Performance

Report

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| Name of service: | Performance report date: |
| St Paul’s Hostel for the Elderly | 19 August 2022 |
| Commission ID: | Activity type: |
| 3330 | Site audit |
| Approved provider: | Activity date: |
| Antonine Sisters Aged Care Services Ltd | 6 July 2022 to 11 July 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 Paul’s Hostel for The Elderly (**the service**) has been considered by Kathryn Spurrell 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.
* 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 | | 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 stated they are treated with respect and dignity by staff and confirmed their individual culture, values and beliefs are upheld. Staff were observed supporting consumers in a respectful manner whilst delivering care and services and care planning documentation reflected personalised information relating to diversity, culture, and religious beliefs.

Consumers and representatives expressed satisfaction with the support they receive to exercise choice, independence and to maintain relationships of choice. Staff provided examples of using care plan documents to identify people important to consumers and described how they encourage consumers to maintain relationships with them.

Consumers felt supported to take risks to enable them to live the best life they can, and said staff are aware of the activities they engage in that contain risk and provide timely and accurate information and support so they can engage safely. The service uses principles of dignity of risk to provide assessments of activities and assist in decision making, this includes effective sharing of information for informed choices to be made.

Consumers are satisfied that their personal privacy is respected, and staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care The Assessment Team also observed the service’s information and privacy disclosure policy in place to guide staff.

# 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

Consumer and representatives described how they are involved in the assessment and planning process and confirmed the service communicates with them regularly and includes other medical professionals as required. Care documents identify the current needs of consumers and includes consideration of associated risks. Staff reported they use care documents to guide and inform their provision of care and confirmed the service has policies and procedures in place to guide them in their roles.

Staff and management demonstrated a shared understanding of the importance of notifying consumers’ representatives about updates to consumers care information and care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Consumers and representatives have access to care planning documentation.

Care planning documents evidenced consumers being supported through advance care planning and care documents included what was important to them, which also informed how care and services were delivered. Staff described the specific care needs of individual consumers and how they tailored care to meet these needs. There is evidence of involvement of other health professionals, including medical officers, physiotherapists, dietitians, and allied health professionals in assessment and planning and resultant care directives being incorporated into consumers care plans.

**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 consumers receive personal and clinical care that is safe, effective, and tailored to their needs. Staff were familiar with consumers’ individual care requirements and used this knowledge to deliver personal and clinical care matched to their needs.

Care plans for consumers reflect risks associated with the care of consumers are identified using assessment tools and mitigation strategies are used. Staff were able to describe how the care being delivered was undertaken safely, and how it was effective in supporting consumers’ health and well-being. The service has policies, procedures on best practice strategies to prevent and minimise harm due to, pressure injuries, falls, nutrition, and restrictive practice.

The Assessment team inspected care documents and found the service records consumer advanced care planning and end of life care preferences appropriately. Staff are guided by the service’s policies and procedures regarding the management of end-of-life care, including pain management and comfort care.

Consumers and representatives felt that their needs and preferences are effectively communicated between staff. Staff demonstrated how changes in the care and services of consumers are communicated within the service through progress notes and handover processes, as well as the electronic documentation system. Staff identified and responded to deterioration and changes in consumer’s health, as confirmed by care planning documents reviewed by the Assessment Team.

The service’s policies and procedures supported the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Infection control training has been provided to staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# 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 said the service supports them to engage in activities of interest to them, including participating in activities within the organisation’s lifestyle program and in the external community that promoted their emotional and spiritual wellbeing. Consumers reported being encouraged to be as independent as possible and care documentation evidenced how the service identified and matched consumers’ needs and preferences to activities to ensure their wellbeing was maximised.

Consumers confirmed they are fully informed, and their conditions, needs and preferences are communicated within the organisation in a timely manner. Staff described how they receive updates on changes to consumers conditions and how this is used to inform the services provided. The service uses an electronic care planning system which encompasses all consumer care planning documentation. Access to the electronic care planning system is available for all staff, and external organisations where services and supports for daily living is shared.

Staff described the service’s policies and processes for regular, timely and appropriate referrals to other individuals, organisations, and providers of care to maximise consumers’ health and well-being.

# Consumers and representatives provided generally positive feedback regarding the quality, presentation, and quantity of meals and kitchen staff could explain specific dietary needs and preferences and explained how these are accommodated. The Assessment Team observed that the kitchen was generally clean and tidy, and staff were observed to adhere to food and safety protocols.

The Assessment Team observed equipment used to provide and support lifestyle services is safe, suitable, clean, and well maintained and staff and consumers confirmed they can access the necessary equipment as required.

# 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 reported the service environment to be welcoming, easily navigated and comfortable. Consumers’ rooms were observed to be personalised with photographs, artwork, and personal belongings Staff described features of the service environment which are designed to support the functioning of people with a cognitive impairment. The service had three outdoor courtyard areas all with seating areas and an outdoor vegetable garden with working raised garden beds.

A review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. The maintenance contractor and other staff described procedures for maintenance scheduling, routine checks and how entries are logged to ensure that the service is safe and well-maintained.

Furniture, fittings, and equipment within the service was safe, clean, and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, by maintenance staff. The service was able to demonstrate that furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the needs of the consumer.

**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 and representatives said they are encouraged and supported to provide feedback and make complaints and felt comfortable doing so anonymously or with the assistance of staff. Staff advised the different ways that consumers are encouraged and supported to provide feedback or make a complaint, which included feedback forms, meetings and surveys.

Consumers and representatives said they would make a complaint or provide feedback by speaking directly with staff or management; however, they are aware of the various other methods available to them.Staff described how they would support someone to provide feedback or make a complaint, and the process they follow should a consumer and representative raise an issue with them directly. Information regarding internal and external complaints and feedback processes and advocacy services are displayed on noticeboards and brochures in communal areas throughout the service.

Consumers and representatives said follow up actions occurred in response to complaints and feedback and were satisfied the feedback will result in service improvements.

Staff demonstrated an understanding of the open disclosure process and described how the organisation records, analyses and acted on feedback and complaints to address concerns raised and improve care and services.

The organisation’s continuous quality improvement plan demonstrated a commitment the service worked with consumers and representatives to resolve issues and inform the process of 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 and representatives considered that they get quality care and services when they need them from staff who are knowledgeable, capable, and caring and felt there were sufficient staff to support consumer care and services. Staff reported they have enough time to complete their duties and that staff unable to attend their shifts are replaced.

Consumers and representatives indicated that staff perform their duties effectively, and they are confident staff are trained appropriately and are sufficiently skilled to meet their care needs. Position descriptions are maintained for all staff, and a review of care and registered staff descriptions identifies information regarding required qualifications and experience, a summary of the position, and an outline of the responsibilities and duties.

The recruitment process for employee selection, screening and onboarding included regulatory compliance checking, pre-employment health screening, work rights, qualifications, and reference checking.

The service had an appropriate performance and development system that included regular assessment, monitoring, and review of staff performance. Staff confirmed the training, support, professional development and supervision they received during orientation and on an ongoing basis.

**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

The service supports consumers to be engaged in the development, delivery and evaluation of care and services through various ways including care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

Consumers and representatives said the service is run well, and they are consulted in the development, delivery and evaluation of care and services.

The governing body meets regularly and sets clear expectations for a culture of safe, inclusive, and quality care and services. The governing body receives various consolidated reports, generated by the service monthly, which outlines information relating to internal audits, consumer and staff feedback and complaints and risks, and clinical and incident data analysis. And uses this information to maintain oversight.

There are governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. Changes to legislative requirements are disseminated to staff through staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures

The service had a risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Staff understood these concepts and could explain how they used them 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-2)