**Performance**

**Report**

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| Name: | Catholic Healthcare - Macquarie Park |
| Commission ID: | 200155 |
| Address: | Suite 1 Level 5, 15 Talavera Road, MACQUARIE PARK, New South Wales, 2113 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 2 July 2024 |
| Performance report date: | 31 July 2024 |

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.

**Services included in this assessment**

Home Care Packages (**HCP**) included:  
Provider: 1191 Catholic Healthcare Limited  
Service: 26898 Catholic Community Services Brisbane North   
Service: 26897 Catholic Community Services Brisbane South   
Service: 17434 Catholic Community Services Metro South East - Arabic CACP  
Service: 26896 Catholic Community Services West Moreton

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7487 Catholic Healthcare Limited  
Service: 25061 Catholic Healthcare Limited - Care Relationships and Carer Support  
Service: 25058 Catholic Healthcare Limited - Community and Home Support

**This performance report**

This performance report for Catholic Healthcare - Macquarie Park (**the provider**) has been prepared by K. Jarvie, 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 services, 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 Assessment contact (performance assessment) – non-site report, which was informed by review of documents and interviews with staff, consumers, representatives and others
* the performance report dated 12 January 2024 in relation to the Quality Audit undertaken from 3 to 6 November 2023.

The provider did not submit a response to the Assessment Team’s report for the Assessment contact (performance assessment) – non-site.

**Assessment summary for Home Care Packages (HCP)**

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |

**Assessment summary for Commonwealth Home Support Programme (CHSP)**

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| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |

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 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | 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 |

**Findings**

Requirement 2(3)(a) was found non-compliant following a Quality Audit conducted from 3 to 6 November 2023 for both HCP and CHSP. The provider did not demonstrate valid assessment of pain occurred and did not demonstrate specific risks to the consumers well-being were assessed. The provider did not demonstrate how the consumer’s care plan considers and plans for risks.

The Assessment Team’s report for the Assessment Contact undertaken on 2 July 2024 included evidence of actions taken by the provider in response to the non-compliance. These actions include, but are not limited to, all services using validated tools and assessments to inform care planning strategies.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 2(3)(a) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives stated staff attend the consumer’s home to undertake assessments to plan care.
* Staff and management described the care planning process which includes the use of assessment tools and the consideration of risk to a consumer’s well-being, with clinical staff conducting clinical assessments.
* Clinical staff discussed the use of validated assessment tools to assess risks, including falls risks, memory cognition and skin integrity. Each service has access to in-house allied health and clinical staff who provide support to consumers.
* Documentation evidenced the use of validated assessment tools in the development of consumer care plans. Training records demonstrated care planning competencies are undertaken annually for all staff in all services.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows each service uses validated assessment tools and consider risks to the consumer’s well-being. Appropriately qualified staff complete these assessments.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements were made to address the previous non-compliance.

In relation to CHSP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

In relation to HCP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

**Standard 6**

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

**Findings**

Requirement 6(3)(d) was found non-compliant following a Quality Audit conducted from 3 to 6 November 2023 for both HCP and CHSP. The provider did not demonstrate how feedback and complaints were used to improve care and services for all consumers. The provider did not demonstrate how trends related to complaints about staffing and scheduling were being addressed at a systemic level to improve quality and services.

The Assessment Team’s report for the Assessment contact undertaken on 2 July 2024 included evidence of actions taken by the provider in response to the non-compliance. These actions include, but are not limited to, implementation of a new application to address the workforce, scheduling and communication complaints and, monthly reporting on complaints by each service which explores complaint themes.

The Assessment Team was satisfied these improvements were effective and recommended Requirement 6(3)(d) met. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives confirmed changes were implemented in response to recent complaints about staff.
* Staff described the actions taken to address consumer feedback and complaints, with complaints recorded in the electronic management system and flagged as action required.
* Management described the system in place to review feedback documented in the system, with complaints categorised to enable tracking, trending and analysis of common themes to identify areas for improvement.
* Management described systemic changes made to address complaints about schedules and staffing, enabling consumers and representatives to view the schedule, provide feedback and request a change to the scheduled service.
* Documentation showed the provider maintains a complaints and continuous improvement register, dashboard reports for complaints and use of consumer surveys to identify trends across the services. Policies showed clearly assigned roles and responsibilities for managing complaints, with each service considering improvement opportunities from consumer feedback.

In coming to my finding, I have considered the information in the Assessment Team’s report which shows the services use feedback and complaints to improve care and services for all consumers. The services trend complaint data and changes were made to address complaints about scheduling and staffing, with consumers and representatives given access view and provide feedback on staffing schedules.

I have placed weight on the evidence in the Assessment Team’s report which showed improvements have been made to address the previous non-compliance.

In relation to CHSP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

In relation to HCP, I find the provider, in relation to the services assessed, compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)