Performance

Report

**1800 951 822**

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| Name: | St Nicholas Aged Care |
| Commission ID: | 5995 |
| Address: | 19 Hampstead Road, HIGHGATE HILL, Queensland, 4101 |
| Activity type: | Site Audit |
| Activity date: | 26 September 2023 to 28 September 2023 |
| Performance report date: | 1 November 2023 |
| Service included in this assessment: | Provider: 519 Greek Ladies Philoptochos Society of St George Brisbane  Service: 3907 St Nicholas Aged Care |

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 Nicholas Aged Care (**the service**) has been prepared by P. Sherin, 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 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

Consumers and representatives said staff treat them with dignity and respect, and their culture and diversity are valued at the service. Staff described how care and services are tailored to meet each consumer’s specific background and cultural needs. Care planning documentation captures individualised information regarding consumers’ background, culture, religion, interests, and personal preferences to guide staff practice. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice, and make decisions about care and services they receive. Staff were observed asking consumers about their day-to-day choices, such as in relation to activities, personal care, and meal selection.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Staff described how the organisation supports consumers to have choice, including when that choice involves risk. Risk assessments are conducted and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans.

Consumers confirmed they receive information in a way they can understand, they are involved in meetings, and encouraged to ask questions about care and services. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies for consumers with cognitive, visual, and/or hearing impairment. A range of information was observed available across the service including newsletters, meeting minutes and activities calendars. As majority of the service’s consumer cohort are of Greek origin, translated information in Greek such as menus and signage were also observed available across the service.

Consumers said their privacy is respected by staff and the service maintains confidentiality of their information. Consumer information was observed to be stored in a secure electronic care management system. Policies and procedures on privacy and confidentiality are available to guide staff practice and staff were observed adhering to these.

# 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

Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers. Staff and management described the assessment and care planning processes and how these reflect consumers’ needs, goals, and preferences.

Staff described how they approach conversations with consumers and representatives about end-of-life and advance care planning, and how these are documented and made accessible to staff via the electronic care management system. Policies and procedures on end-of-life and advance care planning are available to guide staff practice.

Staff described how they involve consumers, representatives, other organisations and individuals in assessment and care planning processes. Review of care documentation, and interviews with staff, confirmed this occurs.

Consumers and representatives were satisfied with how outcomes of assessment and planning are communicated to them. Management described how consumers and representatives are provided access to the consumer’s care plan and are included when any updates occur.

Care and services are reviewed regularly for effectiveness, including via monthly review processes as per the service’s policy. Review of documentation identified regular review and update of care plans, including when there is a change in circumstances or when an incident occurs.

# 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 confirmed care provided is tailored to consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Care planning documentation demonstrated high impact and high prevalence risks to consumers are managed well, including but not limited to falls, pressure injuries, weight loss, and challenging behaviours. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. The service conducts monthly trending and analysis of clinical data to identify risks and implement improvements.

Review of care documentation demonstrated needs, goals, and preferences for consumers nearing end of life are identified and recorded. For palliative consumers and those at end-of-life stage, appropriate interventions are implemented to maximise consumers’ comfort and preserve their dignity.

Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

The service has access to a range of individuals, other organisations, and providers of care and services, including but not limited to medical officers, allied health professionals, dementia support services, and palliative care specialists. Care planning documentation and progress notes demonstrated input from a range of health professionals and providers to meet consumers’ needs.

Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of 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 said they can engage in activities that are of interest to them, and they are provided with relevant supports such as equipment and resources, to promote their well-being, independence, and quality of life. Majority of the service’s consumer cohort are of Greek origin, and the service ensures it caters to their diverse needs via its services and supports for daily living. The service’s lifestyle calendar is developed based on consumer and representative input and includes a combination of self-directed, group-based, and external activities. Consumers were observed engaging in a variety of group and independent activities throughout the Site audit.

Consumers and representatives said the service provides consumers with emotional, spiritual, and psychological support when needed. Staff provided examples of how this support is provided such as via access to local churches, external outings, and one-on-one interaction with staff. Posters regarding external support services were observed displayed around the service.

Consumers said the service assists them to participate in their community within and outside the service environment, to have social and personal relationships, and do things of interest to them. Consumers were observed engaging in playful banter with each other and staff, participating in various activities, receiving visitors, going to attend external outings, or to meet family and friends throughout the Site audit.

Consumers and representatives felt confident staff and other persons involved in a consumer’s care are aware of the consumer’s needs and preferences. Staff described how they are informed of any changes to the consumer’s condition and needs such as via daily handover, updates to care plans, and discussions with visiting health professionals and providers. Care documentation identified adequate information to guide staff practice in relation to services and supports for daily living.

Staff described, and care planning documentation identified, timely and appropriate referrals to other individuals, organisations, or providers and how the service collaborates to meet the needs of consumers.

Consumers and representatives said the meals are enjoyable, varied, and of suitable quality and quantity. Alternative meal options are available if consumers do not prefer any meals offered on the menu. Staff described how they are informed of consumers’ dietary needs and requirements such as via information in the electronic care management system, referring to printed information available in kitchen and dining areas, and via electronic devices that provide live updates from clinical staff in relation to any consumer’s dietary changes.

The service has processes in place for the purchasing, servicing, and replacement of equipment. Consumers and staff both confirmed equipment is safe, and they know how to report any concerns or issues to maintenance staff. Equipment used to support consumers to engage in lifestyle activities was observed to be 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 and representatives said they feel welcomed by staff and described how consumers’ sense of belonging is optimised through the ability to decorate their rooms with personal effects and the service’s inclusion of their Greek culture. Management described how the environment is made welcoming and homely, such as by decoration of walls with photographs of Greek culture and heritage and hiring some staff who can converse with consumers in Greek. The Assessment Team observed the environment to be welcoming and easy to navigate with signage in both English and Greek language.

The service environment was observed to be safe, kept clean, and well-maintained. Consumers were observed to freely move around the service, both indoors and outdoors. Cleaning schedules are in place, and monthly environmental audits are conducted.

Interviews with maintenance staff, and review of documentation confirmed preventative and reactive maintenance occurs in a timely manner. Staff and consumers confirmed maintenance requests are attended to promptly.

Furniture, fittings, and equipment at the service were observed to be safe, clean, well maintained, and suitable for consumer use.

# 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 they are supported to give feedback or make a complaint and they feel comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints at the service. Feedback forms, suggestion boxes, and posters encouraging the submission of feedback were observed available across the service.

Consumers and representatives said they are provided with information on advocacy, language services, and ways to raise suggestions and complaints. Management described the translation and advocacy services available to consumers including access to multilingual staff. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Staff have access to cue cards, language training days, translators on electronic devices, and support from Greek-speaking staff to assist Greek consumers who may not speak English.

Consumers and representatives were confident management address and resolve any concerns raised. Management and staff demonstrated an understanding of open disclosure principles and the process to follow to manage and resolve feedback and complaints.

The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. The service’s plan for continuous improvement evidenced various improvements in response to feedback and 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

Consumers and representatives considered there are enough staff at the service to meet consumers’ needs. Staff said they generally have enough time to undertake their allocated tasks and responsibilities. Management described contingency plans in place to replace staff when required. Rosters are reviewed regularly to ensure staff allocations adequately meet changing needs of the consumer cohort. Call bell reports are analysed monthly, and results discussed at the management level. The Assessment Team observed staff responding promptly to call bells, meals being served in an unrushed manner, and activities occurring on time as per the schedule.

Consumers and representatives said staff are kind, caring and respectful. Staff demonstrated knowledge of individual consumers’ background, culture, identity, and the people important to the consumer. Management described ways they monitor staff interactions with consumers to ensure these meet the organisation’s expectations. Staff were observed interacting with consumers in a kind, respectful, and patient manner when delivering care and services.

Consumers and representatives expressed confidence in the competency of staff and said staff know what they are doing. Management advised staff competency is determined through initial assessments and is monitored through consumer/representative feedback, audits, surveys, and reviews of clinical records and care delivery. Position descriptions are established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified criminal record checks are up to date.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including orientation and buddy shifts, access to online training modules, and additional training. The service monitors staff compliance with mandatory training through an electronic learning management system. Review of mandatory training records identified training is provided on a range of topics with high rates of completion.

The service demonstrated systems and processes in place to regularly assess, monitor, and review staff performance. Management described the formal and informal methods used to monitor staff performance. Staff confirmed they have undergone regular performance appraisals that involve feedback from supervisors and an opportunity to identify areas for further improvement. Review of completed appraisals identified staff and manager input and areas for development.

# 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

Management provided examples of various ways the service engages with consumers and representatives and supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Consumers felt the service is well run and they have a say in how care and services are delivered.

Management described the organisational structure, governance arrangements, and mechanisms used by the governing body to monitor the service’s compliance with Quality Standards and promote a culture of safe, inclusive, and quality care.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and able to describe what they meant for them in a practical way. An incident management system is in place and review of incident data identified incidents have been classified correctly and reported within appropriate timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and described how they would apply these as relevant to their roles.

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)