Performance

Report

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| Name: | Catholic Healthcare Coolamon Villa |
| Commission ID: | 0208 |
| Address: | Azalea Street, MULLUMBIMBY, New South Wales, 2482 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 August 2024 |
| Performance report date: | 2 September 2024 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited  Service: 224 Catholic Healthcare Coolamon Villa |

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 Coolamon Villa (**the service**) has been prepared by Dean Saunders, 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 Assessment contact (performance assessment) – site 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 16 August 2024

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |

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

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Consumers and representatives that were interviewed said that staff involve consumers and their family in the assessment and planning of consumers’ care. They do this in a variety of ways including case conferences, care plan reviews and informal communication. Representatives said they are satisfied with the care and services provided to consumers and that their loved one’s care and services are delivered in the way desired.

Management and staff described the service’s approach to discussing end of life and advance care planning with consumers and their families. Care documentation is thorough, individualised and represents each consumer and their preferences. End of life and advance care planning is included in this care planning.

All consumers said they felt included in the planning of their care, stating they are confident to approach staff if they wish to make changes to their care and service should their needs, goals or preferences change.

Staff described how they approach conversations with consumers and/or their representatives about end of life and advance care planning on entry to the service and as a consumer’s care needs change. They described how specific requests are included in the care documentation, and where they can find this information readily.

Staff are guided by policies found on the organisation’s intranet on processes to support palliative care and advance care planning, which directs a collaborative and holistic approach to assessment and care planning for end-of-life care.

Review of consumer files demonstrated each consumer has individualised advance care planning documented. Those wishes are also clearly communicated to staff via an alert that appears each time the care file is accessed.

In the context of the above findings at audit, I find this requirement compliant.

# 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 |

Findings

At audit consumers and representatives interviewed said they were satisfied with the personal and clinical care provided by staff to consumers.

A review of care documentation demonstrated effective care delivery including in relation to management of wounds, pain, diabetes, and changed behaviours. Staff demonstrated an understanding of consumers’ needs and the processes in place which support safe care delivery to consumers.

Consumers requiring complex care such as indwelling catheter care, have appropriate continence management plans in place and fluid charting is recorded.

Care documentation was reviewed for a consumer with diabetes mellitus who required insulin. Care plans and progress notes demonstrated staff were monitoring blood glucose levels to maintain levels within the diabetic directive range. Staff were aware of the consumer’s monitoring times and strategies to assist with diet recommendations such as offering a supper in the evening.

The Assessment Team reviewed consumer files which evidenced wound documentation is consistent including measurements and photographs to track wound healing in chronic wounds and skin tears. Wound management is conducted as directed and specialist advice is sought where required. All wounds are reviewed weekly by the care manager and trending results discussed at the monthly clinical risk meeting.

The service has consumers subject to chemical restraint, mechanical restraint and environmental restraint. The Assessment Team reviewed clinical files which included behaviour support plans. A review of the service’s psychotropic register and care documentation identified consumers prescribed a psychotropic medication have a corresponding diagnosis to support this. Otherwise, there is an individualised behaviour support plan, and authorisation from the medical officer and substitute decision maker.

The assessment team spoke with one consumer subject to chemical restraint who was aware of, and provided consent for, the restrictive practice. Staff described the strategies of one-on-one support using reassurance and calm words, distraction to topics of interest and providing a snack or drink which are used when the consumer’s behaviour changed, or he requested the medication.

The Assessment team spoke with a representative who was satisfied when the service contacted the consumer’s MO and reviewed medication doses to assist a settling in period. The service kept them informed when medication was changed as the plan was to withdraw slowly. The representative said they were satisfied with the information provided by the service during this process.

The Assessment Team identified minor deviation from best practice in that there were no documented discussions with consumers and representatives in relation to informed consent, including the provision of relevant information about the restrictive practice and alternative options available, or an understanding of the risks. However following feedback, the service agreed the informed consent documentation could be improved and added an action to the plan for continuous improvement and recording the authorisation of the chemical restraint.

For the above reasons I find this requirement compliant.

# 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 |

Findings

The service demonstrated the workforce is planned to deliver safe and quality care and services to consumers. Consumers and representatives that were interviewed at audit said there are enough staff at the service to meet consumer needs. They said there are enough staff available to provide care to consumers and consumers do not usually have to wait long for assistance.

Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Staff interviewed said there are adequate people to provide care and services in accordance with consumers’ needs and preferences and that staff have sufficient time to undertake their allocated tasks and responsibilities.

The service uses a base roster for permanent staff with a process in place to allow the service’s staff to fill vacant shifts for planned leave or use agency staff. The registered nurse adjusts shift times if needed to ensure continuity of care for the consumers.

The registered staff review the roster each morning and allocate staff to the appropriate areas to ensure the skill mix is suitable to provide the consumers with the care required considering any changes in their needs or preferences.

Management said a recent call bell audit identified some call bell response times were greater than expected; the concerns were investigated, and staff were provided education on the importance of timely response to call bells.

For the above reasons I find this requirement is compliant.

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)