Performance

Report

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| Name of service: | Catholic Healthcare Holy Spirit Aged Care |
| Service address: | 13 Neptune Street REVESBY NSW 2212 |
| Commission ID: | 0143 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 14 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 Holy Spirit Aged Care (**the service**) has been prepared by G.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 Approved Provider’s response to the Site Audit Report on 22 May 2023 accepting the findings.
* 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 and representatives felt accepted and valued whatever their needs, ability, gender, religion, spirituality, ethnicity, or background. Staff spoke about consumers in a respectful manner and recognised consumers’ rights to make decisions. Service documents informed consumers about their rights, including their right to have their dignity maintained, be treated with respect, and have their identities, culture and diversity valued.

Staff described how a consumer’s culture influenced the delivery of care and services such as, respecting a consumer’s choice to speak in their own language. Consumers said staff and management make efforts to understand and support their culture. Care planning documents demonstrated the service sought and captured individualised information to support delivery of culturally safe care and services.

Consumers said they were supported to exercise choice, independence and maintain relationships of choice. Care planning documents identified key decisions consumers had made in relation to their care and services, and who was involved in their care.

Consumers were supported to take risks to enable them to live the best life they can. The service applied dignity of risk assessments which guided staff practices on risk minimisation strategies as agreed to with each consumer.

Consumers were provided with timely and accurate information to assist them in decision making about care and lifestyle choices. Staff described how information was provided to consumers and representatives, including strategies for communicating with consumers who had communication barriers or cognitive impairments.

Consumers said their privacy and confidentiality was respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The service’s privacy policy guided staff in maintaining and respecting the privacy of personal and health information for consumers.

# 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

Care planning documents reflected effective assessment and planning process were in place to identify the needs, goals and preferences of consumers with considerations for risks. Advance care and end of life planning (EOL) were included in care planning documents. The service had policies and procedures to guide staff practice in understanding assessment and planning, including palliative care and EOL planning.

Consumers and representatives were satisfied with the quality of care and services they received and confirmed they have input in care assessment and planning. Care planning documents evidenced involvement and input from the consumers, representatives, medical officers (MO), and other allied health professionals.

Consumers and representatives were engaged in communication regarding the outcomes of assessment and planning and care plans were readily available. Consumer feedback confirmed changes in care were communicated to consumers and representatives.

Care planning documents were reviewed every 4 months, or earlier if there were incidents or changes in consumer condition.

# 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 complimentary of the personal and clinical care provided at the service and expressed satisfaction with how the services met each consumer’s needs and optimised their wellbeing. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. Restrictive practices were managed in line with legislative requirements. Skin care and pain management care were effectively delivered.

Care planning documents identified high impact and high prevalence risks were effectively managed, and staff implemented relevant strategies to minimise risks. For example: consumers who were high falls risks had appropriate footwear to wear, hip protectors, and bed and floor sensors. Consumers and representatives were satisfied with the management of risks.

Care planning documents showed consumers who were nearing end of life had their dignity preserved and care provided in accordance with their needs and preferences. Staff described how they maximise consumers’ comfort and encourage consumers’ families to stay during the end-of-life period. Consumers and representatives were confident the service would support consumers to be as pain free as possible and with loved ones when they required end-of-life care.

Progress notes reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, and said they would escalate to an MO, send the consumer to hospital when necessary, and update care plans with any changes.

Adequate information about consumers’ condition, needs and preferences were documented and communicated within and outside the service, as reflected in care planning documents. Staff described how information was shared at handover and documented in the service’s electronic care management system (ECMS) when changes occurred.

Consumers and representatives said referrals were timely, appropriate, occurred when needed, and consumers had access to a range of health professionals. Staff provided examples of referrals to individuals and other organisations and providers of care. Care planning documents and progress notes confirmed the input of others and demonstrated referrals were made and recommendations of external professionals were integrated into care plans and service delivery.

Consumers and representatives were happy with the precautions in place to manage infectious outbreaks including COVID-19, and said staff were constantly keeping the service clean by wiping down surfaces with disinfectant, wearing personal protective equipment (PPE) and regularly performing hand hygiene. The service’s Infection Prevention and Control Lead (IPC) supported the service’s ongoing infection prevention, alongside an outbreak management plan and policies and procedures.

# 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 they received safe and effective supports and services for daily living that met their needs, goals and preferences. Staff were familiar with consumers’ needs and preferred activities. Care planning documents identified consumers’ choices and provided information about the services and supports consumers needed to do the things they enjoyed. The Assessment Team observed consumers engaged in a variety of group and independent activities during the Site Audit, including religious services and picture bingo.

Consumers felt supported to maintain social, emotional, and spiritual practices and connections which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who were feeling low. Care planning documentation contained information and strategies to support consumers’ emotional and spiritual well-being. The service’s on site pastoral care team also provided emotional and psychological support for consumers.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Lifestyle staff described local activities such as monthly bus trips and pet therapy. Care planning documents evidenced consumers participated in the community, pursued their interests, and maintained personal and social relationships.

Consumers considered information was adequately communicated between staff. Staff described how communication of consumers’ needs and preferences occurred via care plans and shift handover. Information was shared with relevant internal staff and external services and updated on the service’s ECMS.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being. For example: consumers who displayed non responsive behaviours were referred to Dementia Support Australia. The organisation had policies and systems in place for making referrals to individuals and providers outside the service.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of meals provided by the service. Consumers were provided meal choices, and additional food was available throughout the day, inclusive of sandwiches, salads, desserts and fresh fruit. Care planning documents reflect dietary needs or preferences, and staff described how they were kept informed of these. The kitchen was observed to be clean and tidy, with staff adhering to food safety practices.

Equipment for daily living and lifestyle supports was observed to be safe, suitable, clean and well maintained. Staff said they have access to equipment they need, and when issues were identified with equipment, this was reported to maintenance and rectified in a timely manner. This was corroborated with consumer and representative feedback.

# 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 felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Staff described how some consumers personalised their rooms with eclectic lifetime collections that represented who they were, and said it was important that staff worked together as a team to provide a living experience where consumers felt they were at home.

The Assessment Team observed the service environment was clean, tidy and well organised. Consumers said they access outdoor areas freely, and considered the environment was safe, clean and well maintained. Any maintenance issues were addressed quickly, evidenced by the service’s maintenance records, and routine maintenance occurred in accordance with schedules.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable and call bells within reach of consumers. Maintenance staff described how consumers’ equipment was kept safe and clean via regular maintenance checks. The service used external contractors who were pre-screened with service level agreements before being added to the preferred suppliers list. These include pest control and all other annual planned maintenance. Consumers and staff confirmed sufficient equipment was available.

# 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 were encouraged to provide feedback, were comfortable to raise any concerns with management or staff and felt safe doing so. The service provides various methods for consumers and representatives to submit feedback and complaints including speaking with staff or management directly, feedback forms and consumer meetings.

Consumers were comfortable raising concerns within the service and were aware of advocacy services if needed. Staff knew how to engage interpreters if needed. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service, in multiple languages.

Staff and management described the process that was followed when feedback or a complaint was received and knew what open disclosure was and its’ underlying principles. Documentation and consumer feedback confirmed, the service acted in response to complaints and an open disclosure process was applied.

Documentation review, consumer and representative feedback demonstrated the service had a system for receiving and actioning feedback and complaints and used them to inform continuous improvement. For example: an organisation wide change to privacy policies and procedures was implemented from a breach of consumer privacy. Executive management initiated a review of internal processes which resulted in the organisational changes.

# 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 and representatives considered there was enough staff, and although some felt more staff would be beneficial, consumers said personnel levels did not impact negatively on their care. The workforce said there was adequate staff to provide care and services and they worked as a team and supported each other as it was a small service. Documentation reviewed evidenced call bells were answered in a timely manner, and adequate staffing levels, and mix were deployed to meet the needs of consumers.

Consumers and representatives said staff engaged in a respectful, kind and caring manner. The Assessment Team observed kind and respectful interactions between staff and consumers, including assisting consumers with their meals in a respectful manner. The service had documented policies and procedures to guide staff practice and conduct.

Staff members had the relevant qualifications to perform their roles and felt they were trained, equipped and supported to deliver safe and effective care. Consumers said staff were competent, trained and had knowledge needed to do their jobs. Management explained daily meetings and handovers ensure staff were working within their job and described the organisational processes used to ensure staff had relevant qualifications and competencies prior to being deployed. Staff were supported to upskill, and the clinical and education framework included mandatory training, capability development and expert level training to support consumer centric care.

Staff performance was regularly reviewed through appraisals, direct observation and competency assessment. All appraisals were up to date. Management confirmed a new appraisal system was being rolled out across the organisation and the Assessment Team sighted new forms and associated policies and procedures.

# 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 and representatives were involved in design, development and evaluation of the service including through feedback forms, surveys, and resident and representative meetings. Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement (PCI).

The governing body promoted a culture of quality, safety and inclusion, and management described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. The organisational structure supported the governing body to maintain accountability, with the organisation’s services divided into regions and reporting from the service level, through regional management and from there to the executive and the governing body. The governing body had the power to require investigations if trends indicated risk, and was supported in their governance by various sub-committees. Consumers expressed feeling safe in the service and said the environment was inclusive.

The service had effective governance systems relating to information management, feedback and complaints, financial and workforce governance, regulatory compliance, and continuous improvement. Management utilised the service’s PCI to drive improvement initiatives, which were identified through feedback and complaints, analysis of incidents audit results. A financial governance policy set out the ‘out of budget’ and ‘over delegation’ expenditure approvals process and management reported the organisation was responsive to requests for additional expenditure to support care. The organisation’s chief counsel made recommendations on necessary changes to organisation policy at the governing body level and the executive disseminated required changes and supporting training to member services.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The Assessment Team found risks were reported, escalated and reviewed at service level. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their work.

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