Accreditation Decision and Report

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

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Catholic Healthcare St Mary's Retirement Village |
| **RACS ID:** | 0201 |
| **Name of approved provider:** | Catholic Healthcare Limited |
| **Address details:**  | 211 Northcliffe Drive BERKELEY NSW 2506 |
| **Date of site audit:** | 16 July 2019 to 18 July 2019 |

**Summary of decision**

|  |  |
| --- | --- |
| **Decision made on:** | 15 August 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:** | 25 September 2019 to 25 September 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Not Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) |  Not Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Not Met  |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Not Met  |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |
| **Timetable for making improvements:** | By 11 November 2019  |
| **Revised plan for continuous improvement due:** | By 30 August 2019  |

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

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Catholic Healthcare St Mary's Retirement Village (the Service) conducted from 16 July 2019 to 18 July 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 | 14 |
| Consumer representatives  | 5 |
| Management | 2 |
| Clinical staff | 3 |
| Care staff | 8 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 1 |
| External contractors | 1 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 3 |

## 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 Not 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 four of the six requirements under this standard.

Whilst consumers report most staff are helpful and kind it was identified through consumer interview, Assessment Team observation and review of documentation there are some staff behaviours which demonstrate each consumer is not treated with dignity and respect with their identity, culture and diversity valued.

The organisation is a Catholic faith-based service. A Catholic church service is held weekly in the onsite chapel and special religious days are celebrated. A pastoral care worker, who is a religious nun, attends the service weekly and consumers provided positive feedback about the support provided by the pastoral care worker. Some consumers provided feedback that their faith, which is important to them, is respected and fostered. There was some negative consumer feedback regarding consumers’ ability to have their choices and preferences respected. Numerous consumers indicated their dissatisfaction with some aspect of care provision which they believe is impacted by staffing issues. Management have made recent improvements and continue working to resolve identified issues. Consumers and representatives generally said they are happy living in the service and are supported by staff and management.

#### Requirements:

Standard 1 Requirement 3(a) Not 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) Not 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 Not 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 four of the five requirements under this standard.

Whilst assessment identifies most consumer current needs and preferences issues were identified in the delivery of safe and effective care. While the organisation undertakes initial and ongoing assessment and care planning services in partnership with consumers, consumer gaols and preferences are not always identified and documented to ensure they are achieved. Consumer needs are generally identified, articulated and addressed. Consumers and representatives generally express satisfaction with assessment, planning and consultation regarding care provision.

#### 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) Not 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 Not 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 five of the seven requirements under this standard.

While the service has examples of what they believe to be best practice personal and clinical care, high prevalence and high risks associated with the care of each consumer are not managed or met. Deficits were identified in high risk areas of personal and clinical care including medication management, pain management, wound care and the provision of pressure area care to high risk consumers. Individualised care is not always provided to optimise consumers’ health and well-being. Best practice in terms of access to expertise in wound and mental health care has not been accessed where there are apparent benefits to be achieved for consumers. There are timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives generally express satisfaction with provision of personal care and clinical care.

#### Requirements:

Standard 3 Requirement 3(a) Not 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) Not 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.

The organisation demonstrated 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. 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 of the requirements under this standard.

Of consumers randomly sampled 100% of consumers feel safe at the service most of the time or always. 90% of consumers randomly sampled stated they feel at home at the service always or most of the time. Consumers and representatives interviewed described various ways the service is welcoming and supports their wellbeing. Consumers reported:

* They are able to personalise their rooms and have them arranged as they like.
* They are satisfied with the standard of cleaning.
* Generally, the service is a comfortable temperature although it can be hot in their rooms in summer.

Observation of the environment showed that it is maintained, and consumers were observed freely moving about the service both inside and outside as they chose. The Assessment Team identified some areas as a result of feedback from consumers and observation which the organisation has committed to assess and plan to improve.

The organisation has plans to improve the service to create areas which are more functional for consumers with limited mobility and to change the layout of the service in the current financial year.

There are monitoring systems and processes which support the ongoing maintenance of the service and to ensure the suitability of building, furniture, fittings and equipment. Areas of risk are identified and managed. Staff interviewed have knowledge of the systems which support the maintenance of a safe and comfortable environment. Contracted cleaning staff confirmed cleaning services are delivered as arranged. Management confirmed there are processes to identify and escalate emerging risks and maintenance issues.

#### 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 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.

#### Summary of Assessment of Standard 6:

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

Of consumers randomly sampled 80% said staff follow up when they raise things with staff always and most of the time and 20% said some of the time. Consumers provided examples of how the residential manager has spent time with them and is responding to their feedback and some said they are able to speak with staff about any areas of concern.

The organisation demonstrated it encourages and supports stakeholders to provide feedback or make complaints in various ways. Information is made available regarding access to advocates and language services and other methods for raising and resolving complaints. The organisation demonstrates appropriate action occurs in response to complaints raised and open disclosure occurs when things go wrong. The organisation has a system for monitoring feedback and complaints, they are reviewed and used to improve the quality of care and services.

#### 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 Not 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 two of the five requirements under this standard.

The organisation has a workforce that is sufficient, skilled and qualified. However, they do not always delivery care in a safe and respectful manner. Interactions with consumers on occasion are not kind, caring and respectful of each consumer’s identity, culture and diversity. Not all staff are competent members of the workforce and do not have the knowledge to effectively perform their roles. Regular assessment, monitoring and review of the performance of each member of the workforce is not conducted in accordance with the organisation’s policy and procedures and on occasion is not effective.

#### 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) Not 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) Not 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) Not 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 Not 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 did not demonstrate that one of the five requirements under this standard were met.

While the organisation can demonstrate changes in the organisational structure, systems and focus are occurring to improve governance, as yet this is not sufficiently implemented to identify the service’s failure to meet some the Quality Standards requirements. This has impacted on the organisation’s ability to demonstrate that is meets regulatory requirements to provide a safe medication system and to provide pain management, wound care and other areas of clinical care effectively for some consumers.

Ninety two percent of consumers said the service is well run always or most of the time. One consumer expressed dissatisfaction with the constant change of management at the service. Consumers were able to explain how they are being consulted about the care they receive and how their feedback is being used to improve the life they live.

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 organisation has developed 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) Not 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.