Catholic Healthcare Our Lady of Loreto Gardens

Performance Report

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**Commission ID:** 0606

**Provider name:** Catholic Healthcare Limited

**Assessment Contact - Site date:** 15 October 2020 to 16 October 2020

**Date of Performance Report:** 21 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) |  Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 13 November 2020.

# STANDARD 2 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

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.

Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team identified that assessment and care plans reflected consumer’s needs, preferences and goals. Assessments and care plans are developed when potential risks are identified in relation to consumers’ care needs. Care plans are regularly reviewed and updated when consumer’s condition or needs change.

Three (3) of the five specific requirements of this Quality Standard (Standard) were assessed and I have found all three to be compliant. However, as not all requirements of this Standard were assessed an overall rating for the Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

#### The Assessment Team found assessment and care plans are monitored, reviewed and completed. The service has systems in place to ensure consumers’ needs are assessed and a comprehensive care plan is developed based on these needs. The care plans reviewed were individualised to consumers’ specific needs, preferences and goals. Staff have considered risks to consumers’ health when assessing consumers and developing the care plan. Risk assessments were seen to be completed. Consumers and their representatives provided feedback that the care plans addressed their needs and confirmed they were involved in the development of their care plans.

Based on the information provided I find this requirement is compliant.

### Requirement 2(3)(b) 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.*

The Assessment Team found consumers’ and representatives were satisfied staff had a good understanding of consumer needs, goals and preferences. Care documentation generally demonstrated that consumers’ current needs, goals and preferences are identified and recorded. Assessments were completed. Information was seen to be accurate and personalised in line with individual consumer needs and preferences. The Assessment Team also identified that the service has a system and process for managing end of life requirements for consumers where this is required. Consumers are encouraged to discuss their end of life preferences with staff.

Registered nurses were seen to have completed care planning and assessment training and said this supports their ongoing practice. Management were seen to be monitoring this requirement through audits and senior staff checks.

Based on the information provided I find this requirement is compliant.

### Requirement 2(3)(e) 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.*

#### The Assessment Team found that care plans are regularly reviewed to ensure effectiveness, including as and when consumers needs change. Incidents are identified and documented and when applicable this information is included in the consumer’s care plan or used to trigger assessments, and/or update care plans.

#### The Assessment Team were informed care plans are reviewed every four months and when a consumers needs change. All accident and incidents are documented in the service’s incident reporting system. The medical officer and representatives are advised of all changes to consumers including when an accident/ incident occurs. The care manager said the electronic system care planning systems alerts staff when care plans are due to be reviewed and there is management oversight to ensure care plans are correctly reviewed. The care manager said reports from medical specialists and allied health professionals are recorded in consumers’ care plans. Copies of reports are scanned and included in consumers’ files.

The Assessment Team observed a monitoring and review system is used by the service to ensure regular care and service review is occurring.

Based on the information provided I find this requirement is compliant.

# STANDARD 3 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

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 – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documentation.

All interviewed consumers said that they receive personal care and clinical care that is safe and right for them.

Four of the seven specific requirements of this Quality Standard (Standard) were assessed and I have found all four to be compliant. However, as not all requirements of this Standard were assessed an overall rating for the Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

The Assessment Team reviewed a sample of consumer files and found the care and services provided to consumers is overall best practice and is tailored to consumers specific needs. This included evidence of individualised care planning that is safe, effective and tailored to the specific needs and preferences of the consumer including optimising consumer health and well-being. Staff were able to describe to the Assessment Team how they know the care they provide is safe and effective.

The Assessment Team reviewed the service’s restraint folder and identified the service has a system in place to manage and guide where restraint is used. The service was able to provide examples of where consumers have had their chemical restraints reduced or ceased. The service was responsive to any matters drawn to their attention.

Based on the information provided I find this requirement is compliant.

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

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

Overall the Assessment Team found consumers who are or have high impact and high prevalence risks are identified and strategies are implemented to address this risk. Care plans were seen to be developed showing how high prevalence/ high impact risks specific to the consumer are managed. Care plans are individualised and completed to meet the needs of the individual consumer.

Monthly clinical indicators are collected, analysed and monthly clinical care meetings are used to form a detailed action plan is formulated and the effectiveness is evaluated the following month. These clinical indicators are recorded for falls, behaviours or concern, infection, medication, unexplained absence, pressure injuries, skin tears and bruising. Compulsory reporting incidents are also collected. Management were seen to be monitoring this requirement through audits and checks by senior staff. The service was responsive to any matters drawn to their attention.

Based on the information provided I find this requirement is compliant.

### Requirement 3(3)(d) 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.*

The Assessment Team reviewed care documentation and interviewed staff and reported that any deterioration in a consumer is identified and addressed in a timely and effective manner. Care staff and the registered nurse were able to speak to the importance of monitoring consumers for deterioration and to escalate changes quickly.

The service has a policy with procedures on recognising and responding to deterioration or changes in a consumer’s condition. Care staff were able to describe what they would do if they noticed changes in a consumer. Registered nurses were able to describe their role in monitoring and review of changes in consumers’ health and well-being including through physical assessment, observations, pathology and through medical review and referral.

Based on the information provided I find this requirement is compliant.

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

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

Consumers and representatives informed the Assessment Team they are satisfied with their access to visiting medical officers and other allied health professionals. The Assessment Team found the service has a range of allied health providers and specialists that are utilised to meet the care needs of consumers at the service. Recommendations from allied health providers/medical specialist are included in consumers’ care plans. Staff were aware of the need to refer consumers to other health care providers and were able to explain how they delivered care based on recommendations provided by allied health providers/medical specialists. This included examples of consumers referred onto dementia services, psycho-geriatricians, nurse practitioner (wound care) and dietitian. Management stated that the service has documented procedures for making referrals to health professionals outside the service. The Assessment Team said their review of consumer files indicates that such referrals are well managed and are timely and appropriate.

Based on the information provided I find this requirement is compliant.

# STANDARD 7 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews. In particular, to workforce competency, qualifications and knowledge.

Consumers and representatives expressed a high level of satisfaction with the kindness and caring of staff. They 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 also 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.

One (1) of the five specific requirements of this Quality Standard (Standard) were assessed and I have found it to be compliant. However, as not all requirements of this Standard were assessed an overall rating for the Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

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

Consumers and representative told the Assessment Team staff are skilled enough to meet their care needs. Consumers said staff are aware of their preferences and how to manage and provide their personal and clinical care requirements.

The Assessment Team reported management were able to demonstrate that members of the workforce have the required qualifications and knowledge to effectively perform their roles. The service showed staff undergo competency assessments and training/education programs to enhance their skills and knowledge; particularly in relation to the care of consumers living with dementia.

The Assessment Team sighted the staff training and mandatory competency tracker. This records mandatory training and competencies. Including for medication management, clinical documentation, fire safety, elder abuse, dementia, infection control and manual handling. Attendance records indicate that all staff have attended mandatory training in the past 12 months.

The service has been able to demonstrate its workforce is competent and has the qualifications and knowledge to effectively perform their roles.

Based on the information provided I find this requirement is compliant.

# STANDARD 8 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

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).

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

The organisation has reviewed and implemented policies and procedures which reflect the Quality Standards, including continuous improvement, the minimisation of restraint, antimicrobial stewardship and complaints management and the use of open disclosure. The organisation demonstrates they have systems in place to engage consumers in the development and delivery of care and services.

Two (2) of the five specific requirements of this Quality Standard (Standard) were assessed and I have found both to be compliant. However, as not all requirements of this Standard were assessed an overall rating for the Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

The Assessment Team found the organisation was able to demonstrate it has effective governance systems, related to information management, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated they are able to identify improvements required in care and services through their clinical framework, audits, review and monitoring processes. This included care planning and assessment being seen to be completed, updated and information relevant and accurate. Critical incidents are identified and recorded by staff in the service’s electronic management system and escalated as and where necessary. Management, at both service and organisational level were able to identify opportunities to improve care and services through their continuous improvement processes. Training was seen to deliver appropriate and effective outcomes to their workforce. The service was seen to be working effectively to reduce the use of restraint and where used; this was supported by clear consultation, systems, documentation, processes and policy.

The organisation’s governing body receives reports from the service through the residential manager on quality indicators, continuous improvement plans, consolidated reports and feedback from consumers and representatives.

Based on the information provided this requirement is compliant.

### Requirement 8(3)(d) 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.*

The Assessment Team reported 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, how the abuse and neglect of consumers is identified and responded to and how consumers are supported to live the best life they can.

Management advised that high impact and high prevalence risks are discussed at daily and weekly leadership team meetings. These are identified from daily clinical walkaround including changes in behaviour, accidents, incidents, falls, weight loss and infections. The service’s risk management system assists in identifying, assessing, managing and reviewing and escalating risks.

Based on the information provided I find this requirement is compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.