Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare Coolamon Villa |
| Service address: | Azalea Street MULLUMBIMBY NSW 2482 |
| Commission ID: | 0208 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 May 2023 |
| Performance report date: | 07 June 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 Coolamon Villa (**the service**) has been prepared by E Blance, 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 - Site; the Assessment Contact - 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 06 June 2023.
* Other information know to the Commission.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |

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 expressed they are involved in care planning and have discussed their end of life care preferences. Case conferences are held with consumers to discuss their end of life preferences. Care documentation includes information to guide staff practice in providing the consumer’s current needs including for advance care, and end of life cares. Staff have received training in relation to advance care planning and end of life care planning. Other resources are available to guide staff in relation to palliative care planning. Policies and procedures guide staff practice.

I find this requirement compliant. I have considered information within the assessment contact report, consumer feedback, and continuous improvement actions implemented to address previous non-compliance as sustainable.

# 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

Consumers expressed they are satisfied with the cares they receive. Care documentation evidenced consumers’ care is tailored to their needs and optimises their health and well-being. Care documentation evidenced monitoring processes for restrictive practices, skin integrity and other complex care were in line with best practice. Processes for consumers subject to restrictive practices were in line with legislative requirements including for authorisation, consent and behaviour support plans. Care provided for consumers who experience weight loss and diabetes were in line with parameters recommended by health professionals. The service has systems and processes to manage safe and effective care. Policies and procedures guide staff practices and staff receive training to ensure consumers receive safe and effective care in line with best practices.

I find this requirement compliant. I have considered information within the assessment contact report, consumer feedback, and continuous improvement actions implemented to address previous non-compliance as sustainable.

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)