**Performance**

**Report**

**1800 951 822**

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| Name of service: | Catherine McAuley Community Aged Care |
| Service address: | 38 Ord Street WEST PERTH WA 6005 |
| Commission ID: | 500059 |
| Home Service Provider: | Mercy Community Services Limited |
| Activity type: | Quality Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 22 December 2022 |

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 Catherine McAuley Community Aged Care (**the service**) has been prepared by S Bickerton, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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.

# Services included in this assessment

**Home Care Packages (HCP) and Short Term Restorative Care (STRC):**

* Catherine McAuley Community Aged Care Packages, 19126, 38 Ord Street, WEST PERTH WA 6005
* Catherine McAuley Extended Aged Care in the Home, 19128, 38 Ord Street, WEST PERTH WA 6005
* Catherine McAuley Community Aged Care Packages, 19127, 38 Ord Street, WEST PERTH WA 6005

**Commonwealth Home Support Programme (CHSP):**

* Personal care – Community and Home Support 4-8AGPJLE 38 Ord Street, WEST PERTH WA 6005
* Home Maintenance – Community and Home Support 4-8AGYK18 38 Ord Street, WEST PERTH WA 6005
* Nursing – Community and Home Support 48AGYK4K 38 Ord Street, WEST PERTH WA 6005
* Social Support – Group – Community and Home Support 4-8AGYK7N Harman Park Community Centre 21 Harman Street, Belmont WA 6104
* Centre Based Respite – Care Relationships and Carer Support 4-28AS76JB 18 Barrett Street, WEMBLEY WA 614
* Flexible Respite - Care Relationships and Carer Support 4-28AS76P8 18 Barrett Street, WEMBLEY WA 614
* Transport – Community and Home Support 48AGPJOP 38 Ord Street, WEST PERTH WA 6005
* Cottage Respite – Care Relationships and Carer Support4-8AGYU6 18 Barrett Street, WEMBLEY WA 614
* Domestic Assistance - Community and Home Support 4-8AGYJXJ 38 Ord Street, WEST PERTH WA 6005
* Social Support – Individual – Community and Home Support 4-8AGYKB1 38 Ord Street, WEST PERTH WA 6005
* Other Food Services Community and Home Support 4-EAHYOC1 38 Ord Street, WEST PERTH WA 6005
* Meals – Community and Home Support 4-EAHYOFI 18 Barrett Street, WEMBLEY WA 6104

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 20 December 2022

# Assessment summary for HCP and STRC

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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** |

# Assessment summary for CHSP

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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.

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

Findings

At the time of performance report decision, the service was:

* Demonstrating that consumers are treated with dignity, respect, and their identity, culture and diversity is valued
* Demonstrating the provision of culturally safe and sensitive consumer care
* Evidencing a dignity of risk approach to supporting consumers in taking risks to enable them to live the best life they can
* Evidencing provision of current, accurate and timely information to consumers
* Evidencing consumer information is secured and consumer privacy is protected

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP/STRC | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating consumer assessments involve consumers and others nominated by them
* Evidencing effective assessment documentation that communicates outcomes to consumers and others where the responsibility for consumer care is shared
* Evidencing consistent and effective practises in identifying, documenting, and mitigating consumer risks
* Evidencing discussions and information sharing around advanced care planning
* Demonstrating embedded support plan review processes respond to changes in consumer needs

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating consumers are provided with timely personal and clinical care which is safe, tailored, and best practise
* Evidencing the use of validated best practise tools to identify, record, and mitigate high impact and high prevalence consumer risks
* Demonstrating an understanding of individualised consumer care needs, and making timely referrals to external services as required to support existing or changed needs
* Evidencing policies and processes that guide staff in supporting consumers with personal care and clinical care

# Standard 4

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| Services and supports for daily living | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating embedded processes identify, record, and respond to consumer needs, goals and preferences
* Demonstrating practises that promote consumers emotional, spiritual and psychological wellbeing
* Demonstrating practises that support consumers to participate in their community and maintain relationships with those that are important to them
* Evidencing embedded processes ensure consumer information including condition, needs, and preferences is communicated and shared responsibly
* Demonstrating provision of appropriate and acceptable equipment to consumers in line with their assessed needs

# Standard 5

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| Organisation’s service environment | | HCP/STRC | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating a service environment that is welcoming and designed to optimise a sense of belonging, independence and interaction
* Evidencing that consumers are able to freely move around service centres without restriction
* Evidencing furniture, fittings and equipment at service centres is safe, clean, well-maintained and suitable for use
* Evidencing provision of service staff training in the use of equipment and identifying potential issues promptly

# Standard 6

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| Feedback and complaints | | HCP/STRC | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing that consumers and representatives are provided with information on making complaints and providing feedback
* Evidencing that feedback and complaint information is recorded and actioned in a timely manner to the satisfaction of consumers
* Demonstrating embedded practises guide consistent and appropriate action in response to feedback and complaints
* Evidencing feedback and complaint information is used to improve consumer services

# Standard 7

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| Human resources | | HCP/STRC | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating service staff provide timely, safe and quality services to consumers
* Demonstrating its workforce is engaged and trained in interacting with consumers in a kind, caring and respectful way
* Evidencing recruitment, training, and equipment supports its workforce to ensure staff competently deliver the outcomes required by the Aged Care Quality Standards
* Evidencing regular assessments, monitoring practises, and reviews measure workforce performance

# Standard 8

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| Organisational governance | | HCP/STRC | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating its governing body takes responsibility for ensuring effective systems are embedded to manage information, continuous improvement, financial responsibilities, and regulatory compliance
* Evidencing engagement of consumers in the development and improvement of services
* Evidencing systems and processes effectively manage different consumer risks
* Demonstrating adherence to clinical governance frameworks that prioritise antimicrobial stewardship, minimising the use of restraint and practicing open disclosure

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)