Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Catholic Healthcare Blakeney Lodge |
| Service address: | 27-29 Carey Street TUMUT NSW 2720 |
| Commission ID: | 0172 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 30 September 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 Catholic Healthcare Blakeney Lodge (**the service**) has been prepared by M. Nassif, 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.

# 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 felt respected and that they are treated with dignity and that staff are kind and caring and their culture and spiritual preferences were respected. Staff demonstrated awareness of each consumers’ background, needs and preferences and these were documented in care planning documents.

Consumers described cultural care and services are delivered with the understanding of their needs and preferences while ensuring they feel respected, valued, and safe. Care planning documents included information on consumers’ cultural needs and preferences. The service had policies and procedures to guide staff in delivering culturally safe care and services.

Consumers and representatives said consumers can make and communicate decisions about their own care, who is involved, and maintain relationships of choice. This information was included in care planning documents and staff described how they support couples to maintain their relationship.

Consumers and representatives stated consumers are supported to take risks to enable them to live the best life they can. Staff and management described consumers who take risks and the support they provide to mitigate and manage risks. Care planning documents included assessment of risks, appropriate strategies to mitigate risk as well as directives for staff to support consumers in risk taking.

Consumers and representatives said they receive updates if an incident occurs, and they are kept informed on all matters relating to the service especially COVID-19 and lockdowns. Staff described the communication channels with consumers such as newsletters and emails. Menus and activities calendars as well as other communications were observed throughout the service.

Consumers and representatives said consumers’ privacy are respected, for example, by staff knocking before entering consumers’ rooms and closing doors when providing care assistance. This was verified through observations. Staff demonstrated understanding of how to keep personal information confidential, for example, all computers are password protected.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Care planning documents evidenced assessment and planning, including consideration of risks to consumers’ to inform the delivery of safe and effective care. The service had planning policies that align with best practice to guide staff with care delivery. Staff were aware of consumer care needs, including risks to their health and well-being and interventions required to manage those risks.

Care planning documents detailed consumers’ current needs, goals and preferences including advance care planning. Management and staff described how they approach end of life and advance care planning conversations with consumers.

Consumers and representatives confirmed they are involved in assessment and planning process, which is undertaken regularly and on an ongoing basis. Care planning documents evidenced involvement and input from consumers and their representatives and other allied health professionals. Staff and management described involvement of other care providers in consumers’ assessment and planning from entry to the service and on an ongoing basis.

Consumers and representatives confirmed they are advised of assessment and planning outcomes through care conferences. Management said consumers and their representatives are well informed through various channels of communications including case conferences, newsletters, and announcement communications from the service.

Consumers and representatives stated the service provides regular updates and consultation when consumer care needs change and when significant events occur. This was confirmed by staff. Care planning documents evidenced review on regular basis and when circumstances change or when incidents occur.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 representatives were satisfied in how the service meets each consumer’s personal and clinical care needs. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumers’ individual needs, preferences, the most significant personal and clinical care and how these were delivered in line with their care plans.

Consumers and representatives stated that high impact and high prevalence risks have been identified by the service with appropriate interventions in place. Staff and management described the risks and mitigation strategies for individual consumers. Pressure relieving devices, motion sensors, compression stockings, sensory aids, pendant call bells were observed being used at the service to manage these risks.

Consumers who have had deterioration were recognised and addressed, their comfort maximised, and their dignity preserved. Staff and management described how care delivery changes for consumers nearing end-of-life (EOL) and practical ways in which consumers’ comfort is maximised and dignity preserved.

Staff described the signs of deterioration such as poor appetite, change in behaviour, weight loss and experiencing pain. Representatives stated they are informed when the consumer condition deteriorates and expressed satisfaction on how the service assessed and managed consumer condition before and after.

Staff said information regarding consumer care is consistently shared particularly when changes occur. A message board system identifying recent changes in consumer needs which alerts staff is in place. Consumers and representatives expressed satisfaction with the level of communication about consumer’s condition, needs and preferences within the service including others where responsibility for care is shared.

Care planning documents demonstrated referrals to allied health professionals and specialists. Staff indicated external referral services were regularly accessed by consumers. Consumers and representatives expressed satisfaction on how the service conducts timely and appropriate referrals to individuals including allied health, to support a holistic care and services approach.

Staff understood precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Infection record is reviewed monthly for each consumer. Infection control procedures such as screening upon entry, a tier system for assessing risks was observed.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they are supported to maintain their independence and quality of life and indicated they have participated in activities and particularly enjoy the bus trips.

Staff described how they support consumers when they are feeling low. Consumers described when feeling low they talk to the staff or to family and were aware they have access to one-on-one support. Care planning documents included information on how to support consumers emotional, spiritually and psychological well-being.

Consumers described being able to participate in their community, have social and personal relationships or do things that interests to them. Staff described individual consumers interests and the relevant opportunities the service provides for consumers. Management outlined the involvement of community for consumers to participate in various activities.

Consumers said staff are well informed on their conditions, needs and preferences. Staff confirmed they are informed of changes to consumer needs via electronic management system and handover processes. A noticeboard was observed in the kitchen which listed the dietary preferences and needs of the consumers.

Management described how they work with external organisations, such as disability services and volunteers, to supplement the lifestyle activities. A volunteer run card game was observed which was very popular with consumers. Staff provided an example of a consumer who accesses another service to undertake activities on a regular basis.

Consumers provided positive feedback on the choice of food, the quality, and the variety of the meals. The service also offers consumers take away days each month on the menu which the consumers liked. Staff confirmed the changes made to the menu choices to cater for consumer’s individual food preferences.

Staff stated that equipment is readily available to aid the consumers and is cleaned after each use. An individual consumer equipment list and a service equipment list outlined schedules for preventative and reactive maintenance and service. Cleaning registers included a cleaning schedule outlining daily, weekly, monthly, and quarterly cleaning of equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives said the service was just like home and felt a strong sense of belonging. The room of a consumer with personalised items that were significant to the consumer was observed.

Consumers felt the service was clean and well maintained and said they were able to move freely in and out of the service. All areas were observed to be clean, comfortable, and well maintained. The cleaning schedule outlining daily, weekly, monthly, and quarterly cleaning was up to date.

Staff said all equipment is in working order and is promptly repaired if required. Maintenance staff advised that all requests for repairs are tracked until completed and observations of documents confirmed this occurred.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives knew of various mechanisms for raising concerns and prefer to contact management, or staff directly. Staff and management described numerous avenues for consumer feedback and the executive team provided evidence of engaging with consumers and representatives.

Information on translation services was observed at the service. Consumers and representatives said they don’t require such services but are aware of other methods for raising a complaint. Staff said they have acted as advocates for consumers.

Consumers, representatives and staff provided examples of situations when open disclosure was practiced, and resolution was appropriate and timely. Management demonstrated effective reporting mechanisms, with complaint close out processes and staff training on open disclosure.

Consumers, representatives, staff and management provided examples of where feedback had resulted in changes to improve services or processes. Management confirmed they actively pursue continuous improvement by tracking and monitoring outcomes and including the results on the continuous improvement register.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 described having personal care attended to in line with their preferences. Staff confirmed that they work extra shifts occasionally to cover unexpected shift vacancies. Management confirmed that unfilled shifts had been filled with agency staff or by a staff member doing additional shifts. Rosters evidenced all shifts were covered.

All consumers and representatives reported staff are kind, caring and gentle when providing care, consistent with observations of interactions between staff and consumers.

Consumers and representatives felt staff were effective in their roles. Management described how they ensure staff meet the minimum qualification and registration requirements for their respective roles. Management explained how they performance manage those staff that have overdue training, such as providing additional support.

Staff confirmed that they received the appropriate training to meet the requirements of their current and future roles and felt comfortable requesting additional training. Consumers and representatives could not identify any areas of training they felt staff needed and confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Staff confirmed they receive performance reviews annually. Most reviews were completed and management was already aware of staff who had not completed performance reviews in 2021 and said there was a schedule to review all outstanding performance reviews. Management described how they assist in building staff’s performance by using support systems where required to produce effective outcomes for consumers.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 indicated their participation in various consultation forums and felt that the service is professionally managed. Management confirmed consultation processes enable them to have clear insight into consumers opinions and preferences and allows them to partner in projects.

Electronic newsletter communicated the changes to legislation, work practices and changes directed by the Board to the management. Management stated the organisation’s governance structure includes direct feedback from consumers/representatives to the organisational management team from each service, and through this process, the Board is constantly aware of the performance of all aspects of the service.

The service to demonstrated that is had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management and staff provided examples of how they support consumers to take risks and measures the service has in place to monitor those risks. Management described investigation processes such as continuous monitoring of high impact and high prevalence risks, incident reports and other external reporting mechanisms, to investigate and analyse causes to better manage risks. Staff were aware of processes for reporting incidents and described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff demonstrated a shared understanding of antimicrobial stewardship and were able to describe strategies to minimise the risk of infections. Staff demonstrated awareness of the need to look for alternatives to restraint and confirmed they had received the required training. Management and staff demonstrated understanding of open disclosure and confirmed they have received relevant training.

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