Performance

Report

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| Name of service: | Performance report date: |
| Catholic Healthcare Coolamon Villa Home | 20 September 2022 |
| Commission ID: | Activity type: |
| 0208 | Site audit |
| Approved provider: | Activity date: |
| Catholic Healthcare Limited | 23 August to 26 August 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 Coolamon Villa Home (**the service**) has been prepared by Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 14 September 2022.
* the following information received from the Secretary of the Department of Health (**the Secretary**):
  + Department’s Exceptional Circumstances determination to continue accreditation dated 11 November 2021 to 11 November 2022.
* 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* The organisation is required to ensure that assessment and care planning processes identify consumers’ current needs, goals and preferences.
* The organisation is required to ensure that consumers receive personal and clinical care that is safe and effective.

# 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

I have found the service compliant in Standard 1, based on the summarised evidence below. The service demonstrated consumers are treated with dignity and respect, can maintain their identity and make informed choices about their care and services. Consumers/representatives described how the service valued the consumers culture, values and diversity, including how the consumer’s culture influenced the delivery of care and services. Where a consumer’s choice involved risk, consumers said staff respected their wishes; and care documentation reflected discussions were held in relation to the potential risks associated with their choices. Consumers at the service were provided with current and accurate information to enable them to make decisions, including who was to be involved in their care, their participation in activities and selection of meals.

Staff described how consumers are supported to exercise choice and maintain independence, for example, assisting a married couple to mobilise to the dining room to enable them to share meals together. Staff interactions were observed to be kind, caring and respectful of consumers privacy, including staff knocking on consumers’ doors, waiting for a response prior to entering the room.

# 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. | Non-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

I have found the service non-compliant in Standard 2, the non-compliance is in relation to requirement 2(3)(b) and is based on the summarised evidence below.

* Assessment and care planning did not consistently reflect consumers’ needs, goals and preferences.

Assessment and care planning did not reflect consumers’ goals, needs and preferences in relation to end of life. The service’s policy and procedures identified all consumers are assessed for end of life care needs at entry to the service and ongoing; however, 4 of 8 consumers/representatives interviewed by the Assessment Team said they had not been involved in any discussions about advance care planning preferences. Documentation provided to the Assessment Team at the time of the site audit identified only 5 of 41 consumers had advance care plans in place, and the service was unable to demonstrate processes for initiating discussions with consumers/representatives regarding consumers’ end-of-life preferences.

At the time of the site audit, management advised the Assessment Team actions had been added to the service’s plan for continuous improvement (PCI) including the requirement for consumers’ end of life wishes to being discussed and documented; and education for Registered Nurses in initiating conversations around consumers end of life preferences.

The approved provider in its response to the site audit report acknowledges the feedback provided, and says that action has been taken to improve performance under this requirement; a PCI and supporting documentation were submitted as an element of the response.

Actions include:

* Communication with representatives (dated 6 September 2022) requesting the completion of a ‘My Wish’ advanced care planning form. The PCI includes dates for monitoring, and completion of action by 28 October 2022.
* Consumer case conferences to include discussion of the ‘My Wish’ advanced care planning form.
* Staff education provided via an external palliative care service.

For those consumers named in the site audit report, the service has taken specific action and has engaged with consumers/representatives to support in the completion of the ‘My Wish’ advanced care planning form.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider since the site audit, I am of the view improvements will require time to be implemented and evaluated for effectiveness.

The service did demonstrate compliance in requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e).

The site audit report includes information that the service is:

* Demonstrating assessment and planning includes consideration of risks to the consumer’s health and wellbeing such as falls, skin integrity and changed behaviours.
* Ensuring care plans are developed with strategies to address and manage risks to consumer’s health and well-being.
* Completing assessment and planning in conjunction with consumers, representatives and other individuals and providers of care and services.
* Documenting consumers’ assessments and care planning in a care and services plan which is made available to consumers/representatives.
* Reviewing care and services regularly, when a change in circumstances is identified and when incidents impact the health and well-being of the consumer.

Consumers/representatives expressed satisfaction with the assessment and care planning processes at the services, and confirmed they were involved in the assessment, planning and review of consumers care and services . Care documentation identified key risks to consumers, such as falls and skin integrity, and assessments and care plans were updated in a timely manner in response to changes in consumers’ health and or well-being.

# 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. | Non-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

I have found the service non-compliant in Standard 3, the non-compliance is in relation to requirement 3(3)(a) and is based on the summarised evidence below.

* The service did not demonstrate that consumers receive safe and effective personal care and/or clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

While consumers and representatives expressed satisfaction with the care and supports that consumers received, the site audit report provided information which identified the service was not consistently monitoring some consumers with personal and clinical care needs in relation to restrictive practices, nutritional and diabetes management. The site audit report provided information which evidenced:

Restrictive practices

Not all consumers had assessments, authorisations and consents completed in line with the responsibilities outlined in the ‘Quality of Care Principles 2014’. At the time of the Site Audit, authorisations and consents were not evidenced for all consumers, including:

* one named consumer prescribed a psychotropic medication which had not been identified by the service as a chemical restrictive practice. The named consumer also resides in the secure living environment, and the service had not identified this as an environmental restrictive practice.
* a second named consumer was prescribed a psychotropic medication which had not been identified by the service as a chemical restrictive practice. The named consumer’s representative did not recall being asked for consent for this medication to be used and requested it be ceased. The psychotropic medication was ceased in July 2022. The named consumer also resides in the secure living environment, and the service had not identified this as an environmental restrictive practice.

For consumers subject to restrictive practices, behaviour support plans capturing individualised strategies and interventions to guide staff in the care of consumers were not consistently completed. However, staff did describe non-pharmacological strategies to support individual consumers when they exhibit changed behaviours.

Nutrition management

* Care documentation for a third named consumer who had experienced a significant weight loss over a one month period, identified the consumer was reviewed by the dietitian who recommended nutritional and other specialised supplements. The service did not demonstrate the implementation of these recommendations, and the consumer continued to lose weight.

Diabetes management

* A fourth named consumer’s care documentation identified on 2 occasions in August 2022, blood glucose levels were recorded outside of reportable parameters, however staff did not take action as directed by the medical officer in the consumer’s diabetes management plan. Staff advised the consumer is not always compliant with diet in relation to the management of their diabetes.

The approved provider in its response to the site audit report acknowledges the feedback provided and says that action has been taken to improve performance under this requirement; a PCI and supporting documentation were submitted as an element of the response.

Actions include:

Consumer care plan evaluations to include review of psychotropic medications and behaviour support plans to ensure individual consumers triggers and support interventions are evaluated and documented.

Planned education in September 2022, to registered nurses in relation to behaviour support plans, including assessment and documentation of plans, psychotropic medication and restrictive practices.

Monthly audits of behaviour support plans by the organisation’s external quality manager.

Communique to registered nurses in relation to the services diabetic management protocols.

Consumer dietary assessments to be updated by registered nurses and updated information provided to the catering team.

While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider since the site audit, I am of the view improvements will require time to be implemented and evaluated for effectiveness.

The service did demonstrate compliance in requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

The site audit report includes information that the service is:

Effectively managing high impact or high prevalence risks for consumers such as falls, skin integrity and changed behaviours.

Recognising and responding to deterioration or change of a consumer’s condition in a timely manner.

Effectively sharing information about consumers’ condition, needs and preferences through documented care and service plans and clinical handover. Consumers had access to an MO and other health professionals when needed, including following an incident or identified deterioration.

Minimising infection-related risks through the implementation of screening processes prior to entering the service, staff education and the use of personal, protective equipment.

Overall consumers/representatives considered the needs and preferences of consumers are effectively communicated between staff, and that timely referrals are made to other health professionals as required.

Staff described the high impact and high prevalence risks for consumers at the service and how these are monitored and managed for individual consumers, including recognising and responding to changes in the consumer’s condition and health status.

The service had evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care; and the service’s plan for continuous improvement include actions to demonstrate the service’s improvement to the delivery of consumers personal and clinical care.

Care planning documentation reflected the identification of and response to, consumer deterioration or changes; and input from medical officers and other health professionals was sought and their recommendations were incorporated into care plans.

The service had policies and procedures to guide staff related to infection control prevention and management and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers and has an appointed Infection prevent and control lead.

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# 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

I have found the service compliant in Standard 4, based on the summarised evidence below. Consumers/representatives considered that consumers are supported to do the things they enjoy and that optimise their independence, wellbeing and quality of life, including maintaining personal and community connections. Consumers/representatives described ways that staff provided emotional, psychological and spiritual support to consumers when needed, for example, the service had a pastoral care worker who visited twice weekly. Overall, consumers/representatives expressed satisfaction regarding the meals offered at the service, they advised that the quality and quantity of meals cater for individual consumers needs and preferences.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handover.

Care planning documentation reflected strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

The service had processes for purchasing, servicing and replacing equipment, and equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

# 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

I have found the service compliant in Standard 5, based on the summarised evidence below. Consumers/representatives expressed satisfaction with the service environment, and was observed to be safe, clean, comfortable and well maintained. Consumers rooms were personalised and decorated with furnishings and personal items that reflect their individuality.

The service environment supported consumers independence, function and enjoyment such as access to outdoor gardens and seating areas for consumers. The service had maintenance and cleaning schedules, and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

**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

I have found the service compliant in Standard 6, based on the summarised evidence below. Most consumers/representatives demonstrated understanding of avenues available for providing feedback and raising complaints, including through advocacy services. Consumers/representatives felt comfortable providing feedback, and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management demonstrated the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. Staff demonstrated an understanding of the services complaint’s management processes, including awareness of interpreter and advocacy services for consumers if required. Management advised the service trended and analysed complaints, feedback and concerns raised by consumers/representatives and used this information to inform continuous improvement activities across the service which were documented under the plan for continuous improvement.

The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

**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

I have found the service compliant in Standard 7, based on the summarised evidence below.

Most consumers/representatives felt there were adequate clinical, care and service staff available to meet consumers needs and they were satisfied with the overall skills, capability and knowledge of staff. Consumers described staff as kind and caring.

While staff advised the service was short of staff, staff confirmed they had sufficient time to undertake allocated tasks and provides care and services to consumers.

Management confirmed the service employed a mix of registered and care staff, and the service demonstrated processes that ensured staff replacement for planned and unplanned leave.

The organisation has a structured training program that includes orientation for new staff, mandatory training and specific training based on individual staff skills assessment. Processes are in place to monitor members of the workforce and conduct regular assessments and reviews of their performance. Performance reviews are scheduled and conducted through a probation period and thereafter annually. Performance is also monitored through observations of staff practice, analysis of clinical data and through consumer feedback and complaints. The service ensured required staffs national criminal history checks and health practitioner qualifications were current.

Staff were observed knocking on consumers doors, using respectful language and assisting consumers as required. Care documentation reflected respectful language.

**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

I have found the service compliant in Standard 8, based on the summarised evidence below.

The service ensured consumers/representatives are supported to provide ongoing input in relation to how consumers care and services were delivered, such as through consumer meetings, focus groups and regular surveys.

The organisation’s governance framework established accountability for the delivery of safe and quality care and services from service management through to the Board, including the escalation of risks. The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Organisational policies and a documented risk management and governance framework provided staff with information pertaining to consumer safety, risk management, clinical safety and the escalation of critical incidents. Management and staff had a shared understanding of how these systems were used to minimise risks for consumers.

The organisation’s demonstrated a clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, which were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)