Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Catholic Healthcare Holy Spirit Aged Care |
| **RACS ID:** | 0143 |
| **Name of approved provider:** | Catholic Healthcare Limited |
| **Address details:** | 13 Neptune Street REVESBY NSW 2212 |
| **Date of site audit:** | 31 July 2019 to 02 August 2019 |

**Summary of decision**

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| **Decision made on:** | 02 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 30 September 2019 to 30 September 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of Catholic Healthcare Holy Spirit Aged Care (the Service) conducted from 31 July 2019 to 02 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers/representatives | 16 |
| Consumer representatives | 3 |
| Management | 2 |
| Clinical staff | 3 |
| Care staff | 8 |
| Hospitality and environmental services staff | 5 |
| Lifestyle staff | 1 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 3 |
| Other | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met all six requirements under this standard.

Consumers and their representatives said they are satisfied the information provided to them supports consumer choice, dignity and privacy. Interviews confirmed consumers felt staff always treat them with respect, and that their privacy and confidentiality is respected. All consumers said their families and friends are welcome at the service. One consumer told the Assessment Team of a friend’s birthday where they had visited them at the service with a cake to celebrate. The consumer said staff had told her to let them know when the friends arrived, and they would make a “nice hot cup of tea or coffee for them when they arrive”. The consumer said she was very appreciative that staff are so lovely.

The service and its organisation demonstrated systems and processes are in place to ensure practices result in consumers being treated with dignity and respect in line with their cultural needs and preferences. This includes consumers being supported in choice and decision making and maintaining independence. Evidence includes feedback from staff, consumers and representatives; the Assessment Team’s observations of practices in the delivery of care and services, and of the living environment. The service fully supports consumers to make their own decision and discuss and ensure the consumer is fully informed about the risk associated with the desired activity. The Assessment Team noted several copies of the Charter of Aged Care Rights available throughout the service for consumers and their representatives/visitors to read and this was also available in Greek and Chinese.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met all five requirements under this standard.

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. All the consumers interviewed said they had been involved in the development of their care, with three consumer representatives saying they had been involved in assessment and care planning process. All consumers said they were very satisfied with the care and services provided to them and they felt safe and confident staff listen to them and accommodate their preferences.

The Assessment Team is satisfied that care and service plans are developed in consultation with consumers, and their preferences are adequately recorded or that consumers have ready access to their care and services plan. Staff could describe how consumers, and others who contribute to the consumers care, work together to develop and review a tailored care and services plan. Management said they started working towards this in June 2019 when they started consulting consumers and representatives in the development of care and service plans. The care and service plans are regularly reviewed, with consumer’s preferences clearly described.

The Assessment Team is satisfied that allied health services are involved in assessment and planning. There are records of initial or ongoing assessment for physiotherapy managed pain programs, and evaluation of these treatments.

The Assessment Team is satisfied that advance care planning and end of life planning addresses the consumers’ needs, goal and preferences.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met all seven requirements under this standard.

#### The service demonstrated that each consumer gets safe and effective personal care that is best practice and tailored to their needs and preferences which optimises their health and wellbeing. The service demonstrated it understands and applies this requirement in various ways and monitors and reviews its performance.

Of the consumers randomly sampled, 100% said they felt safe most of the time or always, and 100% said they get the care they need most of the time or always.

One consumer said “the staff treat me with respect and I feel a sense of belonging because I feel safe living here. I sometimes get confused about the time, but the staff make sure I get to the dining room for my meals. I know staff are aware of my needs and preferences which include my decision to continue smoking, I even have a smoking plan. I am pleased to have this as it makes me feel safe”.

The Assessment Team observed handover as the registered nurse gave clear instructions and explanations to care staff about each individual consumer’s care needs. Review of clinical and personal care information showed documentation in care plans was tailored to each consumer and reflected best practice. Personal hygiene preferences are documented, and staff interviewed were knowledgeable about each consumer’s preference. Consumers nutrition and hydration needs were observed to be monitored and assessed. Special needs and preferences for individual consumers are communicated to catering staff and registered nurses monitor that assistance with meals has been provided.

The service demonstrated that needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. One consumer said the staff are very understanding of their condition, the consumer added that staff will bring her meal to her bedroom where she prefers to eat in the morning as she doesn’t feel up to getting out of bed till later in the day. The consumer added the staff are very kind and caring and are very aware of the consumer’s preferences. The consumer has a completed advanced care directive which includes the consumer’s preferences, including “to provide best practice care outcomes appropriate for my needs and preferences”.

The service demonstrated minimisation of infection related risks. The service has an infection control policy and procedures, which staff said they were familiar with including the principles of infection control. Further, they have access to personal protective equipment and it is always readily available. Staff advised they attend regular education in infection control and were familiar with the service’s handwashing procedures.

The service promotes appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. One consumer had displayed changes in their behaviour and urine sampling identified a urinary tract infection. An MSU test was taken and sent to pathology to identify the most appropriate choice of antibiotic for treating the infection. The infection was treated with the appropriate antibiotic. Following the successful treatment of the consumer a further test was sent to pathology to ensure clearance of the infection.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and   
   well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all seven of the requirements under this Standard.

Consumers provided evidence of how they are supported to optimise their independence for example one consumer stated, “staff are very good at encouraging me to try to do things for myself, they stand nearby and assist as required”. Consumers expressed satisfaction with the care they receive. A consumer stated “I would say the care staff are the best, they really know and understand my care needs, this includes the catering and lifestyle staff who also understand me. It is lovely to be cared for by staff who know me so well and know what I want before I ask.” Consumers expressed satisfaction with the emotional, spiritual and psychological support they are provided with by the chaplain, the opportunity to take part in church services and the caring staff.

The random sampling of consumers identified one (8%) consumer likes the food some of time and 92% like the food always or most of the time. In response management consulted with the consumers who have elected to have a ‘Food Lovers Committee’ chaired by a consumer to review the meals and provide feedback to management.

The organisation demonstrated that each consumer receives 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. The organisation provides services for daily living that promote each consumer’s emotional, spiritual and psychological well-being. Information about the consumer’s condition, needs and preferences is communicated where responsibility for care is shared. Timely and appropriate referrals are made for the consumer when external services are required. The meals provided are varied and of suitable quality and quantity. Equipment at the service is safe, suitable, clean and maintained.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three requirements under this standard.

Consumers say they feel at home at the service and the environment is welcoming to them, their friends, family and visitors. They say they feel a sense of belonging and are included as much as they want to be in daily life as they have choices. They can decorate their rooms the way they decide with furnishings and where appropriate, can plan the layout of their bedroom. If they wish, consumers can bring their own furniture and fittings where agreed. Observations of the environment confirm the service environment is clean, well maintained and comfortable and the consumers agree. Consumers say the maintenance man is very approachable and good as he is helpful and kind and nothing is too much trouble. Consumers say things get fixed very quickly and the maintenance supervisor says he will often write down little jobs he gets told about by the consumers as he tours the facility.

The service has provided spaces for consumers to interact with others and spaces for quiet reflection. The Assessment Team observed consumers make use of a library within the service. They also have a space for religious or cultural practices and private lounge spaces are throughout the service if needed. The safety and security, design, accessibility and layout of the service environment minimises confusion, so consumers can move freely around the environment (including access to outdoor areas) and recognise where they are and see where they want to go. A sense of community and belonging is encouraged, and consumers are supported to take part in the community and engage with others. The service actively encourages consumers to make their living areas more personal and welcomes their family or visitors to utilise spaces around the service for culturally safe interactions with others. The furniture, fittings and equipment provided at the service are safe, clean, well maintained and suitable for the consumer, and there are appropriate preventative and routine maintenance programs for buildings, furniture, equipment and fittings.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all four requirements under this standard.

The service demonstrated that it understands and applies this requirement in various ways and monitors and reviews its performance. Of the consumers randomly sampled 100% said staff follow up when they raise things with them most of the time or always. Consumers said they feel confident in making a complaint or giving feedback to management. There is no fear of reprisal and complaints and feedback are acknowledged by management in a timely manner. Staff also follow up when things are raised with them.

Consumers said they know how to give feedback and make complaints and they feel safe in doing so. Further, consumers said they have access to advocate services, language services other methods for raising and resolving complaints. Consumers, and their representatives said they are provided with information about how to access complaint mechanisms. There are facilities available to enable submission of confidential complaints and ensure privacy. The service has a system in place to use feedback from consumers to improve the quality of care and services.

The organisation has developed a Residential Care – Feedback and Complaints Management Policy. The purpose of the policy is to provide the overall framework for the effective management of feedback and complaints.

One of the consumers said the service manager had been very caring in the way she had listened to her compliant regarding her wish to self – medicate her own alcohol, leave the facility unattended, not wear a smoking apron, and not be supervised when smoking. The consumer said having this independence had provided her with the knowledge that she could live the life she chose to live.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met all five requirements under this standard.

Consumer’s/representatives interviewed are satisfied with the availability of skilled and qualified staff and the quality of care and services provided. Consumers say they know the staff members who look after them and one consumer said they “feel like family” saying they feel included in their lives. Feedback provided to the Assessment Team include the consumers saying the regular staff are good and know how to look after them, they say they do not have to tell staff what they need and that staff do not rush them when they are delivering care and services. Feedback from consumers about their interactions with staff include: “staff are always kind and caring”, “I feel special” and “staff are always willing to help me” and they are confident that staff know how to do their job.

The service has systems in place to establish the required workforce numbers with the range of skills needed to meet consumer’s needs and deliver safe and quality care and services and the systems are in line with current legislation and guidance where it applies. Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services, and consumers play a part in all areas of the process. The service uses a structured approach for rosters and schedules, hiring and retaining members of the workforce, managing different types of leave and the use of agency staff is kept to a minimum.

The service considers the different levels of skills and abilities needed to meet consumers’ needs including establishing the number of registered professional and support staff required, and the supervision and leadership needed. The service regularly reviews their workforce levels and mix of skills to ensure they are responding to the changing needs and situations of consumers and encourages staff to seek education and development opportunities in areas of interest to them. The service is able to identify and manage issues and risks that might result in not having enough members of the workforce, such as an influenza outbreak. To enable this, the organisation has implemented a multi-hire pool of staff who are experienced in the organisational systems and values when faced with shortages across the workforce.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation met all five of the requirements under this Standard.

The organisation can demonstrate changes in the organisational structure, systems and focus are occurring to improve governance. 100% of consumers said the service is well run always or most of the time.

The organisation has commenced implementing systems and a structure to support the organisation to engage with consumers and meet the requirements of Standard 8, Organisational governance. The organisation demonstrates actions have occurred and are being planned to promote a culture which is safe, inclusive and provides quality care and services with processes to ensure accountability.

The governance structure of the organisation is being strengthened. The board has been developing their focus on risk identification and management. The organisation has been strengthening its approach to risk management with the establishment of a risk management committee and the development of a risk dashboard using a traffic light concept. Initial data provided shows the service has made improvements as the deputy regional manager has used the reports to direct the focus for improvement at the service. The organisation can provide evidence of improvements which have been made through the development of clinical governance across the organisation.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.