Performance

Report

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| Name of service: | Performance report date: |
| St Paul de Chartres Residential Aged Care | 20 September 2022 |
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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 Paul de Chartres Residential Aged Care (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 September 2022

# 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 | | Compliant |
| 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 reported staff treated them with respect and felt their individual identities and diversity were valued. Staff showed an understanding of consumer’s care preferences and individuality. Care planning documentation included information on emotional, spiritual, cultural needs and wellbeing.

Consumers advised staff respected their culture, values, and beliefs and they felt safe at the service. Staff demonstrated their understanding of consumer’s diverse cultures, beliefs, and individuality. The service has policies and procedures in place to assist staff to engage in safe, inclusive practices.

Consumers said they were supported to make decisions, maintain their independence, have others involved in their decision making, and were supported to maintain personal relationships with partners, family and friends. Staff described how consumers were supported to make choices and retain their independence and communicate their decisions around their care and who they want to spend time with. The service had a suite of policies and documents to support consumers independence, choices, and relationships, such as the supporting consumer relationships policy.

Consumers described ways in which they were supported to continue to live the life they choose and do the things which were important to them, such as mobilising independently. Staff explained how consumers were supported to understand the benefits and harm when they make decisions around taking risks. The service had policies regarding consumer risk taking, stating staff were to assist consumers to understand and manage possible risks while maintaining their rights and independence.

Consumers said they received information from the service which was clear and supportive. Staff explained how the service provided timely information, on activity updates and menu changes via meetings and noticeboards. Documents reviewed demonstrated the service provided consumers with regular updates.

Consumers said their personal privacy was respected through staff taking care to maintain dignity during cares and never entering rooms before knocking. Staff interviewed could describe what consumer personal privacy means and how they maintain the consumer’s dignity. Staff were observed respecting consumer’s privacy, by knocking and asking permission before entering a consumer’s room.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and planning activities included consideration of consumer goals, assessment of risk and planning of interventions and provided practical detailed guidance for staff. Representatives confirmed staff discussed consumers goals, heath status and wellbeing, potential risks and cares during case conferences or when the consumer’s condition changed. Staff explained how assessments identified consumer risks and care planning documentation showed evidence of risk assessments completed by the service.

Representatives confirmed staff regularly discussed current needs, goals and preferences and a statement of choice or advance health directive was in place. Consumer’s individual goals and preferences were identified and recorded. Staff were able to explain how end of life discussions were held consumers which aligned with the services relevant policies.

Consumers and representatives said staff engaged with them to discuss care planning. Staff stated consumer care plans were developed with individual consumers’ goals and needs in mind. Care planning documentation reviewed indicated consumers had been referred to medical officers, and other health professionals when a need was identified

Consumers and representatives said they receive regular health and wellbeing updates from staff and could access a copy of their care plan if they wanted. Care planning documents showed reviews occurred when an incident occurred or when a change to consumers’ health and well-being was identified. Reviews otherwise occur every 3 months, and the service has implemented a new care plan evaluation process to support engagement of consumers and representatives.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 care and services provided were safe, effective and reflected their needs and preferences. Staff stated the service ensured care was best practice through continued professional development, training and periodic policy review to ensure they reflected best practice. Care plans reviewed showed care provided was aligned with best practice, such as prior to any restrictive practice being used, the service undertook a full assessment in consultation with the consumer, representative and medical officer to discuss the reasons for its use and associated risks and the restrictive practice was reviewed regularly.

Staff explained processes for managing high impact and high prevalence risks, their responsibilities when they observed deterioration and said consumers were referred to other health professionals or support services. Care planning documentation identified key risks to those consumers and strategies were in place to minimise risks and documented in care documents.

Staff described the end of life support and care provided to consumers and their families, which aligned with the service’s end of life care policy. Care planning documentation reviewed included advance health directives, statement of choices and end of life preferences to guide staff in both palliative and end of life care.

Representatives confirmed they were notified promptly of any changes in the consumer’s health status. Staff described how deterioration or changes in the consumer’s condition or health status was a trigger for reassessment, review, consultation and referral where appropriate. A review of care planning documents showed changing consumer conditions were recognised and responded to.

Consumers and representatives believed needs and preferences were accurately communicated between staff. Staff said information sharing took place during the handover process and was recorded in the electronic care management system for authorised users to access and review. Care planning documentation demonstrated how staff notified representatives and other health professionals when the consumer experienced a change in condition, a clinical incident, was transferred to, or from hospital, or was ordered a change in medication.

Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship. Staff were observed using personal protective equipment and engaging in hand hygiene.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 stated they felt supported to engage in activities of interest to them and were provided with relevant supports, such as equipment and resources. Staff demonstrate a clear understanding of what was important to consumers and what they liked to do. Documentation reviewed outlined how the service supported consumers to get safe and effective supports in line with their choices and preferences.

Consumers described how they were supported when they were feeling low, including having a one-on-one conversation with staff or with their family and friends. Staff reported they recognised when consumers were feeling low and ensured the consumer was offered appropriate support. Care planning documentation reviewed included information about emotional, relationship, spiritual, stress, cultural, social and community needs. Staff were observed providing appropriate care to promote the consumers emotional and psychological well-being.

Consumers stated they were supported to maintain contact with the people who were important to them, and engage in activities, both inside and outside of the service, which they enjoy. Staff demonstrated how they supported consumers to participate both within and outside of the service, maintain important relationships and do things of interest to them, such as helping consumers prepare for an outing and arranging transport. Consumers were observed participating in group and individual activities at the service.

Staff reported changes in consumers’ care and services were communicated through verbal and documented handover processes, and also through the service’s electronic care management system, including changes to consumers dietary requirements being communicated to the hospitality team. Policies guided staff on the sharing of information about consumer’s condition’s needs and preferences within the organisation and with external services as required.

Consumer care planning documentation indicated how referrals were made to support services such as counselling, religious/pastoral care and programs run with volunteers attending the service. Staff indicated the service has a documented process for making referrals to individuals and providers outside the service who support the needs of consumers.

Consumers said the meals were of sufficient quality, quantity and aligned with their preferences and dietary requirements. Staff said consumers had choice when selecting meals and consumers have input into the menu through monthly meetings and feedback. Documentation review demonstrated the service had relevant practices to ensure safe food storage, preparation, delivery, and dietary needs and preferences were considered. Staff were observed assisting consumers with their meals, offering them choice, and consumers were enjoying their meals.

Consumers stated the service kept equipment clean and tidy and well looked after. All staff reported they had access to equipment required to support consumers which was appropriate, safe, clean and maintained on an ongoing basis. Policies, processes, and schedules ensured equipment was well maintained, clean and appropriate, to promote consumer safety and independence.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 stated the service was clean, homely, and welcoming and they could decorate their rooms how they wished. Staff stated the service endeavoured to create a welcoming environment where consumers felt a sense of belonging, could maintain their independence, and interact with visitors, other consumers and staff. Appropriate signage was observed and there were indoor and outdoor areas for consumers to enjoy.

Consumers said they felt the service was well maintained, felt comfortable and they could access all indoor and outdoor areas with ease. Staff reported they had daily and weekly cleaning schedules, as well as attending to ad hoc cleaning issues as they arose. Fire evacuation signs were clearly visible, handrails were provided throughout the service to facilitate freedom of movement, and consumers, including those with mobility aids such as 4-wheel walkers and electric scooters, travelled between indoor and outdoor areas freely.

Staff described how maintenance requests were logged through an electronic maintenance register which was checked daily and equipment which was broken or required attention was tagged. Documentation evidenced how cleaning was scheduled, equipment was regularly maintained, and maintenance issues were being addressed in a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 advised they had no issues raising concerns or providing feedback and were aware of how to do so, such as raising concerns with staff. Staff described how consumers and representatives provide feedback and made complaints, such as during the consumer meetings. The service had a feedback and complaints policy stating feedback and complaints were encouraged and supported, and feedback and complaints were outlined in the resident handbook.

Staff described how they assist consumers who had difficulty communicating to provide feedback and were aware of how to access advocacy and interpreter services for consumers. The service had a policy stating consumers should be made aware of other ways to provide feedback such as external advocacy and resolution services. Feedback forms and suggestion boxes were located around the service including near reception and entrances to wings. Information was provided in multiple languages on how to provide feedback, and the availability of advocacy, interpreter services, and external complaint bodies.

Consumers said the service responded to complaints in an appropriate manner. Staff described changes made at the service in response to feedback and complaints and were aware of the complaint management process including following open disclosure when things go wrong. A review of the feedback and complaints register detailed the nature of complaints, the actions taken to rectify complaints, how open disclosure was used, and documents whether the consumer was satisfied with the outcome.

Consumers said they see changes made in response to feedback and complaints, including more Asian food options, decentralised dining area to smaller dining areas in each of the wings and signage in the wings to assist navigation. Staff were aware of complaint trends and could describe how service improvements were made in response to feedback. The service’s complaints management policies stated feedback and complaints should be used for continuous improvement

# Standard 7

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| Human resources | | Compliant |
| 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 stated although staff were busy there was no impact on care delivery, there were sufficient staff to provide safe and effective care. Staff felt there were enough staff at the service and any planned and unplanned leave was managed effectively. Observations found the service had sufficient staff to deliver safe and quality care and services.

Consumers felt staff were kind, caring, and respectful, and they knew what was important to them. Interactions between staff and consumers were observed to be kind, caring and respectful and staff were observed using respectful language when assisting consumers.

Consumers felt staff were capable and knew what they were doing. Management described ways in which they determine whether staff were competent and capable in their role, such as recruiting qualified staff, and providing ongoing supervision and training. A review of staff records showed staff had appropriate qualifications, knowledge, training, and experience to perform the duties of their roles.

Consumers felt staff were capable and could not identify any further training required. Staff said they received adequate training and support to perform their duties, including receiving mandatory training in incident management. Records evidenced staff received training on incident management, infection control and hand hygiene, both at orientation and ongoing.

Management described how staff performance was assessed and monitored, including through ongoing supervision, identifying and addressing issues as they arise, and through the completion of mandatory training. Position descriptions and duty statements were regularly reviewed and revised. The staff appraisal and performance policy outlined how staff performance was assessed, monitored, and reviewed.

# Standard 8

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| Organisational governance | | Compliant |
| 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 they contributed to decisions about how the service was run, such as attending the consumer meetings and offering feedback. Management described how consumers were engaged in the development, delivery and evaluation of care and services, and the service introduced a Chinese consumer meeting to give Chinese speaking consumers an opportunity to raise issues and make suggestions.

Management demonstrated how the Board was informed about incidents and safety issues, via mechanisms such as monthly meetings where service information and trends were reviewed. Policies and procedures outlined how the organisation’s board played a role in promoting a culture of safe, inclusive and quality care and services and were accountable for their delivery.

The service had a range of policies and procedures demonstrating appropriate governance systems were in place relating to information management, continuous improvement, financial and workforce governance, and regulatory compliance. Management described how opportunities for continuous improvement were identified, how they sought changes to budget expenditure, and how they monitor compliance with relevant legislation and regulatory requirements.

Management described high impact risks to consumers and how they were identified. The service monitors trends in incidents, discusses them at meetings, involving staff and management at all levels, and if needed, implemented education and training to reduce incidents. Staff described processes for identifying, managing, and minimising risks and incidents including the prevention of abuse, harm and neglect of consumers. Various registers documented the management and minimisation of risks or incidents in accordance with the relevant policies and procedures.

The organisation provided a documented clinical governance framework, including policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The Infection Prevention Control lead outlined the outbreak management plan including recent updates such as providing additional staff training, and arrangements to use a waste management company. Staff understood their accountabilities and responsibilities under the clinical governance framework and what it meant to them in a practical way in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)