Performance Report

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Name:	St Louis Estate Home Care
Commission ID:	500228
Address:	10 Albert Street, CLAREMONT, Western Australia, 6010
Activity type:	Quality Audit
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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.

Service included in this assessment

Home Care Packages (**HCP**) included:
Provider: 5705 CHC Home and Aged Care Pty Ltd
Service: 26204 St Louis Estate Home Care

This performance report

This performance report for St Louis Estate Home Care (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[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.

Material relied on

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

• the assessment team's report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives and staff.

The provider did not provide a response to the assessment team's report.

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[1] The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary for Home Care Packages (HCP)

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	**Not applicable**
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

Consumer dignity and choice		HCP
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: (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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

Mandatory training during onboarding assists staff to understand how to deliver care that is respectful of consumers' identity, culture and diversity. Staff described how they treat each consumer as an individual, provide care and services in a respectful manner, and actively seek feedback from consumers regarding their service and interactions. Consumers said staff treat them respectfully and take the time to get to know them.

Staff described how they assess consumers' needs, wants and preferences when they first meet to ensure provision of care that is culturally safe for each consumer. Staff and management described what culturally safe care means to them and how they apply this in practice. Staff said they work together to ensure consumers' cultural identity and preferences are known and that care provided is in accordance with each consumer's individual needs.

Consumers said they are able to make decisions about the care they want and work with the service to have the care when they need it. Intake processes capture relationships important to consumers and their wishes for them to be included in care planning. There are overarching organisational governance systems to support consumers to take risks to live their best lives, however, support tools or processes to assist staff in identifying and/or assisting consumers to take risks are not in place. Staff described how they support consumers to remain independent

by taking risks in their daily living. For two consumers who self-administer medications, discussions relating to medication management had been undertaken, and monitoring processes implemented.

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. Preferred correspondence methods for all consumers is recorded on commencing with the service. Consumers said their monthly account statements were easy to read, and any confusion was quickly resolved. Consumers reported having copies of their care plans in their residence and regular communication with staff for review and updates. There are processes to ensure consumers' privacy is respected and personal information is kept confidential.

Based on the assessment team's report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

Standard 2

Ongoing assessment and planning with consumers		HCP
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: (i) 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 (ii) 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

Effective assessment and care planning processes, including use of validated assessment tools, ensure staff deliver safe and effective care and services. Assessments are completed on entry, at scheduled care plan reviews, and when consumers' needs change. Risks to consumers' safety, health and well-being are identified and assessed, with strategies to reduce risks discussed with the consumer and documented in a care plan. All consumers and representatives interviewed said they were involved in discussions about risks on commencement of services, and are involved in ongoing discussions relating to care planning, including identification and mitigation of risks.

Established processes ensure care and services are planned and centre on the individual needs and preferences of consumers. Care plans identified consumers' current needs, goals and preferences and are used by staff to guide staff in provision of care and services. While consumers are encouraged to discuss end of life preferences and are given paperwork to complete an advance care directive if they wish, no consumers have currently disclosed any particular wishes at end of life and most have not wanted to engage in a discussion. Consumers

said they are included in the process to identify what is important to them and how they want their care delivered.

Consumers and, as appropriate, representatives are involved in the planning of the care and services to be provided. Consumers are asked to specify who they want and don't want to be involved in planning of their care. All consumers and representatives interviewed said they initially met with a case manager to discuss consumers' specific needs and preferences in order to set up the care and care plan together. All stated they can easily contact the case manager on an ongoing basis to discuss any changes to consumers' needs or preferences.

There are effective processes to ensure the outcomes of assessment and planning are communicated to the consumer and documented in a care and services plan that is readily available to the consumer and to staff at the point of care. Where changes are made to care plans following a consumer review, consumers and their representatives are advised. All consumers and representatives said they have been provided a copy of the care plan and described their involvement in ongoing discussions and care plan review.

Care plans are reviewed after one month, then at six months and annually ongoing. Care plans are also updated in response to changes, including when there is a decline in health, following incidents, following discharge from hospital, and when there are changes in preferences. Consumers and representatives confirmed the service discusses changes with them following incidents or changes in consumers' health or ability.

Based on the assessment team's report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

Standard 3

Personal care and clinical care		HCP
Requirement 3(3)(a)	Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: (i) standard and transmission based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.	Compliant

Findings

Personal and clinical care is best practice, tailored to consumers' needs and optimises their health and well-being. Clinical staff engage in ongoing education and training to ensure best practice care is being delivered. High impact or high prevalence risks are effectively identified through assessment processes, including validated assessment tools, and strategies to reduce risk of reoccurrence are implemented. Care files sampled demonstrated appropriate management of risks relating falls, pressure injuries, and cognitive impairment. Care files also demonstrated involvement of general practitioners and allied health staff in consumers' care.

Consumers and representatives were satisfied with how the service manages risks, including those relating to falls, skin integrity and pain.

The needs, goals and preferences of consumers nearing the end of their life are recognised. Consumers are provided information about palliative care and end of life planning, and are encouraged to attend information sessions held at the retirement village in relation to advance care planning. Management described processes that would be followed to ensure appropriate support was provided to consumers, including contacting external palliative care specialists and liaising closely with the consumer's general practitioner and family.

Deterioration or change of a consumer's health or condition is recognised and responded to in a timely manner. Staff were clear about their roles and responsibilities, including identifying and reporting signs of deterioration. Where required, referrals are made to the general practitioner and/or allied health professionals in response to deterioration. All consumers and representatives interviewed were confident in the service's ability to respond appropriately in the event of a change or deterioration. Representatives said they receive regular communication from staff in relation to incidents that have occurred or where staff have noticed changes in the consumer's condition or behaviour.

Effective information exchange processes ensure the workforce has the information they need to provide and coordinate consumer care and services. Staff complete progress notes, risk assessments, and clinical incident management forms, as appropriate, to record information about care and services provided to consumers. Clinical staff review progress notes each day to check for issues of concern. Information regarding care and services provided by external consultants is communicated to the service in a formal report and uploaded into the consumer's care record.

There are effective systems to minimise infection related risks. Policies, procedures and an outbreak management plan are available to guide staff, and staff receive training in infection prevention and control, and use of personal protective equipment. Where consumers are identified with an infection, antimicrobial stewardship principles are followed. Clinical staff said if concerns are raised by care staff or consumers/representatives in relation to possible infection, they liaise with the consumer and their representative, and advise a general practitioner referral is needed. The clinical team then monitor the outcome of the medical assessment. A register is maintained of all consumers receiving antibiotics to enable tracking and monitoring.

Based on the assessment team's report, I find all requirements in Standard 3 Personal care and clinical care compliant.

Standard 4

Services and supports for daily living		HCP
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: (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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.	Not applicable
Requirement 4(3)(g)	Where equipment is provided, it is safe, suitable, clean and well maintained.	Compliant

Findings

The service has embedded the principles of enablement and independence into its mission statement. Care files demonstrated, and staff described consumers' identified goals for optimising their independence and well-being. Consumers and representatives were satisfied the service takes time to get to know consumers to find out what is important to them, how they want to live their lives, and to support them to achieve this.

Consumers said staff are kind and support them when they feel down. In addition to formal assessments, staff build trust with consumers to enable them to identify when consumers need support with their psychological well-being. Progress notes showed staff recognise, record and report to their manager when a consumer is feeling low or requires support. Staff were aware of individual consumer's emotional, spiritual and psychological well-being needs, and identified consumers experiencing grief and loss, and consumers with increasing anxiety due to deteriorating physical and cognitive abilities.

Consumers are supported to participate in the wider community, have personal and social relationships and do things that are of interest to them. Care staff provided examples of how

they support consumers to participate in the community and to maintain social relationships, and were familiar with the individual interests of consumers to whom they provide care. Consumers and representatives confirmed consumers have opportunities to do things that are meaningful to them.

Information about consumers' condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Staff described processes for identifying when and how to make referrals to other providers, and documentation showed referrals are initiated and followed up. Following specialist assessments, care plans are updated, where required, and staff are notified of any changes to consumers' care and service needs. Consumers said most staff know their needs, preferences, and daily supports they require, and they do not have to repeat themselves.

Equipment used by consumers is monitored to ensure it is safe, suitable, clean and well maintained. All equipment is assessed by a professional and purchased by the consumer and/or representative. Staff interviewed described actions they take where equipment is identified as not being in a suitable condition.

Based on the assessment team's report, I find all requirements assessed in Standard 4 Services and supports for daily living compliant.

Standard 6

Feedback and complaints		HCP
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

The service provides multiple avenues for consumers to provide feedback and make complaints. Feedback and complaints processes are discussed with consumers at initial intake meetings, and information, feedback forms and a suggestion box were located in the main reception of the village. All consumers interviewed were aware of how to provide feedback, and spoke of the resident advisory committee as an avenue to have a voice for feedback.

Advocacy services, support services, complaints handling, and resolution support information were located in the retirement village's communal areas where the service is situated, and consumers are provided individual pamphlets in onboarding information packs, including information on contacting the Commission to escalate a concern. Consumers felt supported to access other support services to lodge a complaint or feedback.

A register to record feedback, suggestions, compliments and complaints is maintained and includes the investigation and resolution process. The register also included examples of open disclosure and communication with consumers relating to complaints. Staff demonstrated an understanding of the organisation's feedback and complaints policy, and how to record and escalate feedback, compliments and complaints. Consumers and representatives reported timely resolution and effective communication throughout the complaints resolution process.

Feedback and complaints are trended and used to assess, plan and identify improvements to the quality of care and services. Consumers are informed of feedback and organisational improvements through newsletters and resident advisory committee meetings. Consumers reported resolutions of their feedback and complaints resulted in better services.

Based on the assessment team's report, I find all requirements assessed in Standard 6 Feedback and complaints compliant.

Standard 7

Human resources		HCP
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

There are systems and processes to inform and review staffing skills and staffing resources required to deliver safe and effective care for new clients, and adjust and meet increases to care needs for existing clients. Staffing levels, including skills are discussed and reviewed regularly at intake and management meetings. An established network of sub-contractors and established relationships with agencies ensures the service is able to meet temporary or unexpected care needs and changes while recruiting. Staff felt there were enough staff to undertake all tasks and enough skilled staff to meet the needs of consumers. Consumers interviewed said they are able to have the same staff each week to undertake their care as is their preference, and staff are not rushed during the service.

All consumers interviewed said staff treat them with respect and are kind and caring in their interactions. Staff are supported through training, buddy shifts and promotion of consumer centred care services. Management ensure staff are providing kind and respectful care by seeking consumer feedback through the complaints and feedback process, as well as annual census assessments. Annual consumer surveys are conducted to gage staff culture and practices whilst providing care and services to consumers.

Consumers said they receive care from appropriately skilled and competent staff and felt safe in receiving care. Workforce competency is assessed against roles and responsibilities by analysing consumer feedback, incidents and trends, and staff self-identified learning needs. Sub-contractor agreements include the code of conduct and the requirement to provide evidence of appropriate skills, qualifications and clearances which are reviewed annually. Staff felt supported by the service to undertake their roles and responsibilities, and said they are kept up to date and informed of legislative changes.

Onboarding systems and processes ensure staff have the appropriate skills and clearances for their role. Capability checks are completed prior to care services being undertaken, and there are review mechanisms to ensure qualifications are maintained for all staff. Position

descriptions clearly define qualifications required to undertake each role. Registered nurses support staff in delivering care, and undertake competency checks and training, as well as case management for all level 3 and 4 HCP consumers. Consumers were confident the workforce undertaking their care and services are adequately skilled and trained. Consumers said the service organises buddy shifts for new care staff the first time they visit, and are shown how, where, and when to undertake tasks.

Staff performance is monitored through formal annual appraisal processes, and staff performance is monitored on an ongoing basis through review of incident, feedback and complaints data. Policies are available to guide staff through formal performance management actions. Staff said they have had their work performance reviewed in the past 12 months or have a performance appraisal scheduled.

Based on the assessment team's report, I find all requirements assessed in Standard 7 Human resources compliant.

Standard 8

Organisational governance		HCP
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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

The service has a process for continual improvement and an annual consumer census is used to identify consumer driven opportunities for process improvement. Consumers are encouraged to provide feedback through multiple avenues, including a resident advisory committee, with outcomes and feedback discussed at Board meetings. All consumers were aware of the resident advisory committee and other avenues to provide feedback and suggestions to the service, and reported they were encouraged to provide input into how the service delivered care. They reported seeing improvements to their care following feedback or suggestions.

The organisation's governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. A mission statement and overarching governance supports inclusivity and quality care services. Clinical and management meetings inform the Board of trends and areas for improvement. Sub-contractor organisations and staff are informed and contractually obligated through agreements to adhere to the code of conduct whilst performing services and care.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; and managing and preventing incidents, including use of an incident management system. However, while there is organisational governance for dignity of risk, embedded procedures or practices to support and guide staff on practical application of supporting consumers to take risks to live their best lives are not available. Management and staff said they would look at ways to embed this into their everyday assessment and care principles and practices. I do not consider this to be a systemic issue, however, would encourage the service to consider this aspect and their overall risk management system and practices.

A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team's report, I find all requirements assessed in Standard 8 Organisational governance compliant.