offered to all consumers and representatives. Care planning documents demonstrated outcomes of assessment and planning were discussed with consumers and representatives, consistent with their feedback.

Consumers and representatives advised care and services were regularly reviewed, including when incidents happened or circumstances changed. Staff said care and services were reviewed every 6 months for effectiveness, or when there were changes to consumers circumstance requiring an updated care plan review, as evidenced in care planning documents.

# 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 7 of the 7 Requirements have been assessed as complaint.

Consumers and representatives considered consumers received care and services that aligned with consumers’ needs and preferences. Staff described how they delivered safe, effective personal and clinical care tailored to consumers needs. Care planning documents reflected consumers received best practice, tailored care. The service had systems, policies, procedures and guidelines to support the delivery of best practice safe, effective personal and clinical care to optimise consumers’ health and well-being.

Care planning documents demonstrated high-impact risks were identified and monitored, with strategies implemented to manage risks. Staff identified the main high-impact, high prevalence risks for consumers, such as falls, and described individual risk management strategies consistent with information in care planning documents.

Care planning documents demonstrated staff provided palliative care that support consumers comfort and dignity. Staff explained they involved consumers, representatives and other providers of care, such as external palliative care services, to support consumers comfort and dignity.

Consumers and representatives considered staff recognised and appropriately responded to changes or deterioration in consumers in a timely manner. This was also evidenced in care planning documents. Staff explained how they identified, monitored, and notified others of deterioration or changes to consumers, for example, looking for changes in behaviour, using assessment tools, and completing referrals.

Staff explained how they communicated information about consumers clinical needs, such as through verbal and documented handover processes, and updating care planning documents. This was consistent with observations. Care planning documents included adequate information to support effective and safe sharing of consumer’s needs and preferences.

Staff outlined the process for referring consumers to other health professionals and providers of care. Care planning documents demonstrated referrals for other providers of care were completed in a timely and appropriate manner. Policies, procedures, and guidelines guided staff in completing appropriate referrals.

The service had policies to guide infection control practices including an outbreak management plan, antimicrobial stewardship, and infection control guidelines. Staff described how they minimised infection related risks and ways they promoted the appropriate antibiotic prescribing, and staff were observed to follow infection control practices.

# 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 7 of the 7 Requirements have been assessed as complaint.

Consumers and representatives said consumers received services and supports for daily living in line with their needs, goals, and preferences. Care planning documents identified ways to support consumers’ needs, goals, and preferences. Staff said they worked with consumers to develop an activity schedule to account for consumers diverse interests, consistent with documentation.

Consumers said their emotional, spiritual, and psychological well-being was supported by the service and staff described how they supported consumers well-being. Care planning documents evidenced consumers well-being and spiritual needs, consistent with consumer feedback, were identified with strategies and supports in place.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, have social and personal relationships, and do things of interest. Management and staff described how they supported consumers social and community participation, and do things of interest. Care planning documents identified how consumers wish to participate in activities and maintain relationships.

Staff described how they shared information about consumers to support the delivery of care within the service, and with others responsible for care. Care planning documents provided adequate information to support the delivery of effective support for daily living and safe care.

Care planning documents evidenced consumers were referred to other providers of care to supplement activities and supports available at the service. Policies and procedures guided staff in completing appropriate and timely referrals. Management and staff described how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

Consumers said they enjoyed the meals at the service and considered meals of to be good quality and taste, with plenty of choices available. Management explained the processes and systems in place to ensure meals were suitable for consumers. Documentation demonstrated the service maintains a dietary requirements system and the kitchen is notified of any changes daily to ensure consumers are not served food incorrectly.

Consumers said they felt safe when using equipment, and maintenance concerns were addressed in a prompt manner. Staff advised they had access to suitable and well maintained equipment to support consumers to do the things they wanted to do, and to participate in activities. Equipment was observed to be safe, suitable, clean, and 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 3 of the 3 Requirements have been assessed as complaint.

Consumers said they felt at home, and the service optimised their sense of belonging and independence. Consumers rooms were observed to be personalised, well-lit and spacious. The service environment was observed to be welcoming, with wide clutter free hallways to support consumers navigation and interaction, and various areas for consumers to utilise.

Consumers and representatives said, and observations demonstrated, the service environment was safe, clean, and well maintained to support consumers’ comfort. Consumers said they could move freely indoors and outdoors, consistent with observations. Staff described how they service supported consumers to freely move around the service environment, with consideration to different accessibility requirements.

Staff explained the processes to maintain the safety and cleanliness of the service environment, furniture, fittings, and equipment. Documentation demonstrated appropriate processes and systems were in place to monitor and respond to maintenance concerns in a timely manner, and to maintain safety and cleanliness.

# 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 4 of the 4 Requirements have been assessed as complaint.

Consumers and representatives said they were aware of the various ways to make a complaint. Staff explained how they supported consumers and representatives to provide feedback or complaints, such using the service’s feedback form, or referring consumers to advocacy or interpreter services.

Staff described how they provide information to consumers and representatives in relation to advocacy services and external complaints services, such as through the admission process. Information for advocacy services and external complaints was observed displayed around the service. Management said the service had access to an interpreter service and can print brochures in other languages as required.

Consumers and representatives considered complaints were resolved in an appropriate manner. Staff demonstrated knowledge of open disclosure principles, and explained what they would do when responding to complaints. Documentation demonstrated complaints were acknowledged, with an apology provided, and appropriate actions taken to resolve matters. Policies guided staff in resolving feedback or complaints in an appropriate manner, using an open disclosure process.

Management explained the processes to review feedback and complaints to improve the quality of care and services. For example, complaints and feedback data was trended to identify areas for improvement. Documentation demonstrated improvements were made to care and services, arising from consumer suggestions or complaints.

# 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 5 of the 5 Requirements have been assessed as complaint.

Consumers and representatives said they were satisfied with the quality of care and services provided for consumers, and consumers calls for assistance were answered promptly. Management described the workforce planning and management strategies in place, including accounting for unplanned leave or changes in the needs of the consumer cohort. Documentation, such as call bell data and the staff roster, demonstrated an appropriate amount and mix of staff were available to support consumers.

Consumers and representatives said staff treated consumers in a kind, caring manner, with respect to consumers identity, culture, and diversity. Management and staff were familiar of the needs and preferences of consumers, which aligned with information in care planning documents. Staff were observed interacting with consumers in a familiar, kind and caring way.

Management explained the various ways workforce competency was monitored. Policies and position descriptions detailed the required qualifications, knowledge, registration, and checks required for each respective role. Management feedback and documentation demonstrated appropriate systems were in place to monitor, and staff held, required qualifications and registration for their roles.

Management explained the checks staff undergo during the recruitment process and biannually thereafter. Staff said, and documentation confirmed, training was provided to support staff in their respective role. Management feedback and documentation demonstrated appropriate systems were in place to track the completion of staff training.

Management explained the policy and processes in place to assess, monitor, and review staff performance. Documentation demonstrated staff performance was regularly reviewed and up to date.

# 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 5 of the 5 Requirements have been assessed as complaint.

Consumers and representatives considered they were involved in the development, delivery, and evaluation of care and services. Management and staff described the ways consumers were supported to provide input about care and services, such as consumer experience surveys, feedback mechanisms, and consumer forum meetings. Documentation demonstrated consumer feedback and input were incorporated into improvements across the service.

The organisation had policies and procedures which included information as to how the governing body promotes a culture of safe, inclusive and quality care and services. Regular reports are submitted by the service to the governing body through the executive management team, which includes information about clinical and quality indicators, critical incidents, SIRS reports, feedback and complaints and continuous improvement.

The service had effective organisation wide governance systems, including supporting policies and procedures, in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, audits, surveys, feedback and complaints mechanisms identified improvements to care and services, and were implemented as evidenced in the service’s the continuous improvement plan.

Documentation, including policies and procedures, demonstrated the service had effective risk management systems and practices in relation to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff were aware of their role and responsibilities, for example how to manage and report high-impact or high-prevalence risks and identify and respond to abuse and neglect.

The service had a clinical governance framework which was supported by audits, education and training, policies, and procedures, with clinical indicators trended, reported and discussed at meetings. Staff demonstrated knowledge of the policies and processes in place relating to antimicrobial stewardship, minimising the use of restraint, and using open disclosure, and provided examples relevant to their role.

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)