Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare Brigidine House |
| Service address: | 7 Coogee Bay Road RANDWICK NSW 2031 |
| Commission ID: | 0626 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 23 March 2023 |

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 Brigidine House (**the service**) has been prepared by K. Reed 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.
* The Approved provider’s response received 28 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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.

# 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 | |  |
| 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 were treated fairly, treated with respect, and felt valued and safe. Staff described what treating consumers with dignity and respect meant in practice, and what they would do if they thought a consumer’s dignity was not being respected. On entry, the service undertook assessments to identify consumer preferences in relation to care so that care was culturally safe.

Consumers were supported in making decisions affecting their health and well-being and they could change these decisions at any time. Staff were observed to help consumers make day-to-day choices. Care planning identified case conferences and communication identified consumer choices, and consumer and representatives assisted in making changes to their care plan. Nominated decision makers were noted in all consumer files.

Consumers were supported to understand benefits and possible harm when they made decisions about taking risks. Staff gave examples of how the organisation had supported consumers to have choice and control, including when that choice involved risk. Risk assessments and risk-taking consent forms were in place for consumers.

Consumers received information in a way they could understand, and they were encouraged to ask questions about their care and services. Staff described different ways information was communicated to make sure it was easy to understand and accessible to all consumers. Management provided examples of how they reviewed the information provided to consumers to ensure that it was current and relevant.

Consumers confirmed care staff respected their privacy and maintained the confidentiality of their information. Staff demonstrated they understood the importance of privacy and were observed using individual logins to access the care management system. Staff were observed knocking on doors and asking the consumer’s permission prior to entering and the use of curtains in shared rooms were also observed.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 confirmed their care was well planned, and staff took the time to understand how to support them. Staff described the assessment and care planning processes. A set of validated assessment tools were available in the care management system. Care plans identified and assessed risk with the consumer during assessment, and planning, and risk management strategies were included in the consumer care plans.

Consumers were involved in the assessment of their care and services needs and the development of their care plans. Consumers and representatives reported they had discussed end of life planning on entry to the service. Staff reported they discussed end of life planning at the consumer’s case conference. Care files included end of life assessments and advance care directives were in place for some consumers.

Consumers were actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers or their representatives to assess, plan and review care and services. Care plans for consumers evidenced integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Consumers confirmed staff explained their care plan to them and they consider it met their needs, goals and preferences. Consumers could also get a full copy of their care and services plan if they wished. Staff described processes for documenting the outcomes of assessment and planning in the care plan and how they could access care plans to deliver safe and effective care and services.

The service sought consumer input to update their care plan. Staff described when and how they reassessed a consumer’s needs, goals, and preferences. Care plans evidenced the service conducted regular reviews and there was evidence that staff reviewed the plans regularly.

# Standard 3

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| Personal care and clinical care | |  |
| 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 the care meets the consumers’ needs and optimised their health and well-being. Staff demonstrated an understanding of personal and clinical needs of consumers. Care plans contain care directives that were safe, effective, and specific for each consumer. All consumers subject to restrictive practice had behaviour support plans in place. Pain was assessed using validated tools and skin integrity risk assessments were completed with appropriate care and management plans.

All consumers and representatives were satisfied that risks were effectively managed. Staff were aware of monitoring and prevention strategies for high impact and high prevalence risks. Care planning documentation identified effective strategies were in place to manage identified risks and were recorded in care plans and progress notes. Behaviour support plans were in place with non-pharmacological strategies in place.

Consumers were confident when they needed end of life care, they would be as pain free as possible, and their social, cultural, and religious and spiritual preferences would be met. Staff described comfort care measures and how they prioritised dignity during end of life care and supported family. Care plans contained information on consumers’ end of life care in line with the consumer’s end of life care needs, goals, and preferences.

Consumers were confident members of the workforce would identify a change in their condition, health or abilities and they would respond appropriately. Staff described how they identified signs of deterioration and what response they should take. Care planning evidenced changes in consumers’ care needs were recognised and responded to in a timely manner.

Consumers confirmed the organisation managed their personal or clinical care well, they were fully informed, their personal or clinical care was consistent, and they did not have to repeat information to multiple people. Staff described how changes in consumers’ care and services were communicated through various means and how information was shared with others as consumers moved between care settings. Care plans evidenced updates, reviews and communication alerts, and clinical hand over sheets contained current and accurate information relating to consumer care.

Consumers were referred to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they were satisfied with the referral processes. Staff described the process for referring consumers to other health professionals and allied health services. Care planning evidenced input from other providers such as Medical Officers and allied health professionals.

Consumers and representatives were satisfied with the management of COVID-19, and the service’s infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. All visitors, staff and contractors were screened on entry to the building through one entrance and competed a thorough screening process. Vaccination records for staff and consumers identified that 100% of staff and consumers were vaccinated.

# Standard 4

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| Services and supports for daily living | |  |
| 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 were satisfied the service supported them to do the things they wanted to do. They said staff were flexible and could modify services and support, so they could continue to do things of interest to them. Staff described how they access care plans to assist consumers to stay well and healthy and do as much for themselves as possible. Documentation reflected strategies and options to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers.

Consumers felt connected and engaged in meaningful activities that were satisfying to them. They said that they could acknowledge and observe sacred, cultural, and religious practices. Staff supported the emotional, psychological, and spiritual well-being of consumers and gave examples of cultural awareness in their everyday practice. Consumer care plans contained information about the consumer’s emotional, spiritual, and psychological needs, goals, and preferences.

Consumers were supported to maintain personal relationships and could take part in community and social activities that they chose. Staff worked with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Consumer files evidenced the service designs services and supports with the consumer to reflect the consumer’s changing needs, goals, and preferences.

Consumers said the organisation coordinated their services and support. Staff described how the organisation tells them about a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties and responsibilities. Consumer care plans evidenced updates, reviews and communication alerts, which included information from external providers and other staff.

The service had established links with individuals, organisations, or providers, to make sure consumers had access to a range of services and supports. Staff identified individuals, organisations, or providers where they can make referrals and described how they refer consumers. Consumers’ care and services plans demonstrated the organisation collaborated with other individuals, organisations, or providers to support the diverse needs of consumers.

Consumers were happy with the variety, quality, and quantity of food provided. Staff demonstrated they were aware of the nutritional needs and preferences of consumers. The Assessment Team observed food to be fresh and the service used specialist nutritional advice regarding the menu. The consumer dining experience was comfortable and not rushed and consumers were receiving appropriate assistance in a dignified manner.

Consumers said they felt safe when they were using equipment and they knew how to report any concerns regarding the safety of the equipment. Staff described how the service had trained them to use equipment and their responsibilities for safety, cleanliness and maintenance. The service had a maintenance program for equipment, the maintenance officer provided maintenance records including audit and maintenance records for all aids including walking aids, wheelchairs, hoists and slings.

# Standard 5

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| Organisation’s service environment | |  |
| 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 could personalise their rooms, including bringing in furniture and possessions of choice, and renovations were in progress and planned to ensure the environment met the needs of consumers. Staff described how consumers were supported to make the service feel like home, and how they supported consumers to maintain independence. The Assessment Team observed signage to assist consumers to move around the service, handrails and ramps were in place to promote independence.

Consumers and representatives reported that the facility was cleaned well, and they had access to outdoor areas. Consumers were observed moving freely around the facility both internally and externally. The service was observed to be clean and well maintained and the scheduled maintenance programme showed the maintenance program was up to date. The Assessment Team observed placement of oxygen cylinders to be a concern for consumers’ safety and following feedback, the cylinders were moved to an appropriate and safe location.

Consumers said that equipment was well maintained and clean. Staff had access to equipment needed for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place where required.

# Standard 6

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| Feedback and complaints | |  |
| 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 were encouraged and supported to make complaints and provide feedback and said they had no issues talking with staff or management should they have a concern. Staff demonstrated how they assisted consumers in delivering feedback and complaints to the management team. The Assessment Team observed feedback forms and suggestion boxes and noticeboards with information about the internal complaint system.

Consumers confirmed although they were aware of other avenues for raising a complaint, such as through the Commission, through family or friends or an advocacy service, they were comfortable raising concerns with management. Staff demonstrated an understanding of the internal and external complaints and feedback systems and were aware of the advocacy and translation services available for consumers and representatives. Information regarding advocacy, external complaints mechanisms were available at the service.

Consumers stated management promptly addressed and resolved their concerns after they made a complaint and staff provided an apology upon the making of a complaint or when things went wrong. Staff confirmed if consumers and representatives raised an issue with them directly, they escalated all complaints to management for investigation and follow-up. Staff received training on open disclosure and understood the principles of open disclosure. The complaints register evidenced complaints were detailed, action and followed up with consumers and their representatives and open disclosure was implemented.

Consumers said management were responsive to their feedback and complaints and they were satisfied with the improvements made in response. Management reported complaints and feedback was used to improve how care was delivered and service was provided. The service had a Continuous Quality Improvement register, which was up to date and showed evidence of ongoing review.

# Standard 7

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| Human resources | |  |
| 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 confirmed there was sufficient staff to meet consumers’ needs and when consumers called for assistance, staff were prompt to attend. Staff stated there were sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and that staff had sufficient time to undertake their allocated tasks and responsibilities.

Consumers said staff were kind, gentle and caring when providing care. Staff were observed to always greet consumers by their preferred name and they were familiar with each consumer's individual needs and identity. The Assessment Team observed staff to be respectful and kind through all their interactions with consumers and each other.

Consumers confirmed staff performed their duties effectively, and they were confident that staff were trained appropriately and were sufficiently skilled to meet their care needs. All staff demonstrated a sound understanding of the duties related to their role. Records evidenced that there were systems to ensure that staff were qualified and remained skilled for their role.

Consumers expressed confidence in the abilities of staff in delivering care and services. Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. The service demonstrated processes and systems to ensure all staff had the required qualifications, training and support to provide quality care and services.

Staff had a performance appraisal regularly, including during their probation, and information from the performance appraisals was used to guide the service’s education and staff development program. Management maintained records of staff completing performance appraisals and followed up staff who missed an appraisal. Staff files demonstrated that staff had performance reviews with goal setting. Performance reviews were conducted twelve-monthly for all staff and were up to date.

# Standard 8

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| Organisational governance | |  |
| 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 confirmed the service sought their input in a variety of ways, such as resident meetings, surveys and face to face discussions. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service. The Assessment Team reviewed consumer meeting minutes which showed consumers were encouraged to participate in activity planning, meals, staff and special events.

Management provided examples of changes driven by the governing body as a result of consumer feedback, experience and incidents. The governing body used the information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had an effective organisation-wide governance system in place that guided information management, continuous improvement, financial governance, the workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, quality improvement register, established financial arrangements and processes for workforce governance.

Management and staff described how incidents were identified, recorded, escalated, managed and reviewed at the service level and by the organisation’s executive management, including the governing body. The service had a risk management framework, including policies. Staff confirmed familiarity with these policies and their practical application to their role. A review of the reportable incidents registers and current incident management system demonstrated compliant reporting was taking place.

The service demonstrated a clinical governance framework in place, including policies regarding antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff shared an understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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