St Charbel's Care Centre

Performance Report

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**Commission ID:** 0978

**Provider name:** St Charbel's Care Centre Ltd

**Assessment Contact - Site date:** 11 February 2021 to 15 February 2021

**Date of Performance Report:** 31 March 2021

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | 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)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 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 12 March 2021.

# STANDARD 1 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

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.

Overall sampled consumers who spoke with the Assessment Team considered 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.

All consumers interviewed confirmed that their personal privacy is always respected. This was also observed during the performance assessment by the Assessment Team.

Staff were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers; the way they support consumers to exercise choice and independence to live the lives they wish for and maintain relationships; and how they ensure consumer privacy is respected.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

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

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

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. All consumers interviewed by the Assessment Team confirmed their privacy was respected. Staff provided examples of how they protected consumer privacy, and the service has a privacy policy that protects the confidentiality of consumers’ personal information.

I find this requirement is Compliant.

# 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.

Most consumers interviewed by the Assessment Team considered that they are involved in the ongoing assessment and planning of their care and services either personally or through their representatives. Some consumers interviewed said they did not remember having a care plan discussed with them but could recall participating in discussions about their care. They said staff explain aspects of the care they are providing and keep them informed of any changes. The consumers who were interviewed thought they receive the care and services they need.

The Assessment Team found evidence of care planning and assessment documentation in relation to the sampled consumers’ clinical needs which is referred to when the care plans are reviewed and evaluated.

Not all requirements were assessed and therefore an overall rating for the Quality 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 service was able to demonstrate an assessment and care planning process which identifies risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Care documents reviewed by the Assessment Team identified consumer risks and strategies to manage these risks to ensure safe care.

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 that although some consumer care plans lacked personalised information about consumer goals and preferences, generally needs were well documented. Most of the staff interviewed by the Assessment Team were knowledgeable about the individual needs, goals and preferences of consumers. Care documents reviewed by the Assessment Team provided evidence of discussions with consumers and /or their representative about advanced care planning and end of life planning. While some consumers and representatives do not wish to consider this aspect of care, the opportunity to re-visit these discussions is given during the annual family conferences or when the consumer/representative requests.

I find this requirement is Compliant.

### 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.*

Review of consumer care and service files demonstrated that for most consumers, assessment and planning is 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. Consumers interviewed said they were aware of the assessments and planning regarding their care and preferences. Some were actively involved in this process and others said that they were happy for their representative to be the person participating in the process.

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 service was able to demonstrate that consumer care and services are regularly reviewed for effectiveness or when circumstances change. The service demonstrated improvements in the reviewing and updating of care plans to reflect the current needs of consumers. Staff interviewed by the Assessment Team described how and when care plans are reviewed and how regularly they are reviewed. Staff were able to demonstrate that they utilise the assessments and the updated care plans to guide them to provide the most appropriate and individualised care for the consumer.

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 documents.

Most sampled consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care that is safe and right for them. They confirmed that they had access to doctors, allied health and specialist care when required.

Consumers and representatives interviewed said that when staff come to provide care, they follow the consumer’s preferences and take time to make sure everything is right. Two representatives said that they would not place their relative anywhere else and the staff look after their relative beautifully, if they are unwell the staff contact the doctor immediately and inform them.

Care documents reviewed by the Assessment Team demonstrated that generally, consumers are provided with safe and effective care. While the service had a high number of unwitnessed falls leading up to the assessment contact, the service has analysed incident data to identify and implement strategies to effectively manage this risk.

Not all requirements were assessed and therefore an overall rating for the Quality 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 service was able to demonstrate that consumers are provided with safe and effective care. Consumers and representatives interviewed by the Assessment Team felt that they get the care they need. The service demonstrated improvements in care planning and evaluation for consumers with challenging behaviours and the service has reduced the number of consumers who are chemically restrained. The service demonstrated organisational policies and procedures are followed to prevent and promote healing of pressure injuries, and manage pain for consumers.

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.*

The Assessment Team found that the service has made improvements in the care assessment and planning for consumers with challenging behaviours to more effectively manage the associated risks. The service demonstrated the risks associated with weight loss are identified and managed. The Assessment Team found that the service continues to have a high number of unwitnessed falls. However, the service had already put strategies in place to respond to this.

In their response, the Approved Provider demonstrated that the service has identified the high number of falls and have analysed incident data to identify and implement strategies to effectively manage this risk. The response demonstrated that consumer risk of falls is generally appropriately considered and managed while maintaining consumers’ best possible level of independence and function. The Approved Provider’s response identified that number of falls has decreased in February 2021, compared to January 2021.

Overall, the service manages the high impact/high prevalent risks associated with the care of consumers. While falls are a high prevalent risk for the service, the Approved Provider’s response demonstrates this has been identified and strategies have been implemented to prevent falls and manage the associated risks.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the service was able to demonstrate that generally, standard and transmission-based precautions to prevent and control infection are consistently followed. While two office-based staff were observed to be touching their face masks, staff involved in direct consumer care were observed to wearing their masks correctly. The Assessment Team observed management address correct mask wearing with the office staff during the site visit. Nursing staff demonstrated an understanding of the principles of antimicrobial stewardship and that they work closely with the general practitioner regarding the treatment of possible infections.

The Approved Provider’s response demonstrated processes for ongoing training and monitoring of the appropriate use of personal protective equipment for when use of this is required.

I find this requirement is Compliant.

# STANDARD 4 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

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 – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers who spoke with the Assessment Team 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. Consumers stated that the restrictions with COVID-19 have made things challenging but that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers. Two consumers of a Greek background interviewed said they are very happy at the service and are supported to celebrate special cultural days.

Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. During COVID-19 restrictions, visiting has been limited but the service has procedures in place to enable consumers to safely have visitors. Electronic tablets are available for consumers to contact family and friends remotely. Consumers are supported to make these calls to stay in touch with their family.

The majority of consumers interviewed advised that they like the food at the service. Some said at times they do not always like what is on the menu, and that it is not in line with their cultural preferences, however, the catering staff will always arrange an alternative meal and are working with consumers to meet their preferences.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

#### Consumers interviewed by the Assessment Team confirmed they are satisfied with services and supports provided to them and that they optimise their independence and well-being. Consumers interviewed said they feel they can live their life independently and get assistance from staff when needed. Since the previous site audit, the service has implemented a number of improvements to the lifestyle services including ensuring care assessment and planning is personalised to meet consumer needs, goals and preferences, and improving the activity offerings to meet these preferences.

I find this requirement is Compliant.

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

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

The service demonstrated that where meals are provided, they are varied and of suitable quality and quantity. The majority of consumers interviewed by the Assessment Team expressed satisfaction with the meals provided by the service. They said that there is plenty of variety and the quality is satisfactory. Care documents reviewed by the Assessment Team reflected consumer dietary requirements and preferences, and catering staff described how they cater to these needs and preferences.

I find this requirement is Compliant.

# STANDARD 6 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

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.

Overall, sampled consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback, the continuous improvement plan reflected this. They were also able to describe different ways they could provide feedback and complaints.

The service provided the Assessment Team comprehensive documentation, such as complaint logs and reports and minutes of consumer meetings that showed consumer feedback and complaints are captured, analysed and resolved. There is a policy for open disclosure and management provided examples of when it has been practiced. All staff interviewed stated they had received education on open disclosure and understood what it meant.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

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

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

The service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers interviewed were able to provide examples of changes made at the service as the result of feedback or complaints. Staff explained they have recently improved call bell reliability in response to consumer feedback. Recent documentation reviewed by the Assessment Team demonstrated that complaints and feedback is recorded, analysed and addressed with improvements made in a timely manner.

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.

Overall, sampled consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a kind and timely manner. Consumers interviewed confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs. Most consumers interviewed confirmed that they think there is adequate staff and spoke positively about the staff at the service.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Most staff interviewed confirmed they have sufficient resourcing to complete their tasks each day.

Documentation reviewed demonstrated that training is responsive to ensure staff have the skills and knowledge to meet consumer needs and there are systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The service demonstrated 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. Improvements have been made to the sufficiency of the workforce including amendments to the roster and new management roles. Consumers interviewed by the Assessment Team confirmed that when they use the call bell it is answered quickly, and their needs are met in a timely manner.

I find this requirement is Compliant.

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

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

The service demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Consumers interviewed by the Assessment Team were satisfied with the skills and knowledge of staff across all areas of the service and they did not express any areas where they felt staff needed more training. The service demonstrated a learning and development program responsive to any incidents or consumer needs, and that training had been undertaken on the Quality Standards.

I find this requirement is Compliant.

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

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

The service has a staff performance framework in place to ensure the regular assessment, monitoring and review of the performance of each member of the workforce. Of the staff working at the service at the time of the Assessment Contact, all except two had completed their performance appraisal. The remaining two staff members were scheduled to have their performance appraisal conducted on their next shift. Management described how staff performance is monitored and reviewed, and that feedback from consumers is incorporated.

The Approved Provider’s response identifies that all staff have now had their performance appraisal completed in accordance with the performance framework schedule.

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, sampled consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services such as representatives on various committees, and attending food, lifestyle and resident/relative meetings.

Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The organisation has introduced a governance structure and framework. Both the chief executive officer and the service manager were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The organisation demonstrated that consumers are supported to engage in the development, delivery and evaluation of care and services and are supported to do so through a broad range of consultative strategies. The service has implemented improvements such as a consumer advisory committee and nominated consumer representative to encourage consumer involvement in the delivery and evaluation of services.

I find this requirement is Compliant.

### 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 that the service has effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service demonstrated that it has sound local governance systems that feed into and are supported by the organisation’s overall organisational governance framework and accountability structure.

I find 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 service demonstrated effective risk management systems in the areas of managing high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff demonstrated they are able to apply the framework in their day-to-day practice. The service demonstrated maturity and improvements to their risk management systems including the development of a risk register and involvement of external consultants to support the identification and management of consumer clinical risks.

I find this requirement is Compliant.

### 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.*

The service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of consumers. This included antimicrobial stewardship, the use of restraint and open disclosure. Staff interviewed confirmed they had been education in these policies and management described changes made to the way that care and services were planned, delivered or evaluated as a result of the implementation of these policies.

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.