Catholic Healthcare Our Lady of Loreto Gardens

Performance Report

1 Minnesota Road   
HAMLYN TERRACE NSW 2259  
Phone number: 02 4311 0300

**Commission ID:** 0606

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 9 March 2020 to 11 March 2020

**Date of Performance Report:** 24 April 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 provider’s response to the Site Audit report received 9 April 2020

# STANDARD 1 COMPLIANT Consumer dignity and choice

### 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.

## Assessment of Standard 1

Most sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example, consumers interviewed confirmed that:

* they are treated with respect by staff all or most of the time.
* they had a say over their care and staff do not force them to do anything against their wishes.
* they were mostly satisfied with the information updates provided to them and their representatives, and that.
* staff respect their personal privacy.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Staff demonstrated respect towards consumers and an understanding of their care preferences.
* Care plans reviewed are detailed and complete and progress notes contain details of each consumers’ experiences.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

Overall sampled consumers and/or their representatives considered they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers or their representatives said they are kept well informed and contribute to the consumer care plan. For example, one representative said they are very involved in care planning and another said they are completely involved in assessment and care planning for their mother.
* Consumers or their representatives interviewed confirmed they are informed about the outcomes of assessment and planning and said they have ready access to their care plan if they wish.
* The review of assessments and care plans shows input from consumers or their representatives to address specific needs and preferences in most cases.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

While consumer care plans address consumer’s specific needs and preferences generally, in some cases the current needs are not identified and addressed for all consumers sampled. When there are changes in the circumstances for consumers, this does not always lead to a review of care and services to ensure they meet the consumer’s changed needs.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

Review of assessments and care planning documentation does not provide evidence of comprehensive assessment and planning for all consumers sampled that considers risks to their health and wellbeing. Feedback from consumers and their representatives is positive regarding the care planning process, however, for one consumer sampled who recently entered the service, the assessment and planning process did adequately addressed their individual needs including the consideration of risks to their health and well-being in relation to behaviour, smoking and freedom of movement within the service environment.

In their response to the assessment team’s report, the approved provider stated that all staff were aware of the assessment, planning and review processes in place. The provider stated that an interim care plan was in place for the consumer sampled utilising information held by the service whilst a full assessment of the consumer’s needs was being undertaken. The approved provider did not provide any further evidence that demonstrated planning and assessment process offered to this consumer, at the time of the site visit, adequately included consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

The approved provider does not comply with this requirement as assessment and planning, including consideration of risks to the consumer’s health and well-being, did not inform the delivery of safe and effective care and services.

### Requirement 2(3)(b) Non-compliant

*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.*

While the needs, goals and preferences of consumers nearing end of life are identified and met, assessment and care planning for some consumers did not addresses their current needs, goals and preferences. For the consumers sampled, information in their assessments and care plans does not adequately address all areas of care and services including in relation to bowel management, swallowing difficulties and behaviour management.

In their response to the assessment team’s report, the approved provider stated that staff know the assessment and planning processes in place. The approved provider stated they have updated sampled consumers care planning documentation following the audit to ensure that assessment and planning identifies and addresses each consumer’s current needs, goals and preferences.

The approved provider does not comply with this requirement as assessment and planning did not identify and addresses the consumer’s current needs, goals and preferences.

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Non-compliant

*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.*

Review of the care plans is not conducted when consumers condition or needs change or where incidents have occurred. The regular review of care plans has not identified whether interventions have been effective in meeting the needs of consumers. In some cases, incident reports are not recorded in accordance with the organisational incident management policy and, therefore, are not escalated to prompt reassessment.

In their response to the assessment team’s report, the approved provider was unable to demonstrate that consumer’s care and services had been reviewed in a timely fashion when their circumstances changed or when incidents impacted on their needs, goals or preferences. The approved provider stated that each consumer had their care and services reviewed following completion of the audit.

The approved provider does not comply with this requirement as care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### 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.

## Assessment of Standard 3

Overall sampled consumers/representatives considered that consumers receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and/or their representatives generally spoke highly of the staff and their abilities to provide appropriate care to consumers. Consumer representatives said they are sure that consumers get the care they need. For example, one representatives said the staff know the consumer very well and this means they get the care they need.
* Consumer representatives said they believe the consumers have ready access to medical and allied health professionals when they need it.

While there are assessment and care planning processes in place they have not been effective in ensuring positive consumer outcomes for all consumers sampled.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not been identified and escalated for review for all consumers and the use of chemical restraint has not been adequately identified and addressed. While feedback from consumers and their representatives is largely positive, the review of care and service records does not support that personal and clinical care is appropriate and safe for all consumers sampled.

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

For consumers sampled clinical care provided is not best practice and does not optimise their health and wellbeing. Wound assessment and management is effective in recording the progress towards wound healing, however, for one consumer assessed as a very high risk of pressure injuries, her pressure relieving mattress was observed to be set incorrectly which is not best practice. Furthermore, the use of chemical restraint is not identified and addressed. In relation to behaviour management and dementia care, behaviour recording and assessment does not lead to tailored interventions to minimise the behaviour and optimise the consumers’ wellbeing.

In their response to the assessment team’s report, the provider demonstrated that, in terms of physical restraint, the use of bedrails is adequately assessed for risk and those risks communicated to the consumer or their representatives. In relation to chemical restraint, the provider defined chemical restraint as restraint that involves the use of medication to influence a person’s behaviour and argued that any medication used to treat a diagnosed mental health disorder, a physical illness or physical condition is not chemical restraint. The provider, however, did not substantiate the diagnosed mental health disorder, physical illness or physical condition that the antipsychotic drug, Risperidone, was being used to treat in the two consumers sampled, both of whom were living with dementia. The drug Risperidone is used to manage the behavioural complications of dementia such as aggression and agitation and, when used as such, is a form of chemical restraint. The provider has not demonstrated an understanding of this in their response.

The approved provider does not comply with this requirement as each consumer does not get safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Care plans document some high impact and high prevalence risks for consumers however interventions to minimise risk are not always identified or managed effectively. For consumers sampled, risks associated with their care have not been fully addressed in relation to falls and choking risk. The most recent medication audit in January 2020 was not completed and previous audits conducted in 2019 were not supplied. Management are not aware of the high impact or high prevalence risks associated with the care of consumers identified during this performance assessment.

The approved provider, in their response to the assessment team’s report, did not respond to issues identified in this requirement.

The approved provider does not comply with this requirement as cannot demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Non-Compliant

*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.*

Processes for the identification, escalation and response to deterioration in condition has not been effective for all consumers sampled. Systems in place for clinical oversight of when a consumers’ condition deteriorates have been ineffective for one consumer sampled.

In their response to the assessment team’s report, the approved provider provided clinical information which failed to demonstrate that, at the time of the audit, the deterioration or change in this consumer’s condition was recognised and responded to in a timely manner.

The approved provider does not comply with this requirement as cannot demonstrate deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Non-compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

#### The review of care and service records and discussions with staff identify that timely and appropriate referrals do not occur for the consumers sampled. Consumers who have demonstrated changes in swallowing function have not been referred to a speech pathologist in a timely manner. Consumers who demonstrate behaviour that impacts on their quality of life and that of other consumers have not been referred to specialist services to assist staff to develop alternative interventions to manage the behaviour.

In their response to the assessment team’s report, the approved provider stated that all consumers had been reviewed and appropriate referrals made at the conclusion of the site audit. The provider provided details of referrals made for sampled consumers, post site audit.

The approved provider does not comply with this requirement as timely and appropriate referrals to individuals, other organisations and providers of other care and services had not occurred.

### Requirement 3(3)(g) Compliant

*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 COMPLIANT Services and support for daily living

### 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.

## Assessment of Standard 4

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are supported by the service to do the things they like to do. The service has connections with the local community. They have volunteers and an activities program that support consumers to lead the best life they can.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them and described various ways they stay in touch, including family visiting, engagement with the local community, and outings.
* Consumers interviewed advised that they like the food provided at the service. Consumers expressed that the catering staff are receptive to their feedback and preference for meals.

While feedback is positive from consumer, where referrals are needed to other services this is not timely and key staff lack awareness and understanding of available services.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The assessment team found that while there is evidence of timely and appropriate referrals to pastoral care support within the service, the service was not able to demonstrate timely referrals to other organisations. For consumers sampled that are under 65 years of age, referral to the National Disability Insurance Scheme (NDIS) had not occurred. Staff were not aware of the program and support that the service can provide to younger people living in residential aged care.

In their response to the assessment team’s report, the approved provider stated that for the consumer sampled in the assessment team’s report a referral had been made to the NDIS in September 2019 demonstrating that staff were aware of the services available. I, therefore, find that the service is able to demonstrate that timely and appropriate referrals are occurring.

The approved provider does comply with this requirement as can demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### 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.

## Assessment of Standard 5

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed that they feel safe at the service. They said the staff are very good and are satisfied with the care they receive. Consumer representatives said the environment is very welcoming.
* Consumers interviewed said they are happy living at the service. They confirmed that their visitors are made to feel welcome and there are areas they can meet in privacy and comfort.
* Consumers confirmed that the service is always kept clean and well maintained. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.
* The Assessment Team observed most of the environment was welcoming and provided areas for consumers to interact and to have quiet time. The environment is safe, clean, well maintained and comfortable. However, the environment in the dementia specific unit does not allow consumers to move freely and the environmental layout of the dementia specific unit lacks prompts for wayfinding. Consumers are restricted from using the kitchenette area of the dementia specific unit which does not support each consumer’s sense of independence and function.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

The Rendu and Marillac areas of the service are easy to understand and optimise the consumer’s sense of belonging, independence and function, however, the assessment team noted that the design of the Ozanam unit (the dementia specific unit) did not reflect dementia enabling environmental principles which had a possible impact on the two consumers sampled. The Assessment team observed the environmental layout of the dementia specific unit lacks prompts for wayfinding and consumers are restricted from using the kitchenette area of the dementia specific unit which does not support each consumer’s sense of independence and function.

In their response to the assessment team’s report the approved provider stated that the Ozanam unit was renovated in 2017 and provides the ten key design principles of dementia specific units, describing each of these in relation to the facilities the unit offers. I note that consumers are not able to use the kitchenette and the provider needs to reconsider this to possibly enhance each consumer’s sense of belonging, independence, interaction and function, however, there is insufficient evidence that the design of the Ozanam unit is having a possible impact on the two consumers sampled.

The approved provider does comply with this requirement as the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

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

## Assessment of Standard 6

Most consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers and representatives interviewed know how to provide feedback or make a complaint and do so when required.
* Consumers and representatives interviewed are satisfied that their feedback is heard and management work with them to effect changes, where necessary, to resolve concerns.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* There are established processes for the management of feedback and complaints. Management and staff demonstrated understanding of preferred practices which is confirmed through sample review of complaints documentation and interview with consumers and representatives.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT Human resources

### 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.

## Assessment of Standard 7

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives expressed a high level of satisfaction with the kindness and caring of staff.
* Consumers and representatives are confident that staff know what they are doing, and representatives said when the leave the service they feel positive about the care and support given to the consumer in their absence.
* Consumers and representatives said that there are enough staff to meet the care and support needs of consumers. They said that staff know the consumers’ routines and are reliable when attending to consumers.
* Consumers spoke highly about the standard of care and support provided to them by staff. They said there are enough staff and their routine care needs are reliably supported so they seldom need to ring their call bells. A review of documents showed that staff are replaced when necessary so that shifts are not worked short-staffed.

While most consumers say they get quality care and services, some said they could do with more staff.

Review of performance against the Quality Standards undertaken during this performance assessment demonstrates that staff do not have the necessary knowledge and skills and to deliver the outcomes required by Standards 2 and 3.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

While the organisation demonstrated that members of the workforce have the correct qualifications, the Assessment Team identified deficiencies in Standards 2 and 3 which relate to gaps in the competence and knowledge of the workforce. Competency assessment and training programs are in place however gaps in the skills and knowledge of staff, particularly in relation to the care of consumers living with dementia, has had an impact on consumers.

In their response to the assessment team’s report, the approved provider stated that mandatory training was being offered to staff on responding to behaviours and caring for consumers with dementia. Registered Nurses were also to receive further professional training.

The approved provider does not comply with this requirement as the workforce is not competent and the members of the workforce do not have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

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

The assessment team found that the service was able to demonstrate the workforce is recruited, trained and equipped to deliver outcomes required by the Quality Standards, however, whilst competency assessment and training programs are in place, deficiencies identified in Standards 2 and 3 suggest management have not supported staff to deliver these outcomes as they have failed to identify these areas of improvement.

In their response to the assessment team’s report the approved provider detailed actions taken since the site audit which included the appointment of a new Residential Manager with a background in education and training.

I have considered the team’s evidence the workforce is recruited, trained and equipped to deliver outcomes required by the Quality Standards and the response from the approved provider and find there is insufficient evidence that the workforce is not supported by management to deliver the outcomes required by these standards. I have considered the deficiencies identified in both staff competent and knowledge to effectively perform their roles under requirement 7(3)(c).

The approved provider does comply with this requirement as the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### 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.

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Most consumers said the service is well run and staff interact with them in a kind and caring way. For example, consumers said that staff are always courteous and refer to them in their preferred manner. Several consumers said that staff are always caring in their approach, and they feel like they are their family.

Consumers did not provide practical examples of how they have a say in the way care and services are delivered except through resident meetings and through surveys. Consumers and representatives generally felt engaged or that they had a say on their care and services.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Whilst consumers say they are satisfied with care service and delivery they did not explain how they are actively involved in the design and delivery of care and services apart from partnering in care planning.

Service staff did not demonstrate understanding or practical application of the organisation’s clinical framework, including the completion of clinical audits and identification and investigation of incidents.

The organisation’s clinical and risk management systems have not been implemented effectively at the service and are not improving the delivery of care and services to some consumers. The organisation’s systems have not been effective ensuring deficiencies in the management of high impact and high prevalence risks are identified and responded to including in relation to the use chemical restraint and choking risks.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

During interviews with management the Assessment Team established that consumers are not routinely engaged in the development, delivery and evaluation of services outside of their involvement in care planning and delivery. The assessment team found that while the organisation, at large, has consumers who are involved in decisions about overall planning, delivery and evaluation of services, Catholic Healthcare Our Lady of Loreto Gardens (OLLG) does not have a nominated consumer representative or group of consumers who are involved in care and service delivery at organisational level; nor are there mechanisms for consumers to contribute to care and service design and delivery apart from participation in food forums/surveys and consumer meetings at service level.

In their response to the assessment team’s report, the approved provider stated that consumers from the service are involved in a range of initiatives including the recruitment of staff, the design and delivery of new initiatives including the model of care, providing comment on existing services such as Allied Health, and furnishings for the home. I, therefore, find there is sufficient evidence that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The approved provider does comply with this requirement as consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Non-compliant

*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.*

While the organisation demonstrates it has effective governance systems, related to information management, financial governance, regulatory compliance, and feedback and complaints; the service is unable to demonstrate they are currently able to identify deficiencies in care and services through their clinical framework and audits. Therefore, management are not able to identify opportunities to improve care and services through their continuous improvement and effectively deliver appropriate training to their workforce.

In their response to the assessment team’s report, the approved provider stated that an audit program is in place to review care and services provided at the service and results are analysed and presented at staff meetings. The provider stated that any gaps or issues are fed into the service’s continuous improvement processes and staff training is planned to address but failed to provide examples or evidence to demonstrate these assertions. Given the gaps identified across Standard 2 and 3 demonstrating that staff are not sufficiently knowledgeable to perform their roles effectively I find this requirement not met.

The approved provider does not comply with this requirement as effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.

### Requirement 8(3)(d) Non-compliant

*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.*

While the organisation has effective risk management systems and practices capable of identifying and responding to abuse and neglect of consumers; and support consumers to live the best life they can; the service does not effectively manage high impact or high prevalence risks associated with the care of consumers.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, however, information gathered in requirement (3) (a) and (b) does not demonstrate that all high impact or high prevalence risks associated with the care of consumers are managed or monitored effectively. The organisation’s systems have not been effective ensuring deficiencies in the management of high impact and high prevalence risks are identified and responded to.

In their response to the assessment team’s report, the approved provider stated that they will be reviewing all high prevalence and high impact risks, conducting focussed audits and providing staff training on recognising and responding to risk.

The approved provider does not comply with this requirement as does not have effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can.

### Requirement 8(3)(e) Compliant

*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*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

* Ensure assessment and planning processes adequately include consideration of risks to the consumer’s health and well-being and inform the delivery of safe and effective care and services.
* Ensure staff are aware of the service’s policies and procedures for assessment and planning and adhere to these.

### 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.*

* Ensure assessment and planning processes adequately address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.
* Ensure staff are aware of the service’s policies and procedures for assessment and planning adhere to these.

### 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.*

* Ensure care and services are reviewed regularly for effectiveness, and when the consumer’s circumstances change or when incidents impact on their needs, goals or preferences.
* Ensure staff are aware of the service’s incident reporting procedures and adhere to these; and all incidents are escalated and prompt review of the consumer’s care needs, goals or preferences.

### 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.*

* Ensure pressure relieving equipment is set at correct levels to optimise wound healing and consumer’s skin integrity.
* Identify and address the use of chemical restraint and ensure behaviour monitoring and assessment leads to tailored interventions being developed to minimise the behaviour and optimise the consumer’s wellbeing.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Ensure assessment and planning results in effective interventions to manage high impact or high prevalence risks associated with the care of each consumer.
* Ensure clinical audits conducted are effective in identifying high impact or high prevalence risks and results used to manage risks.

**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.*

* Ensure processes for the identification, escalation and response to a deterioration in a consumer’s condition are effective and timely.

### Requirement 3(3)(f)

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services occur as appropriate.

### Requirement 7(3)(c)

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles, particularly in relation to the care of consumers living with dementia.

### 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.*

* Ensure the organisation has effective governance systems that identify deficiencies in care and services, identify opportunities for improvement and deliver appropriate training to the workforce.

### 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.*

* Ensure the organisation’s risk management systems and practices are effective in managing high impact and high prevalence risks associated with the care of consumers and staff are adequately trained in recognising and responding to risk.