Performance

Report

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| Name: | The Laura Johnson Home |
| Commission ID: | 5022 |
| Address: | 41 Clarke Street, MOUNT ISA, Queensland, 4825 |
| Activity type: | Site Audit |
| Activity date: | 26 September 2023 to 28 September 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 804 The Society for the Mount Isa Memorial Garden Settlement for the Aged  Service: 3379 The Laura Johnson Home |

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 The Laura Johnson Home (**the service**) has been prepared by A. Douglas, 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
* the Approved Provider’s responses to the Assessment Team’s report, received on 26 October 2023 and 14 November 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said staff valued their diversity and treated them with dignity and respect. Care documents identified information regarding consumers’ background, preferences, identity, and cultural practices. Staff demonstrated an awareness of the needs and preferences of consumers and were observed providing care in a dignified and respectful manner.

Consumers and representatives felt staff knew and respected their culture and background. Staff demonstrated a shared understanding of the cultural needs and preferences of consumers and outlined how the consumer’s culture influenced the delivery of day-to-day care and services. Care documents identified information regarding the consumer’s cultural needs and preferences.

Consumers and representatives said consumers were supported to exercise choice and independence, had the ability to make their own decisions, and maintain personal relationships. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care, and how the service supported them to maintain relationships. The Assessment Team observed consumers spending time with visitors in the service’s communal areas.

Consumers and representatives said the service supported consumers to take risks and demonstrated an awareness of the risks associated with their decisions. Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Care documents showed risks were identified through risk assessments and consumers were provided with information to make informed decisions about their care and services.

Consumers and representatives confirmed they received information that was current, accurate and timely. Staff described the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said their privacy was respected and were confident their personal information was kept confidential. Staff described the practical ways in which they protected consumers’ privacy and maintained the confidentiality of consumer information. The Assessment Team observed staff conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors and conducting handover meetings in private.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the service’s assessment and care planning process, and confirmed care and services met the consumer’s needs. Staff demonstrated an in depth understanding of the care planning process, and how it was utilised to inform the delivery of care and services to consumers. Care documents evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

Consumers and representatives said the assessment and planning process met their current needs, goals, and preferences, including of advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. Care documents were readily available to staff on the service’s electronic care management system (ECMS), including external staff.

Care documents confirmed care plans were reviewed on a regular 3-monthly basis, when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives advised staff regularly discussed their care needs with them, and any requested changes were addressed in a timely manner. The Assessment Team noted the service had policies and procedures in place to guide staff practice in relation to the review of consumers’ care plans.

# 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

*Requirement 3(3)(a):*

The Assessment Team provided evidence to support a finding that Requirement 3(3)(a) was Not Met, as it considered the service could not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. Specifically, the Site Audit Report identified issues in relation to the use of environmental restrictive practices. The service had not identified the service’s locked front doors as an environmental restraint and the restrictive practices register did not accurately identify all consumers subject to environmental restrictive practices. Management and staff advised the external doors of the service were locked for safety reasons due to recent issues with members of the community attempting to access the service without permission. During the Site Audit, management advised they would provide access codes for consumers who were limited in mobility, complete Behaviour Support Plans (BSP) and risk assessments, and obtain consent for any additional consumers subject to environmental restraint.

The Approved Provider submitted a response to the Site Audit report on 26 October 2023 and 14 November 2023. The Approved Provider reviewed the capacity of all consumers to identify whether there were additional consumers subject to environmental restrictive practices. The service updated all consumers’ assessments, consents, and care plans to ensure environmental restraints were in alignment with best practice. Management advised BSPs had been created for consumers identified as being subject to environmental restrictive practices arising from the locked front door to ensure care was tailored to the consumer’s needs. These BSPs were attached within the Approved Provider’s response and evidenced the service had assessed the environmental restraint, sought consent, and considered alternatives to restrictive practices.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address issues regarding environmental restraints. The service acted immediately to address issues caused by recently locking the front door of the service to protect consumers from members of the community attempting to gain unsolicited access. The report did not raise any issues in relation to the service’s systems and processes for monitoring other types of restrictive practices and consumers and representatives confirmed they were supported to leave the service independently. Based on documentation and feedback from consumers and representatives, it is evident that issues raised in the Site Audit Report in relation to Requirement 3(3)(a) are not systemic in nature within the service.

The service’s response was such that I am satisfied it has addressed the Assessment Team’s findings and there is no ongoing risk to the service’s consumers concerning matters related to Requirement 3(3)(a). I have therefore formed the view that the service is compliant with Requirement 3(3)(a).

I am satisfied the service is compliant with the remaining Requirements of Quality Standard 3.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Management and staff described how they identified, assessed, and managed high impact and high prevalence risks to consumers. Care documents evidenced high impact or high prevalence risks were identified and effectively managed by the service.

Consumers and representatives stated they had discussed, or had been invited to discuss, their EOL goals and preferences with management and staff. Care documents showed consumers’ EOL wishes were documented and followed appropriately by staff. Management and staff described the processes to support EOL care for consumers, including the involvement of the consumer’s family and health professionals.

Consumers and representatives felt the service recognised and responded to changes in the consumer’s condition in a timely manner. The service had policies and procedures to guide staff practice in the identification and response to consumer deterioration. Staff described the ways in which they responded to a change in a consumer’s condition in a timely manner. Care documents showed deterioration or changes in consumers’ health and well-being was recognised and responded to in a timely manner.

Consumers and representatives were satisfied the consumer’s care needs and preferences were documented and communicated between staff. Staff confirmed information relating to consumers’ conditions, needs and preferences was documented in the service’s ECMS and communicated via the shift handover process. Care documents included information regarding the consumer’s condition, needs and preferences was documented and communicated in a timely manner.

Consumers and representatives said referrals were timely and appropriate, and consumers had access to the required health care supports. Management advised all referrals were documented to ensure the referral was accepted and responded to in a timely manner. Care documents included timely and appropriately referrals to MO, allied health professionals and other providers of care and services.

Consumers expressed satisfaction with the infection control measures the service had in place to prevent and control practices in the service. The service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use 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

Most consumers and representatives said they were supported to participate in their preferred activities and provided with appropriate supports to optimise their independence and quality of life. Lifestyle staff outlined how they partnered with consumers to conduct a lifestyle assessment upon admission which collected information regarding the consumer’s needs and preferences. The Assessment Team observed the service’s activities calendar and noted there was a range of different activities that catered to the varying needs and abilities of consumers.

Consumers said the service supported them to maintain important social, emotional, and religious connections. Staff demonstrated an understanding of consumers’ emotional, psychological and spiritual well-being, and provided examples how they met these needs. Care documents identified information regarding the emotional, spiritual, and psychological needs and preferences of consumers.

Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Management and staff described the external services and supports utilised to support consumers. Care documents aligned with information provided by consumers, representatives and staff regarding the consumer’s continued involvement in their community and maintaining personal and social relationships.

Consumers confirmed staff were aware of information related to their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff had access to the service’s ECMS which contained information regarding consumers’ care needs and preference and service delivery requirements.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers said they were satisfied with the variety, quality, and quantity of the service’s meals. Staff demonstrated a shared understanding of consumers’ dietary needs and preferences and explained how they accommodated these needs. Staff were observed engaging with consumers positively throughout mealtimes and providing assistance when required.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff advised they completed regular inventory checks of lifestyle equipment to ensure equipment was safe and suitable for use. The Assessment Team observed equipment was clean, safe, and suitable for use.

# 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 confirmed they found the service environment to be welcoming and easy to understand. Management and staff described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction and function. The Assessment Team observed the service’s hallways to be wide, spacious and unobstructed, with handrails to assist consumers with mobility issues.

The Assessment Team observed the service environment was safe, clean, comfortable and well maintained, and mostly allowed consumers to move freely both indoors and outdoors. Consumers and representatives expressed satisfaction with the cleanliness of the service environment, and confirmed staff assisted them to move freely throughout the service. Staff outlined how the service environment was cleaned and maintained in accordance with the cleaning schedule.

Consumers said the service's furniture and equipment was safe, clean, well maintained, and suitable for use. Staff described their responsibilities in relation to maintaining personal equipment, furniture and fittings within the service. The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance registers which were up to date.

# 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 felt comfortable providing feedback to the service. Management described the ways that consumers can give feedback, and how they encourage feedback and complaints. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives were aware of advocacy services and external organisations for raising complaints. Staff described how they would access translation, interpretation and advocacy services if required to assist consumers. Information regarding advocacy, translation and language services was displayed throughout the service.

Consumers and representatives said the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure and complaint management processes. Feedback records demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said they felt changes within the service were made in response to complaints and feedback. A review of the service’s plan for continuous improvement (PCI) evidenced the service reviewed feedback to improve the quality of care and services. Staff said the service valued and welcomed the feedback provided from consumers, representatives, and other stakeholders.

# 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 the workforce was planned to enable the delivery and management of safe and quality care and services. Management and staff described how they ensured there were enough staff to provide consumers with safe and effective care. A review of documentation evidenced the service had adequate staffing levels, and call bell response times were regularly monitored to identify any emerging issues or trends.

Consumers and representatives felt staff were kind and caring and knew consumers well. Staff described how they treated consumers with respect by following their preferences and communicating clearly when providing care and services. Staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team advised the service had documented policies in relation to the key qualifications and knowledge requirements for each role. Staff advised they had the necessary skills to perform their roles and meet the consumer’s needs.

Management described how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards. Consumers and representatives confirmed staff were skilled to meet the clinical and personal care needs of consumers. A review of training records by the Assessment team mostly evidenced staff were up to date with their mandatory training and received a range of training which was relevant to their roles.

Staff confirmed they were supported by management during performance reviews and provided with opportunities for improvement. Management advised the performance of staff was monitored through annal performance appraisals, continuous informal monitoring and review and the performance management process when required. The service had a range of policies and procedures which outlined the expected performance of all staff, in alignment with their roles.

# 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

*Requirement 8(3)(c):*

The Assessment Team provided evidence to support a finding that Requirement 8(3)(c) was Not Met, as it considered the service could not demonstrate effective organisation wide governance systems in relation to regulatory compliance. Issues were raised in relation to the service’s use of environmental restraint and lack of supporting documentation for its use (refer to Requirement 3(3)(a) for further information). The service’s response addressed the Assessment Team’s findings and I am satisfied there is no ongoing risk to consumers. I have therefore formed the view that the service is compliant with Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining Requirements of Quality Standard 8.

Consumers and representatives said they were engaged in the development, delivery, and evaluation of care and services. Management and staff could describe the different mechanisms used to engage with consumers, such as meetings, surveys and feedback processes. The service provided documentation which showed consumers were supported to engage and provide input into care and service delivery.

Management outlined the service’s organisational chart which provided an overview of the service’s structure and executive committees, with clear lines of reporting to the governing body. Multiple communications between the governing body and the service confirmed the governing body retained oversight of the service’s operations. For example, the governing body reviewed clinical indicators, the organisation’s PCI, incidents, feedback and complaints on a monthly basis.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff and management were able to describe their role in managing risk, and the action that they take when an incident occurs. Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained a register for incident data.

The service had policies and procedures in place to ensure appropriate practice in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff described their roles and reporting requirements under the clinical governance framework. Care documents complied with the service’s policies for antimicrobial stewardship, minimisation of restraint, and open disclosure.

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)