Performance

Report

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| Name of service: | St Mary’s Aged Care |
| Service address: | 31 Verdon Street PELICAN WATERS QLD 4551 |
| Commission ID: | 5881 |
| Approved provider: | Tilburg Proprietary Limited |
| Activity type: | Site Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 3 December 2022 |

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 Mary’s Aged Care (**the service**) has been prepared by G Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they were treated with dignity and respect and felt culturally safe. Staff said care and services provided to consumers was respectful of their culture and religion and described preferences for each consumer. Care plan documentation reflected what was important to consumers to uphold their identity. The service displayed documentation expressing their values, residents’ rights charter, and advocacy information. The Assessment Team observed staff engage respectfully with consumers.

Consumers said they were supported to maintain relationships, exercise choice, make decisions and to be independent. Staff said they worked to enable consumers to maintain important relationships and have frequent communication with families. Care planning documentation reflected consumer choices and decisions had been assessed.

Consumers confirmed they were supported to understand risks and take risks that would maintain their quality of life. Staff explained how they supported consumers to partake in risks of their choosing. The service’s risk register included a list of all consumers who had chosen to take risks, assessments and reviews were completed, and strategies in place to mitigate risks. These were reflected in consumer care plans and dignity of risk forms.

Consumers and representatives said they were satisfied with information provided to them and they were well informed. The Assessment Team observed up to date information and maps, weekly activity calendars and noticeboards communicating daily information. Lifestyle staff confirmed they would inform consumers about any changes to the lifestyle schedule in person.

Consumers and representatives said consumer privacy and personal and confidential information was respected. Care staff described how they maintained consumers’ privacy when delivering care. Staff described, and observations confirmed, consumer privacy was maintained such as staff knocking on consumer doors prior to entering a room and closing doors upon leaving.

# 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 and representatives said strategies were discussed in identifying and formulating care plans. Care plans evidenced consideration of risks and interventions relating to falls, pressure injury risk and weight loss. Staff completed appropriate assessments in line with the service’s policy.

Consumers and representatives confirmed the service had discussed and documented their preferences for end-of-life care. Care planning documentation were observed to be individualised to consumer needs, reflecting consumers preferences for care and included end of life plans, advanced care directives or acute resuscitation plans. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation.

Consumers and representatives confirmed they provided input into the assessment and care planning process; this was not a formalised conversation, but via regular feedback and updates. Care documentation showed representatives and a variety of multidisciplinary professionals were regularly involved in the care planning process. Staff said they liaise with consumers, multidisciplinary team members and family members to ensure a partnership through the assessment and care plan completion.

Consumers and representatives were engaged in communication regarding the outcomes of assessments, care planning and delivery. Staff confirmed they have easy access to care planning documents through various means. All staff identified handover for communicating outcomes of assessments and reviews. Care planning documentation reflected regular communication about, and evaluation of, care and services with consumers and representatives.

Evidence demonstrated the service completed routine care plan reviews 3 monthly. Consumers and representatives confirmed the service regularly reviews consumers’ health, wellbeing and needs, and updated them with any relevant outcomes. Care plans demonstrated review of care and services occurred after changes in consumer condition, preferences, circumstances and following incidents.

# 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 said they received care that was safe and right for them and optimises their health and well-being. Staff reported they accessed senior staff to receive support and guidance in relation to best practice. Staff confirmed guidance material was available to inform their practice, in addition to regular training. Care documentation reflected individualised care which was safe, effective and tailored to their specific needs and preferences. The organisation had a suite of clinical care policies and procedures which were in the process of being updated.

Consumers and representatives said their high impact or high prevalence risks were effectively managed, in relation to falls, weight loss, skin integrity and pain. Staff understood consumers risks and the strategies to mitigate them. Care documentation demonstrated consistent assessments and planning to address individual consumers high impact and high prevalence risks.

A representative of a consumer who had recently deceased, stated the service provided high quality palliative care. Staff explained the care provided to consumers during end of life was in line with their preferences. Care documentation showed staff involved representatives regularly and consumers received effective palliative care with well controlled symptoms.

Consumers and representatives felt confident the service would respond in a timely manner to effectively address any deterioration in health. Staff understood the escalation process used to respond to a deteriorating consumer. Care planning documentation confirmed deterioration was responded to in a timely manner, with appropriate referrals and escalations completed. The Assessment Team observed a Medical Officer attending to a consumer promptly post fall.

Consumers and representatives said they were confident consumer information was documented and shared between staff and services. Staff reported information relating to consumers’ conditions, needs and preferences were documented in the electronic client management system (ECMS) and communicated via handover, care plans, a ‘docket’ system and information folders located in each wing.

Consumers and representatives said the service facilitated appropriate referrals as needed. Staff described various referral options available dependent on the consumer’s needs. Care documentation reflected referrals to a range of services and providers, generated by the clinical leadership team. A physiotherapist was onsite 5 days per week and a range of specialists, practitioners and allied health professionals were involved in care.

Consumers and representatives said they had observed staff consistently wearing their personal protective equipment (PPE) when applicable, this was observed by the Assessment Team. Staff described how they minimised infection-related risks and managed the use of antibiotics. The service had policies and procedures in place for antimicrobial stewardship. Documentation review confirmed principles of antimicrobial stewardship were implemented, including confirming suspected infections through pathology tests prior to commencing antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences. Staff understood what was important to consumers and their preferred activities. Documentation reviewed included information about the services and support required for consumers to optimise their quality of life, health, wellbeing, and independence. Observations generally confirmed consumers had adequate activities to engage them, during the site audit.

Consumers said they were involved in meaningful activities to meet their emotional needs. Staff provided examples of emotional support provided to consumers and confirmed consumers were referred to services to support their d psychological well-being when appropriate. Care planning documentation was consistent with consumer and representative interviews, specifying individual support strategies for and detailing individual emotional support strategies.

Consumers said they enjoyed the activities arranged by the service and they were supported to maintain relationships and actively engage with their local community. Care plan documentation included information about how consumers participated in the community and stayed connected with family and friends. Staff said they supported consumers to keep in touch with family and friends through Skype calls and provided examples of how they supported consumers to do things of interest to them.

Consumers and representatives said the service was aware of individual preferences and needs and the information was shared within the service. Staff demonstrated how information was shared with the team who were responsible for providing care to the consumers. A detailed handover takes place at the change of each shift and alerts were generated on the computer for changes to care needs. External service providers, such as interpreter services, would also receive a handover for consumers they worked with.

The service demonstrated timely and appropriate referrals were made to individuals, other organisations, and other providers of care and services when it was identified the service was unable to immediately resolve an issue. Staff said for each consumer they explore individual community ties to support continued engagement and explore potential referrals with consumers. Care plan documentation evidenced collaboration with external services to support the diverse needs of the consumers.

Consumers and representatives were mostly satisfied with the variety, quality and, quantity of food served. The service had a 4-week rotating seasonal menu which had been developed in conjunction with consumer feedback, dietary needs and preferences, input from the food service team and their regular qualified nutritionist. Care plan documentation confirmed consumers’ dietary requirements and preferences were documented and were consistent with consumer interviews. The Assessment Team observed the kitchen and storage areas to be clean and tidy.

Consumers said equipment was clean, with staff cleaning it before or after use and was easily accessible and suitable for their needs. Maintenance staff demonstrated how maintenance requests were completed and the process for submitting requests. Documentation review confirmed the service had a current and scheduled preventative maintenance schedule and requests had been actioned in a timely manner, with no outstanding tasks. Equipment used for activities of daily living 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

Consumers said they enjoyed the communal areas and they could personalise their own rooms. Staff identified sufficient signage in place throughout the service to assist consumers and representatives to comfortably find their way around the service. Observations showed a single level building with 7 wings, with well-maintained gardens; most consumers had an individual room with an ensuite. Renovations were underway during the site audit, and construction zones were clearly signposted and exclusion zones in place.

The service environment was observed to be clean, well maintained, and comfortable. Staff advised of regular cleaning schedules to keep areas serviceable for the consumers. Consumers reported they had access to the outdoor areas. The 2 memory support units were coded, and staff and visitors had access to the code to enter.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean and well maintained and recently renovated wings had new furnishings and fittings. Maintenance staff were observed checking, cleaning, and repairing equipment used by consumers. Consumers and representatives said the equipment was well maintained, safe and clean and repair requests were actioned promptly. Maintenance staff demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said service management was approachable and confirmed they were encouraged and supported to provide feedback and make complaints. Staff confirmed if a consumer raised a concern, they would attempt to address if within the scope of their role and if not, they would escalate the concern. Feedback posters, pamphlets, IRFs and two collection boxes were observed throughout the service.

Consumers and representatives said they were aware of avenues for raising complaints. Staff understood the internal and external complaints and feedback avenues and provided detail in relation to how they would access advocacy organisations or translation and interpreting services. Observations showed information on advocacy services and the Commission were displayed.

Consumers and representatives said when feedback was provided the staff responded appropriately and in a timely manner. They said when things go wrong, the service apologised and acts quickly to resolve the issue. Clinical staff demonstrated an understanding of open disclosure in practice including the complaints management process; this was corroborated through complaint forms and progress note entries. All complaints reviewed had documented actions taken in response to the complaint.

Consumers and representatives were confident the service would incorporate feedback and complaints to drive improvements in care delivery. Documentation review confirmed complaints were logged and trended, and changes and improvements made to the service were evaluated at the monthly consumer meetings. Consumer feedback informs the continuous improvement log.

# 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

Consumers and representatives and staff said there had been issues with a shortage of staff at times; however consumers and representatives did not identify a negative impact on consumer health and wellbeing and said needs were met. The service had a process in place where staff were reassigned based on need across the service. Data review showed call bells were responded to in under 10 minutes, with all daily average response times being under 6 minutes.

Consumers and representatives provided consistent feedback that staff engaged with consumers in a respectful, kind, caring manner, and were gentle when providing care. The Assessment Team observed staff engaged with consumers and their family members in a respectful and personable manner.

Overall consumers said staff were skilled in their roles and competent to meet their care needs. Some consumers noted that more junior staff were less knowledgeable than the experienced staff; however, this did not have an impact on their care. Staff said they were well supported by management in undertaking training provided. Management advised new staff carry out ‘hybrid’ shifts, where they shadowed staff to get an understanding of the end-to-end care process.

Most consumers reported they were confident with staff abilities and practices. Staff described how they have regular training sessions and can access training through the organisation’s online learning platform. The Assessment Team reviewed documents which guided management through recruitment, orientation, and training processes. Position descriptions outlined the qualifications, registration, knowledge, skills and abilities required for various roles.

Consumers confirmed they provided feedback to staff and management regarding staff performance or concerns and the service actioned this accordingly. Staff reported they usually had annual appraisals once their probationary employment period had passed but would receive feedback more frequently in direct response to their work performance. Management also monitored performance through daily review of progress notes, audits and incident reports.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers felt involved in the development and delivery of their care and services. Management and consumers described how consumers had been involved in planning for the renovations which were being undertaken and changes to planned activities. The consumer meeting minutes and continuous improvement plan demonstrated consumer engagement to improve care and services.

The senior management team described how the governing body satisfies itself the service was promoting a culture of safe, inclusive and quality care through audits, consumer experience surveys and clinical indicator scorecards (which report on Serious Incident Reporting Scheme, incidents, consumer feedback, and Commission updates). Staff described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings.

The service has effective information management systems, continuous improvement opportunities are identified from a range of sources, including feedback and complaints, and there are established workforce and financial governance arrangements to ensure the service has resources and personnel needed to deliver safe and effective care. Although information was managed using a hybrid paper-based and digital system, the system was found to operate effectively.

The service had a generally effective risk management system in place to manage risks, respond to incidents and support consumers to live the best life they can. Consumers and representatives stated consumers were supported to live the best life they can; they confirmed they were satisfied with the service’s response to consumer incidents and were informed of the response and overall outcomes. Staff had shared understanding of ‘dignity or risk’, their reporting obligations and described how they use the service’s policies, procedures and practices to minimise risk to consumers including falls, infection prevention and reporting of serious incidents. However, a recent Priority 1 serious incident was not reported within the required 24-hour timeframe, owing to human error. The Assessment Team confirmed all other reportable incidents were reported within legislated timeframes and systemic late reporting of incidents was not identified.

The service had a clinical governance framework which included an antimicrobial stewardship policy, restrictive practices policy and procedure, and an open disclosure policy to support the delivery of clinical care. Staff had shared understanding of requirements to minimise the use of restrictive practice and explained how they applied antimicrobial stewardship and open disclosure in practice.

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)