Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare Charles O’Neill Hostel |
| Service address: | 1 Wilson Street MAYFIELD WEST NSW 2304 |
| Commission ID: | 0539 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 7 September 2022 to 9 September 2022 |
| Performance report date: | 19 October 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 Charles O’Neill Hostel (**the service**) has been prepared by Grace Hope-Simpson, 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 provider’s response to the assessment team’s report received 10 October 2022
* other relevant 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 | **Non-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

Areas have been identified in which improvements must be made to ensure compliance with Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) – the Approved Provider ensures 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.

# 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 said they are treated with dignity and respect, valued as individuals, and staff know their preferences. Staff said they check care plans to understand consumers’ backgrounds and preferences. Observations showed staff treating consumers with dignity and respect and demonstrating familiarity with consumers’ day-to-day habits and preferences. Care planning documentation reviewed reflected what was important and of interest to consumers.

Consumers said staff value their diversity and respect their values and preferences. Staff described how consumer cultural preferences, decisions and individual values were identified on admission and recorded in care plans. Sampled care plans reflected consumer diversity.

Consumers said they make choices about how their care and services are delivered and to maintain important relationships. Staff described supporting consumers to make choices and retain their independence. Care plans reflected contact information for consumers’ representatives and primary contacts.

Consumers said the service supports them to take risks. Staff were aware of risks taken by sampled consumers, and how they are supported to make informed decisions about risk-taking activities. The service maintains risk assessment processes to support informed decision-making and sampled care plans had documented risk mitigation strategies.

Consumers said they receive information in a timely manner to inform their choices regarding daily care and lifestyle activities. Observations and document review showed the service communicates with consumers through consumer meetings, noticeboards, newsletters and activities schedules, to support consumer choice.

Consumers described how their privacy is respected. Staff were observed closing the door during provision of personal care. Staff described how they keep consumers’ confidential information secured.

# 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. | Non-compliant |

Findings

I have assessed the Quality Standard as non-complaint as I am satisfied the following requirement is non-compliant:

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.

The Assessment Team brought forward manager interview evidence that 11 consumer care plan reviews, 19 care conferences and 15 essential consumer assessments were overdue or not complete. Management confirmed the service had identified the deficits and raised an action item in the service’s Plan for Continuous Improvement (PCI), prior to site audit. Other management interview evidence brought forward by the Assessment Team showed the service was providing staff training and monitoring to ensure that in future, care plan evaluation would remain up to date. Other detailed evidence brought forward in the site audit report was either not relevant to the Requirement or was successfully disputed by the Approved Provider in their response to the report.

The Approved Provider’s response, received 10 October 2022, disputed the Assessment Team’s recommendation and some of their findings. It also contained comprehensive evidence to support their position, particularly in relation to one named consumer and falls prevention practices. I acknowledge this evidence and consequently have not considered evidence about the named consumer or falls prevention practices in reaching my decision. The Approved Provider’s response confirmed management interview evidence about overdue and incomplete care plan reviews, case conferences and assessments at the time of site audit. The Approved Provider maintained that the service understands the Requirement and generally completes reviews in a timely manner, however the response also conceded the service had fallen behind their own four-monthly review requirement, due to a COVID-19 outbreak. The response then contended that the Commission’s guidance material does not specify a timeframe for scheduled reviews. While I acknowledge this statement, based on the manager interview evidence brought forward by the Assessment Team and confirmed by the Approved Provider in their response, it is evident that at the time of site audit, numerous care plan reviews, care conferences and assessments had not been completed in line with the service’s own policy requirements.

The Approved Provider’s response and attached PCI items confirmed that since the site audit, the service had mostly completed the outstanding care plan reviews, assessments and care conferences. Steps taken to prevent reoccurrence included training to relevant staff, new monthly reporting arrangements and ongoing monitoring to ensure care conferences are conducted and plans updated as necessary. While I acknowledge the Approved Provider’s response and the appropriate actions taken to bring reviews, care conferences and assessments up to date, they do not demonstrate compliance at the time of site audit. I am satisfied the service had not consistently reviewed care plans in accordance with service policy and while I acknowledge there had been a COVID-19 outbreak at the service, evidence shows the issues predated the outbreak. Review on a regular basis is important to ensure care and service plans remain an accurate and current account of consumers’ needs, goals and preferences. Accurate and current care and services plans enable staff to safely and effectively meet consumers’ needs. While evidence shows the service has relevant policies and procedures in place, staff have not consistently followed these in practice. Therefore, I find Requirement 2(3)(e) non-compliant.

Regarding the remaining Requirements, review of the service policy and procedure showed comprehensive care planning assessments commence when consumers enter the service. Most consumers and representatives considered they receive care and services they need. Sampled care plans were individualised and included consumers’ needs goals and preferences, as well as risks and management strategies, however some gaps in monitoring and documenting wound and pressure area care was identified. Staff described the care planning process and how it informs service delivery. Observations showed the ECMS provides electronic alerts about individual consumer risks.

Most consumers and representatives said staff involve them in assessment and planning, including in relation to end of life wishes. Sampled care plans identified and addressed consumers’ current needs, goals and preferences, including advance care and end of life planning where desired.

Consumers and representatives generally felt like partners in the assessment and planning processes, both on admission and during subsequent reviews. Care plans reflected involvement of allied health professionals, medical officers and specialist services, as well as consumers and representatives. Staff described the processes for referral to allied health professionals and confirmed they have ready access to consumer care plans using the Electronic Care Management system.

Overall, consumers/representatives said the outcomes of assessments and planning are communicated to them. Most were not aware they could access the consumer’s care plan however expressed they are included in planning and informed of changes. Staff confirmed ready access to care plans via the service’s electronic care management system and explained how they communicate outcomes of assessment and planning to consumers and representatives. Sampled care planning documentation contained evidence of care conferences and involvement of other individuals and services.

# 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

Most consumers and their representatives said consumers receive adequate, tailored care that optimises their health. Care planning documents reflected consumers generally receive tailored and effective care. Consumers subject to restrictive practices have relevant consent, monitoring and review and other legal requirements met. Care plans reflected consumers generally receive suitable wound care and pain management.

Consumers and representatives considered care provided is safe and right for them. Staff understood the high impact and high prevalence risks for sampled consumers. Care plans reflected tailored strategies are generally applied to manage risks. There are clinical policies and procedures to guide staff practice in areas such as the care and management of falls, oxygen therapy, nutrition and hydration, and diabetes.

Consumers and representatives were confident that when they reached end of life, the service will support them to be comfortable and with those important to them. Staff provided examples of how they care for consumers nearing end of life, and the practical ways they maximise comfort and maintain dignity. Care planning documentation for a sampled consumer showed the service recognised and addressed their end of life needs, goals and preferences.

Care plans and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition and keep representatives informed. Staff confirmed they are guided by policies and procedures to assess changes in consumers’ health, function and capacity. Consumers and representatives generally considered the service recognises and responds to changes in condition in a suitable and timely manner.

Consumers and representatives were satisfied with communication about changes to consumers’ condition. Staff described how information is shared through verbal handovers, meetings, care plans, reports and electronic notifications. Sampled care planning documentation showed staff share relevant information and keep medical officers, representatives and others informed of changes, transfers to and from hospital and when incidents occur.

Care planning documents reflected timely referrals to, and input from, a range of health professionals when required. Overall, consumers and representatives said referrals are timely, appropriate and occur when needed. The service has procedures to guide staff when making external referrals.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated understanding of precautions to prevent and control infection and the steps taken to minimise use of antibiotics. Management confirmed antibiotic use is monitored. The Assessment Team observed outbreak folders, outbreak kits and a supply of PPE on hand in the service.

# 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 said they are supported to engage in activities of interest to them and are provided with relevant support to promote their independence and well-being. Care planning documents identify consumers interests and support they need. Consumers were observed participating in variety of group and individual activities.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff described how they identify consumers requiring additional emotional support. Care plans detailed emotional support strategies for sampled consumers.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff said activities to support consumers to engage in musical, community and personal interests are reflected in consumers’ care planning. Care planning documentation reflected supports for daily living for sampled consumers.

Information about consumers’ services, supports, needs and preferences is communicated between staff and with other relevant providers, through handovers and care documentation. Sampled care planning documentation identified consumers’ condition, their needs and preferences. Consumers considered their information is effectively communicated within the service.

Care planning documentation showed referrals are made to other services and providers to optimise consumers’ well-being. Consumers said the service uses some external professionals, such as artists, to deliver the lifestyle program. Lifestyle staff were knowledgeable about the organisations, services and supports available in the community to meet consumer needs.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ dietary needs and preferences were documented. Staff described how consumers are involved in daily menu planning through direct discussions, and how food safety requirements are met.

Consumers said the equipment was safe suitable, clean and well maintained. Staff have ready access to equipment and described equipment cleaning and maintenance processes. Observations confirmed scheduled preventative maintenance and reactive maintenance requests were up to date.

# 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 said they felt safe and at home in the service which they considered welcoming and open. The service environment was observed to have sufficient light, was easy to navigate and kept at a comfortable temperature. Consumers personalised their rooms with furniture, decorations and personal belongings. Consumers’ artwork and photos are displayed. The Assessment Team observed consumers interacting and participating in activities throughout the service.

Consumers said they can easily navigate the service independently, both indoors and outdoors and their rooms are well-maintained and cleaned. Staff understood the process for documenting and reporting maintenance issues. Observations showed well-maintained walkways, gardens and courtyards. Consumers were observed moving freely around the service and consumers who are environmentally restrained had relevant legal requirements met.

Consumers said, and observations confirmed, furniture, fittings and equipment were suitable, clean and well-maintained. Staff described how they clean shared equipment and report maintenance needs. The service has reactive and planned maintenance schedules.

# 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 said they understand how to give feedback or make complaints and are comfortable to do so. The service obtains feedback through means such as feedback forms, consumer surveys, and daily walk through conversations with management. Observations showed feedback forms and drop boxes on display in the service.

Consumers said they were aware of their support options available when providing feedback or making a complaint. Information about advocacy and language services is displayed at the service, and staff described how they assist consumers with communication difficulties to access relevant services.

Consumers and their representatives said the service practices open disclosure and takes appropriate action when complaints are made, or when incidents occur. The complaints register shows all complaints are responded to and closed off with documented details of action taken.

Consumers and staff described changes the service had made in response to complaints and feedback. The Assessment Team found examples of service-level changes made in response to feedback from consumers. Management confirmed the service’s continuous improvement process draws on data from a range of sources, including feedback and complaints.

# 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

Most consumers said there were enough staff and all consumers considered they received quality care. Call bell review showed an improvement in response times after a recent increase in staff numbers. Staff advised they were able to complete their work and provide the level of care consumers required. Review of rostering documents showed adequate staffing levels and mix, to meet consumer needs.

Consumers and representatives said staff are kind, caring and compassionate when providing care and services. The service has documented policies to maintain confidentiality of care and services and ensure staff practices are delivered in a respectful and kind manner.

Consumers considered staff are competent in their roles. The service has processes in place to ensure the workforce has the education and experiences necessary to perform their roles. Care staff have position descriptions which set out with their duties and detail qualifications, skills and competencies. The service monitors registration details for ENs, RNs and other contracted health professionals.

Consumers said staff are adequately trained. Staff were familiar with training requirements and said they received reminders from the online learning portal when training is due. The service has a learning and development framework specifying training requirements for each position, however review of records data showed a gap in mandatory training completion rates. The service was aware of the gaps and were implementing strategies to bring all staff up to date.

Staff performance is measured through annual performance appraisals, which were up to date at the time of site audit. Staff do a self-assessment to identify goals, areas for improvement and training needs, before meeting with a supervisor for an appraisal meeting.

# 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

Overall, consumers felt involved and engaged with the development and delivery of care and services through individual care meetings and resident and representative meetings. Management and staff described multiple avenues and initiatives used to collect consumer feedback that is used to evaluate, design and deliver care and services.

Interviews with consumers and with management showed high levels of engagement and oversight on behalf of senior management. The governing body regularly receives and scrutinises clinical indicator reports from the service. Quality teams support the governing body to ensure it has the information needed to satisfy itself the Quality Standards are met. Routine internal audits are conducted.

The service demonstrated effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs, including information derived from feedback and complaints. Regulatory compliance systems are in place.

The service’s risk management framework includes established practices to manage high impact and high prevalence risks. There are established policies, procedures and training for staff on the Serious Incident Reporting Scheme (SIRS), which supports staff to recognise and respond to abuse and neglect. Dignity of risk policies and procedures are in place to support consumers to live their best lives and the service has an Incident Management System manual to guide staff in managing and preventing incidents.

The service has a clinical governance framework with mature policies and practices and appropriate oversight arrangements addressing antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

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)