Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Castledare Retirement Village | 15 August 2022 |
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| Catholic Homes Incorporated | 18 July 2022 to 20 July 2022 |
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This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Castledare Retirement Village (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

The following information has been considered in preparing the 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and representatives said staff treated consumers with respect, dignity, and genuine warmth. Consumers and representatives indicated consumers were supported to maintain relationships of choice and consumers advised their families were welcome at the service and visit regularly. Consumers and representatives felt the service offered the opportunity to do things important to consumers, which may involve an element of risk. Consumers and representatives felt the service kept them informed and they receive adequate information to make decisions. Consumers said they felt their privacy was respected and their personal information was kept confidential by the service

Staff spoke of consumers with respect and indicated their understanding of the consumer’s personal circumstances. Staff described how individual consumer’s culture influenced how they delivered care and services, including respecting consumers preference for same gender specific staff to provide care. Staff advised consumers were supported to exercise choice, independence and to make decisions about care, such as who was involved in decision making. Staff stated they supported the consumers right to choose and balanced it against their duty of care, offering services to the consumer but respecting their right to refuse. Staff explained how they respected consumer privacy and protected their information, completing consumer reports in the office or documenting information where others cannot see or read the information, locking the nurse’s station and waiting to be invited into a consumer’s room.

Care planning documentation included information about consumer’s cultural identity and background, as well as their spoken language or preferred communication method. Care planning documents also included information about consumer’s meal preferences which may be influenced by their cultural identity and requests for meals which reflected their cultural heritage.

The service had a duty of care and dignity of risk policy outlining how staff could support consumers to take risk by ensuring decisions were informed, options and possible outcomes had been explained, and choice was facilitated, for example consumers eating foods outside their recommended diet. Staff demonstrated awareness of individual consumer’s communication needs and how different means of communication were required to provide information or engage with consumers. Relevant and accessible information, such as daily menus, were observed throughout the service ensuring consumers had access to timely and current information. Prompts for masks, hand hygiene and social distancing were on display and used text and images to convey the meaning.

The Assessment Team observed staff prompting and gently directing consumers towards their room whenever personal care support was required. Consumer information is stored in a digital program which is password protected and nurse’s stations were observed to be locked.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| 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. | Compliant |

## Findings

Consumers advised they felt like partners in the ongoing assessment and planning of their care and services. Representatives stated they were informed and involved in discussions about changes to the consumer’s condition and care. Consumers and representatives were confident they could access a copy of the consumer’s care plan.

Care planning documentation reflected how case conferences were held with the consumer, their representative and others involved, to discuss care options and outcomes. Advance care planning included future care wishes with details of who to contact, guardianship details, if the consumer wished to be visited by the pastoral team and if there were any advance health directives or funeral plans.

Staff advised how consumers were asked for their end of life wishes on admission and at case conferences, including any spiritual support, advance care directives and guardianship arrangements consumers wished to have recorded. Staff advised care plans were assessed annually or when there were any changes to a consumer’s condition. When assessments were completed the consumer’s care plan was updated with the outcomes. Staff said the service worked with external allied health professionals, medical officers and consultants to deliver coordinated care. Care planning documentation demonstrated care and supports were reviewed for effectiveness regularly or if the consumer experienced change.

Interactions observed between staff, consumers and representatives demonstrated open communication and knowledge about consumer’s needs and care, with documentation to assist delivery of care available on electronic care planning system or in folders. The service had policies and procedures to support the inclusion of other parties to develop care plans including a policies and procedures guiding referrals to external specialists or providers. Policies and procedures relating to the management of falls, pain, diabetes, restrictive practices, medication management and administration were available and informed staff practice.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

## Findings

Consumers and their representatives said consumers received personal and clinical care which was safe and met their needs, including managing individual health conditions as well as motivating consumers to be proactive in retaining their health by physical exercise. Consumers and representatives reported how staff provided the level of attention and care consumers preferred and informed representatives when changes occurred. Consumers reported having been referred to external providers of care and services such as optometry and dental services.

Care plans demonstrated the service provided responsive and effective clinical care and responded to high level risk based on best practice interventions, including for wound care, falls prevention, pain management, restrictive practices and skin integrity. Palliative and end of life care was documented and provided for consumers using relevant assessments, interventions and best practice pathways.

Staff described how they recognised and responded to deterioration in consumers’ status and confirmed, when circumstances changed for consumers, relevant assessments and interventions were undertaken, with care plans updated. Staff described how the electronic care planning system assessment tools had risk-based questions, clinical incidents and risks were trended and reported within the monthly risk report. Staff said they had access to after-hours support which provided clinical consultancy for staff in areas of wound care, catheter management and enteral feeding. Staff explained end of life case conferences are held as required and families could stay with their relatives during end of life care. Staff said information shared at handover included staff observations, emotional well-being of consumers, any recent changes, events or incidents and changes to consumer care needs.

Care planning documentation indicated comprehensive care was provided, and how deterioration or changes in the consumer’s condition were responded to, monitored and documented. Care planning documents reflected consumers’ preferences, and showed the service provides end of life care maximising consumers’ comfort through use of the end of life pathways for best practice in palliative care, with external support from the external palliative care specialists. Care planning documentation demonstrated involvement and referral to of a range of other organisations and providers, including medical officers, ophthalmologists, cardiologists, pharmacists, palliative care services, dementia support services and the geriatric services.

The service has an antimicrobial stewardship policy and procedure supported by relevant clinical care and therapeutic guidelines, including the assessment and treatment of consumers with suspected urinary tract infection. Staff were observed wearing masks and gloves when providing care, having access to, and using, hand sanitiser and a large supply of personal protective equipment was in storage at the service.

Staff described how they minimise infection related risks and understood the service’s procedures for infection control and minimising the use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers and representatives stated consumers preferences in how their care delivery was supported. Consumers and representatives stated consumers do things of interest to them, However, one consumer and their representative advised the consumer wanted to be involved in more activities to enhance the consumers wellbeing with management confirmed a meaningful role for the consumer is being sourced.

Consumers and representatives stated staff were kind, caring and prioritised the emotional and psychological wellbeing of consumers. Consumers expressed their contentment with the quality and variety of meals, adding there were always alternatives offered if they were unhappy with the meals offered. Consumers stated the equipment provided to them was safe, suitable, clean and well maintained.

Care Planning documentation recorded the consumers likes/dislikes, preferences hobbies, goals for emotional wellbeing and relationships. Some consumers were identified as having roles at the service, assessed by the OT, and matched to the consumers likes, needs and strengths to promote meaningful engagement, such as mail delivery throughout the service or operating the services shop or ironing and folding napkins. Care planning documents detail the consumers nutrition and hydration plan and details any allergies or supplements required. This information was also recorded on white boards in the kitchen to ensure consumers are offered the correct meals.

Staff described the services’ model of care as designed to promote meaningful engagement, independence and quality of life. Staff said the chapel was open all hours, and consumers were supported to access the chapel when they appeared low or were agitated. Staff explained they knew each consumer well through the consumer profile and could identify a change in mood or emotional need and used the leisure and lifestyle plan to identify what might lift the consumers mood, such as playing video clips of the consumer’s spouses which the service recorded for the consumer when they were missing their spouse.

The service has recently introduced a wellness facilitator and advised the program focussed on wellbeing activities which promoted emotional and psychological wellbeing such as chair yoga, meditation, and aromatherapy. Activities were observed to include armchair travel to Croatia, Bingo, reclined seated cycling, and chair exercises. During COVID restrictions scenic drives were organised where consumers were served beverages and light snacks on the bus. The service undertook a dining experience audit and a food services satisfaction survey in July 2022 and the results indicated consumers generally rated the choice, taste and freshness as good.

Staff explained how the service provided and maintained equipment to support consumers in daily living activities to ensure it was clean and well maintained. The service had a minimum cleaning frequency for all equipment, including for calls bells, bedside tables, hoists/slings and other adaptive equipment. Consumers were observed using equipment which supported activities of daily living, which was functional, clean and stored appropriately, Lifestyle activity products, such as puzzles, craft supplies, books and word games, were observed to be in good condition.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers advised the service was a nice place to live and, they enjoyed the activities and felt safe. Consumers advised the service was cleaned and maintained to a good standard and they could move freely throughout the facility. Consumers stated the furniture fittings and equipment in their rooms met their needs and were safe, clean and well maintained

Staff said consumers were free to move throughout the service and there were no restrictions, they advised consumers visited the lifestyle hub, chapel or gardens, and were supported by care staff if they need assistance to access these areas. Staff advised checklists and schedule were used to ensure equipment, fittings and furniture were well maintained and suitable for consumers, such as the occupied room inspection checklist which included a thorough review of all fixtures, equipment and furniture.

The service environment was welcoming and easy to understand with private and communal areas to support each consumer’s sense of belonging, faith, functional independence and promote interactions with others. Consumer’s rooms were personalised to the individual consumer’s taste. A large communal area was used for group activities, where consumers were observed taking part in bingo and then chair exercises. The outdoor gardens were attractive, well maintained and include raised garden beds and herb gardens.

The service was observed to be clean, well maintained, had clear signage for navigating throughout the service and handrails along the corridors. Documentation reviewed provided guidance to staff on maintaining the living and service environment including the laundry, cleaning, spills clean up, bathroom cleaning and equipment cleaning schedule. The schedules included minimum cleaning frequencies and suppliers for all fittings, equipment, furniture and rooms, including communal areas, toilets, bedside tables or wheelchairs. Cleaning staff were observed cleaning consumer’s rooms, bathrooms and communal areas and daily cleaning schedules were observed. Maintenance staff were observed attending to the gardens during the site audit.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Most consumers and representatives indicated they knew how to raise a complaint and felt confident raising concerns with staff. Consumer representatives knew how to access the feedback and complaints processes. However, 2 consumer representatives indicated they had concerns if they raised a complaint, it may affect their family member’s care, neither could offer further information to support their concerns and this feedback was offered to the service who advised more work needed to be done to improve confidence in the services complaints system.

Consumers and representatives stated they were aware of the advocacy services available to them to assist with making a complaint and said they felt they could speak with staff if they had any concerns, and they were confident staff would assist them.

Staff stated the service encouraged feedback through different channels such as the monthly consumer meetings, feedback forms and locked suggestion boxes within the service. Staff stated they are aware they can access language, interpreter and advocacy services on behalf of a consumer and felt supported to assist consumers to make and lodge feedback and complaints.

A review of the complaints process indicated the service actively sought feedback from consumers and representatives and used this information objectively to inform improvement. The consumer information book, provided at the initial point of contact included information about compliments, suggestions and complaints and encouraged consumers and representatives to provide feedback and express concerns, stating information received ‘will be dealt with fairly, promptly, confidentially and without retribution’. The book also states information was used to improve care and services.

Policy and procedures are available providing information about advocates, language services and interpreter services. The service had relevant guiding documents to support an open disclosure process when managing complaints.

Brochures and information about advocacy services and the Commission’s complaint mechanisms were displayed in the reception area, in languages reflective of the consumer cohort and feedback forms, were also available in the reception area, community centres and in each of the 4 units.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers and representatives felt permanent staff were kind, caring and provided safe, timely and quality care, however, some representatives expressed concern about the competency of agency staff, including their lack of familiarity with consumers support needs with management confirming agency staff were supplied by selected agencies who understood the services requirements regarding qualifications and skills and agency staff are never allocated to the dementia specific unit as the service prefers to have staff who understood the consumers complex behaviours to provide support in the unit.

Consumers felt staff were capable and could not identify any areas where staff required any further training. Consumers said, over the years, staff had developed skills and taken on more responsibility and the service recognised and supported them.

Staff advised they felt there were sufficient staff rostered to provide services and they were supported to undertake their duties, saying registered nurses were prompt to respond when called. Staff advised they completed induction, including training on the model of care implemented throughout the service, Care with purpose, as well as training about the organisation and requirements as an employee. Induction training included completion of mandatory modules within the first 3 months of their employment and additional required training within the first 6 months. Staff said they had access to training relevant to their roles and they were prompted to complete online training, including infection prevention and control training provided by the infection prevention and control lead. Management confirmed staff have formal appraisals annually, training needs are monitored and staff are reminded of any mandatory training required. Additional staff training needs were identified through observation and supervision.

Workforce interactions with consumers were observed to be kind, caring and respectful of each consumer’s identity, culture and diversity. Call bell data and documented information, processes and records maintained by the service indicated the workforce had the capacity to provide quality services. Staff rostering records, including vacant shifts and the master allocation sheet, indicated in the last month there had been one vacant laundry shift and one vacant care worker shift which the service was unable to fill.

Records of qualifications or credentials and relevant registration were required and recorded in human resource files. The training schedule identified mandatory training to be completed within 3 and 6 months and included the Quality Standards, dignity and respect in aged care, cultural diversity and safety, elder abuse (including SIRS information), documentation, collaboration and communication, food services to vulnerable persons, hazardous manual tasks, end of life care, dementia, pain management, oral and dental care.

Staff documentation demonstrated the service undertook regular assessment, monitoring and review of staff performance and compliance was monitored.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Compliant |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

## Findings

Consumers and representatives reported they were encouraged to provide feedback about their experience of the service at consumer meetings.

Management provided examples of how consumer feedback was sought through consumer meetings, feedback forms and suggestion boxes as well as through an annual survey. Feedback and complaints processes were in place, and data and information obtained was reviewed and reported at monthly quality management meetings. Improvement opportunities and actions were identified through these reviews were registered and data including evaluation notes was recorded. The services governing body was involved in the delivery, monitoring and evaluation of care and services. Documented information and processes confirmed evidence the organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery.

The service operated a model of care to support consumers live the best life they can. The Care with Purpose model of care implemented by the service is documented in policy which states ‘The Model of Care focuses on helping clients/residents to live a life of purpose, in an environment that promotes independence and engagement”. Management described the model as consumers ‘being involved in decision making about their everyday life and having opportunity to be involved in meaningful or purposeful roles in the organization.’

The service had organisational governance mechanisms in place, including a suite of policies and procedures which guided clinical care, information and risk management systems which supported care and service delivery and a range of committees, including consumer and clinical governance committees. The service reported the Board had active oversight of the organisation and received regular and direct reports from management in relation to clinical governance, risk management and information on serious incidents relating to consumers.

Management explained their effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. For example, staff confirmed they had access to information including digital access to policy, procedures and organisational information. The service has a documented risk management framework, which included policies on mandatory reporting, risk management, deterioration and palliative care, amongst others.

Information and resulting changes were disseminated throughout the organisation by the clinical governance committee. Management advised information about changes or updates were communicated to staff through email, at handover, on whiteboard, and at staff meetings. Training is provided to ensure changed requirements are understood and implemented by staff.

The organisation’s documented clinical governance framework included policies regarding, but not limited to, antimicrobial stewardship, restrictive practices, clinical care and therapeutic guidelines and open disclosure. Staff were asked to demonstrate their understanding of these policies and could give examples of how these applied to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)