Performance

Report

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| Name: | Catholic Healthcare Holy Spirit Casula |
| Commission ID: | 1092 |
| Address: | 76 Marsh Parade, CASULA, New South Wales, 2170 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 30 August 2024 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited  Service: 27500 Catholic Healthcare Holy Spirit Casula |

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 Casula (**the service**) has been prepared by Denise McDonald, 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 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 Site Audit received 14 August 2024
* other information and intelligence held by the Commission relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity, kindness and provided the care they needed, which respected their needs and preferences. Staff gave practical examples of how consumers’ cultures and identities were valued, by ensuring some were supported by gender specific staff when receiving personal care, as per their preferences. Respectful interactions were observed between staff and consumers.

Consumers confirmed staff recognised and valued their unique cultural backgrounds and provided care consistent with their preferences. Staff had knowledge of consumers’ cultural backgrounds which they learned from care documentation and explained how care was tailored to meet their cultural needs and preferences. Care documentation evidenced consumers’ cultural backgrounds, needs and personal preferences.

Consumers and representatives confirmed consumers had choice in how their care was delivered, who was involved in their care and how they wanted to maintain relationships with people important to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring care was provided in line with their preferences, whilst cultural friendship groups facilitated new connections between those with similar backgrounds. Consumers were observed making connections with others and spending time with their visitors, whilst married couples benefited from their adjoining rooms.

Consumers confirmed they were supported to engage in their chosen activities which contained an element of risk, such as smoking. Staff explained how they and consumers were involved in discussions to understand the benefits and reduce the possible harm to consumers when taking risks. Care documentation evidenced risk assessments, with informed consent and strategies to promote consumers’ safety.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs. Staff described means of communication with consumers, such as meetings and using cue cards for those with communication challenges. Staff were observed informing consumers of activities, whilst the activities calendar and monthly newsletter were observed in consumers’ rooms.

Consumers gave practical examples of staff not disturbing them when spending time alone, as how their privacy was respected. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and ensuring doors and curtains were closed when providing care. Consumers’ personal information was observed to be kept confidential in an electronic care management system (ECMS), whilst shift handovers occurred in a private area.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained detailed assessments and consumer’s medical histories were used to identify risks. Care documentation evidenced risks to consumers, such as mobility and falls, skin integrity and specialised nursing needs, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as dementia specialists, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with general practitioners and allied health professionals.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented and shared with consumers and representatives, who could request a copy of the consumer’s care plan at any time. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were addressed. Staff explained consumers were reviewed every 4 months, whilst incidents and changed circumstances prompted review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed regularly and reassessment occurred when their health status, preferences or circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received the care they needed, which was individualised, safe and met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services, such as pressure injuries. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and unplanned weight loss, and explained how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were supported by palliative care specialists, and their wishes were to be kept comfortable through pain management, with spiritual and emotional comfort provided by pastoral carers and family members. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained they regularly worked with the same consumers, which enabled them to understand their conditions and recognise when there was a change or deterioration to their overall health. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood how to provide the care they needed. Staff explained changes in consumers’ care and services were communicated as needed throughout the day, during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with health professionals involved in their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as dieticians and speech pathologists, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were managed and said staff used personal protective equipment, if required. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is an infectious outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the services for daily living and confirmed consumers were supported to pursue activities of interest, such as attending the men’s group or self-guided activities, which optimised their wellbeing. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with a mix of activities to choose from so they received supports which met their differing needs. The lifestyle calendar offered activities 7 days a week, with consumers observed participating in bingo, art therapy and chapel services.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, particularly through the pastoral care program. Management advised pastoral care staff were on site daily and they supported consumers by arranging spiritual services and spending one-on-one time with them when their mood was low, with clinical support available, if required. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to exercise with others and going on bus trips where they could do their own shopping. Staff had knowledge of consumers’ daily living preferences and explained the supports in place to meet their needs, such as organising pastoral care visits. Consumers were observed participating in group and self-guided activities, socialising with each other and visitors and leaving the service to spend time with family and friends.

Consumers said information about their daily living needs were effectively communicated, particularly when there was a change in their needs and conditions. Staff explained changes in consumers’ care and services were communicated during daily meetings with senior staff and at shift handovers, where they learned of consumers who may benefit from one-on-one visits and encouragement to attend activities. A shift handover was observed and staff effectively shared information about consumers’ needs, changed conditions and care preferences.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained volunteers were engaged to spend meaningful one-on-one time with consumers, whilst others provided pet therapy, music therapy, library services and cultural and religious support. Care documentation evidenced timely referrals to other organisations and service providers to support consumers’ wellbeing.

Consumers gave positive feedback about meals, which were varied and aligned with their preferences and dietary requirements. Staff explained a seasonal menu was developed based on consumers’ feedback, adjustments were made according to their preferences and introduced after review by a dietician. Meal service was observed, and consumers appeared to enjoy well-presented, appealing meals in a pleasant dining experience, and staff provided support if required.

Consumers said they had access to safe, clean equipment, which was well maintained and suitable for their use. Staff said they cleaned shared equipment before and after each use, and maintenance staff advised they completed regular environmental checks which allowed them to identify items and equipment that needed repair or replacement. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service was welcoming, homely and they had a sense of belonging. Staff explained they encouraged consumers’ sense of belonging by helping them to personalise their rooms with their own belongings, so it was home-like. The environment was observed to facilitate consumers’ independence and interaction through wayfinding signs to assist with navigation, and communal areas were available for socialising with each other and visitors.

Consumers gave positive feedback about comfortability and cleanliness of the service and confirmed they had access to all areas, including the outdoors. Staff described the cleaning schedule, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean service, accessing communal areas and the outdoors, whilst others left the service independently to spend time in the community.

Consumers confirmed fittings and equipment were clean, well maintained and staff regularly inspected equipment to ensure it was suitable for their use. Staff explained, and maintenance documentation confirmed, maintenance was attended to promptly. Furniture, fittings and equipment used in consumers’ activities of daily living were observed to be safe, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were encouraged to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff, who were prompt to respond to concerns. Staff explained consumers and representatives could provide feedback or make complaints directly to them, at consumer meetings, in writing, by phone or they were supported to complete a feedback form. The consumer handbook included information about the feedback and complaints process, with feedback forms available throughout the service.

Consumers understood how to access external complaints, advocacy and language supports. Staff described the external complaints, advocacy and language services available to consumers and said they assisted them to access these, if required, with scheduled information sessions provided by advocacy services throughout the year. Brochures in different languages spoken by consumers, promoted the Charter of Aged Care Rights and access to the Commission, language and advocacy support services.

Consumers and representatives gave practical examples of staff being reminded to use correct equipment cleaning procedures, as appropriate action taken in response to their complaints. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced appropriate action was taken in response to consumers’ feedback and complaints.

Consumers and representatives gave practical examples of how their feedback on staff not being familiar with consumers care needs, had improved the quality of care provided. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the quality improvement plan for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met, with staff responsive to consumers’ changing needs. Management explained the roster was planned according to consumers’ care needs, it focussed on staff member continuity and familiarity for consumers, and meeting of care minute targets. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff were kind, and respectful of their cultural needs and diverse backgrounds when care was provided. Management explained staff practice was regularly observed to ensure interactions with consumers were kind, respectful and in accordance with the organisation’s code of conduct. Staff interactions with consumers were observed to be welcoming and respectful, with consumers addressed by their preferred names.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs, particularly as they understood their individual preferences. Management explained staff competency was initially determined through the recruitment process and ongoing through role-specific competency assessments, performance reviews, induction and training programs and ensuring professional registrations and criminal history checks were current. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and said they were equipped to perform their roles and responsive to their individual needs and preferences. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection prevention and control, use of personal protective equipment, open disclosure, antimicrobial stewardship and how their learning applied to their work practices. Training records evidenced high rates of completion for mandatory training topics, with all staff having completed their orientation, mandatory competency checks, peer support shifts and training relevant to their roles.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, with informal appraisals through observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for career development, training needs were discussed, and they were supported by management. Personnel records evidenced all staff performance reviews were completed as scheduled.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they were supported to evaluate their care and services through direct feedback and attending a range of group meetings, which they described as an opportunity to be heard, and staff supported their attendance. Management explained consumers and representatives further contributed to service evaluation through the feedback and complaints process, speaking with staff and participation in the consumer advisory board, which addressed the quality of consumers’ care. Meeting minutes evidenced consumers were engaged in evaluating their care and services.

Consumers confirmed they felt safe and had access to quality care and services. Management explained a culture of safe and quality care was supported by regular reporting to the board of directors on clinical data, the workforce, SIRS notifications, complaints trends, identified risks and legislative updates. Minutes from a range of meetings evidenced the governing body had oversight of all levels of the organisation and the care and services being provided.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)