Performance

Report

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| Name of service: | Stella Maris Aged Care Facility |
| Service address: | 6 Coast Avenue CRONULLA NSW 2230 |
| Commission ID: | 0241 |
| Approved provider: | Stella Maris Aged Care Facility |
| Activity type: | Site Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 6 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Stella Maris Aged Care Facility (**the service**) has been prepared by M. Nassif delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they were treated with dignity and respect and staff knew and valued their identities and cultural backgrounds and encouraged their diversity. Staff were observed treating consumers with dignity and respect and were aware of consumers’ identities and tailored their care in line with their care planning documents.

Consumers and representatives described how the care provided was consistent with their cultural traditions and preferences. Care planning documents captured information regarding consumers’ preferences, including their cultural and spiritual needs. Staff described how they tailored care to meet their specific cultural needs and preferences.

Consumers and representatives said they were supported to exercise choice and independence regarding their care and to make and communicate their care decisions. Staff knew how individual consumers wished to have their care delivered and who they wanted to involve in their care decisions and important relationships. Care planning documents showed consumers were supported to exercise choice and independence and maintain relationships.

Consumers and representatives said the service supported consumers to take risks to enable them to live the best life they could. Staff described areas in which consumers took risks and how they were supported to understand the benefits, and possible harm, when they made decisions about taking risks. Dignity of risk forms documented the benefits and risks of consumer’s choices as well agreed risk mitigation strategies.

Consumers and representatives stated they were happy with the information provided by the service and felt well informed. Various information flyers, including the activities calendar, were displayed around the service. Management was heard announcing information keep consumers and visitors up to date with what was happening at the service.

Consumers and representatives said their privacy, personal and confidential information was respected. Staff were observed knocking on bedroom doors, awaiting a response before entering and closing doors to provide care. The service had a privacy policy, and no personal information was observed to be in plain view.

# 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

Staff described the care assessment and planning process in detail, and how it informed the delivery of safe and effective care and services. Care planning documents showed consumers’ current care needs, and any risks, were considered at admission and on an ongoing basis. The service had a policy and procedure to guide staff practice in undertaking assessment and care planning.

Consumers and representatives said staff spoke to them regularly about their current care needs and their end of life care if they wished. Management explained palliative care was one of the topics they discussed during the weekly forum with consumers. Care planning documents identified and addressed consumers’ current needs, goals and preferences, including their end-of-life wishes.

Consumers and representatives said they were partners in the planning of care and services. Care planning documents showed consumers, and others they wished to involve, were included in the assessment and planning process. Staff and management described how they involved others the consumer wished to involve in their care, including external individuals and organisations, and this was reflected in care planning documents.

Consumers and representatives said the service communicated with them regularly and they had access to care plans, if requested. Staff said they regularly contacted representatives when they visited or by phone, to keep them updated. Records showed regular communication with consumers and representatives through ongoing contact and care plan evaluations.

Staff said they reviewed care plans 3 monthly or when there was a deterioration in condition, change in preferences or an incident. The service also had a resident of the day programme to review a consumer’s needs, goals or preferences monthly. Care planning documents showed they were regularly reviewed for continued effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer.

# 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 safe and effective personal and clinical care that was best practice, tailored to meet their needs and optimised their health and well-being. This was consistent with care planning documents. Staff described written policies and procedures which guided their practice in delivering safe and effective care to each consumer.

Management and staff described high impact and high prevalence risks to consumers and explained how they were effectively managed. Consumers and representatives said staff explained and managed risks to their health well and they had input into how these risks were managed. Care planning documents demonstrated the service was effectively managing high impact and high prevalence risks.

Consumers and representatives were confident when they required end of life care, the service would support them to be as free as possible from pain and to have those important to them with them. Staff described how they maximised the dignity and comfort of consumers towards the end of life. The service had policies and procedures to direct the management of advance care and end of life care.

Staff explained the processes for identifying a change or deterioration in consumers’ condition and informing clinical management during handover, escalating the situation to a medical officer and sending the consumer to the hospital, if required. Care planning documents and progress notes showed deterioration, or changes in condition, were recognised and responded to promptly by the service.

Consumers and representatives were satisfied with the communication about changes to consumers’ condition, needs or preferences. Staff described how changes in consumers’ care and services were documented and communicated through verbal handover processes, meetings, accessing care plans, or electronic notifications.

Care planning documents and progress notes showed the involvement of medical officers, allied health professionals and other providers of care, where needed. Consumers and representatives said referrals were timely and appropriate, and they had access to a range of health professionals.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers were satisfied with the service’s infection control practices and said staff used personal protective equipment correctly and practiced safe hand hygiene.

# 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 they received safe and effective services and supports for daily living that met their needs, goals, and preferences. Staff knew what was important to individual consumers and how they assisted them to enhance their quality of life. Care planning documents the services and supports required for each consumer.

Consumers and representatives said consumers’ emotional, spiritual and psychological needs were supported by the service. Staff advised how the supported consumers' emotional, spiritual, and psychological needs in various ways. Care planning documents contained information about consumers’ emotional and spiritual or psychological well-being and how staff can support them.

Consumers and representatives indicated consumers received support to participate in activities within and outside the service, maintain contact with people important to them, and do things of interest to them. Staff described how they supported consumers to stay connected with family and friends using technology and social media. Care planning documents described how consumers participated in the community, did things of interest, and stayed connected with family and friends and this aligned with consumers’ responses.

Consumers and representatives confirmed information about their preferences, needs, and condition was effectively communicated within the service, and with others who shared responsibility for their care. Staff described ways they shared information about the changing condition, needs and preferences of each consumer. Care planning documents provided current information to support safe and effective care related to daily living.

Consumers said they were supported by external organisations, support services and other providers of care and services. Care planning documents evidenced a variety of referrals to external providers of care and services. Staff said described the external supports used to supplement the care and services provided to consumers.

Consumers expressed satisfaction with the variety, quality, and quantity of food provided. Staff were knowledgeable about consumers’ dietary preferences and requirements and were observed assisting, encouraging, and offering consumers meal choices. Care planning documents noted consumers’ dietary needs, likes/dislikes and allergies and these were displayed in the kitchen.

Consumers said they were satisfied the equipment available was safe, suitable and well maintained. Staff said they had access to suitable equipment, and they described how it was maintained and cleaned. Cleaning and maintenance schedules were up to date and equipment provided to consumers appeared 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 and representatives said the service environment was open and welcoming and consumers said they could decorate their rooms with personal belongings, photos and artwork. Staff described how the layout of the service supports consumers’ lifestyle, with various courtyards and gardens plenty of common areas for the consumers to socialise and relax in.

Consumers and representatives said the service was clean, well maintained and they could move around freely and access the outdoor areas. This was consistent with observations. Maintenance staff demonstrated the service environment is monitored and proactively maintained to ensure that the service environment and equipment is safe and comfortable for consumers.

Consumers and representatives said the furniture, fittings and equipment were suitable, clean, well maintained and safe for use. The furniture, fittings and equipment were observed to be safe, clean and well maintained. Records showed furniture and equipment were maintained regularly.

# 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 were encouraged and supported to provide feedback or make complaints and the service responded promptly. Management and staff described the various policies and processes in place to encourage and support feedback and complaints. Feedback forms and lodgement boxes were observed throughout the service and the resident handbook detailed the internal and external feedback and complaints processes.

Consumers and representatives said they were aware of advocacy and language services that were available and knew how to make a complaint both internally and externally. Staff and management described how to access advocacy and interpreter services but said consumers had not required these services. Information on advocacy services and external complaints mechanisms was available and on display at the service.

Consumers and representatives said management addressed and resolved their concerns in a timely manner and apologised when things went wrong. Staff and management described how complaints and incidents were recorded and followed up and open disclosure was used. Complaints records confirmed the use of open disclosure and the timely management of complaints.

Management described how feedback and complaints were recorded and analysed and improvement actions taken. Consumers were satisfied with improvements made by the service as a result of their feedback. Management described how incidents and complaints informed the organisation’s Continuous Improvement Plan and the Quality Improvement Action Plan in consultation with consumers and representatives.

# 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 felt there was enough staff, and they did not have to wait long for assistance. Recent records showed 99% of call bells were answered within the service’s acceptable time frame of 10 minutes. Staff said there were enough staff at the service and staff rosters demonstrated all shifts were filled.

Consumers and representatives said staff were kind, caring and respectful. Staff were observed interacting with consumers in a friendly, kind and respectful way and showed they knew each consumer. Management said they monitored staff interactions with consumers and representatives through observations and formal/informal feedback processes.

Consumers and representatives said staff were capable and had the skills and knowledge to effectively perform their roles. Management ensured all staff met the requirements for their role and had the necessary qualifications, registrations and current police checks and visas. Staff were satisfied with the training and support provided to them by management and other staff.

Staff confirmed receiving orientation, initial and ongoing training to meet core competencies. Management explained the online training platform is used to plan and track mandatory training. Consumers and representatives considered staff were trained and supported to deliver safe and quality care and services.

Management and staff confirmed there were systems in place for monitoring and reviewing performance. Management said staff performance was monitored informally on the floor of the service and more formally through annual reviews. Most performance appraisals for 2022 had been completed and those overdue were followed up by management.

# 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 and representatives said the service was run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described various ways consumers were involved in decisions about the service. Documents confirmed consumers and representatives had input on an ongoing basis.

Management described how the organisational structure and Board had oversight of the delivery of inclusive care and services in accordance with the Quality Standards. The organisation had clinical and quality governance frameworks that established accountability from the service manager through various committees to the Board. Records confirmed the Board received regular performance reports from the service and monitored compliance with the Standards.

The service demonstrated effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described processes and mechanisms in place for each respective governance system and how staff were guided by the relevant documented policies, procedures and training.

The service had effective risk management systems and practices in place for; managing high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff had access to appropriate policies and training and provided examples of how the systems and practices applied to their daily work.

The organisation’s clinical governance system ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had relevant policies and procedures which were readily available to staff and were implemented across the service.

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)