Performance

Report

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| Name of service: | Catholic Healthcare Holy Spirit Croydon |
| Service address: | 6 Brighton Street CROYDON NSW 2132 |
| Commission ID: | 0622 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 4 April 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 Croydon (**the service**) has been prepared by K. Spurrell, 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 provider’s response to the assessment team’s report received

# 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 said they were treated with respect and their identity, culture, and diversity were valued. Staff demonstrated how they treat consumers with dignity and respect, and the Assessment Team observed staff treating consumers politely, responding to, and attentively listening to consumers. Care planning documentation reviewed included details on consumers cultural identity and background.

Consumers confirmed they feel culturally safe with their physical, spiritual, cultural, and social needs catered for. Staff had an in-depth knowledge of consumers identity and described how they provide individual consumer care so it is culturally safe. The service’s policies and procedures demonstrated an inclusive consumer-centred approach to its practices.

Consumers are supported to make and communicate decisions affecting their health and well-being and said they can change these decisions and choices about their care and services. Consumers and representatives are supported to maintain relationships, including intimate relationships and care planning reflected involvement with others important to them.

Consumers described risks they wished to take, including refusing care and confirmed the service had explained the risks and possible outcomes. Staff described risks taken by consumers and explained the strategies in place to support risk-taking. Care documentation showed mitigation strategies to support decisions and activities chosen by consumers that may involve risks.

Consumers described how they were informed to exercise choice and received information that is easy to understand. Staff described various methods to communicate information, in-line with consumer needs and preferences. The Assessment Team observed noticeboards displaying updated scheduled service activity calendars throughout the service.

Consumers explained how their privacy was respected by staff, and they felt their boundaries were secure. Staff described the practical strategies used to ensure a consumer’s privacy such as knocking on doors before entering and closing doors when providing personal care. Clinical, confidential consumer information was observed to be shared in a secure, restricted manner.

# 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

The service was able to demonstrate assessment and planning is effective and included the consideration of risks to the consumer’s safety, health, and well-being. Consumers and representatives expressed satisfaction with the assessment and planning process at the service and said they were actively involved in decisions and preferences for safe care and services.

The Assessment Team found care planning documentation evidenced the current needs, goals and preferences of consumers’ and end-of-life preferences are included if the consumer wishes. Staff described individualised consumer care is based on consumers preferences.

Care planning documentation demonstrated that consumers and representatives are involved throughout assessment, planning and review of their care and services, this includes integrated partnerships with allied health professionals and other care and service providers. Assessment and care plan review and referral processes described by staff involved allied health providers.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they have access to consumer care plans upon request. Care planning documentation showed the outcomes of assessment and care planning are effectively communicated to consumers and some representatives receive updates by email.

Care planning documentation confirmed care plans are reviewed on a regular basis or when the consumer’s circumstances have changed, or incidents have occurred. Staff described the electronic care management system triggers when plans are to be reviewed and care planning documents reflected all consumers care plans had been reviewed in the last 4 months.

# 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 stated that consumers receive safe and effective care that is tailored to their needs and optimises their health and well-being. The service has policies and procedures for key areas of complex care including but not limited to, restrictive practices, falls, pain management and skin integrity all of which are in line with best practice.

The service has documented risk management policies and procedures which guide how high impact and high prevalence risks are identified recorded and managed to reduce risk. The service monitors and reports performance and uses results to inform continuous improvement.

Care and services plans reviewed changes in care and services, in line with the consumer’s end of life care needs, goals and preferences and include advance care planning when this has occurred. Staff are trained and supported by a palliative care services team to provide end-of life-care and explained how they respectfully support consumers, maximise comfort and monitor consumers pain management.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the various ways they recognised and responded to deterioration or change in the consumer’s condition and health status; this included processes to refer for medical review or transfer to hospital.

Consumers and representatives confirmed that consumers’ needs and preferences are effectively communicated between staff, and they receive the care they need. Management and staff said information is exchanged and documented through verbal handover and updates on the electronic care management and shared with health professionals and representatives to manage consumers care.

Care planning documentation evidenced timely referrals to medical officers, allied health and nurse specialists and other providers of care and services. Staff described the processes for referring consumers onto other health professionals and provided details of referrals made for specific consumers and the reasons for referral.

The service has implemented policies and procedures to guide staff related to best practice guidance, including those specific for outbreak prevention and management. Staff described these policies and procedures and supports and services have been planned and practised for a potential 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

Consumers explained how the services and supports for daily living have improved their independence, health, wellbeing, and quality of life. Care planning documents described how the service tailors support to meet the diverse needs, goals and preferences of consumers and staff explained strategies and options to deliver services and supports for consumers.

Consumers reported their emotional, spiritual, and psychological needs were supported and they can stay in touch with family or friends for comfort and emotional support. Staff described how the consumer’s emotional, social, and psychological needs were supported through a variety of means such as technology and referrals to external emotional and psychological support specialists, and through weekly interdenominational religious pastoral care visits as requested.

Consumers confirmed they are supported to maintain relationships and actively participate in the community if they wish and do things of interest to them. Care planning documentation identified what is important to consumers and included strategies to support these choices and staff described how volunteers from various backgrounds and culture spend time with consumers who speak the same language.

Staff described how information about consumers condition, needs and preferences was communicated within the service, through handovers and the electronic care management system and with others where responsibility for care was shared. Care planning documentation was reviewed, and every 3 months information is updated to align with consumers needs and preferences.

Consumers’ care plans show the service connected and referred consumers to other organisations if they wish. Staff involve consumers in the referral process and obtain consent to coordinate and collaborate with other providers to meet the diverse needs of consumers and to ensure their services remain safe and effective and quality care and services are delivered.

Consumers provided positive feedback on the quality and quantity of meals available and said they can request alternative choices, and the dining experience supports their quality of life. Staff explained how monthly consumer meetings provided feedback on meals, dietary needs, preferences, and choices, and assisted with menu design and planning.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that staff and external contactors undertake ongoing monitoring to ensure equipment is fit for purpose. A review of maintenance records demonstrated regular maintenance of equipment is completed.

# 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

The Assessment Team observed the service to be welcoming with shared areas for consumers to interact, and private areas for consumers to use. Consumers explained how the service was easy to understand and described they felt comfortable and could decorate their room with personal belongings and pictures to provide a sense of belonging and independence.

Consumers and representatives said the service was clean and well maintained. The service corridors were equipped with handrails, pathways were safe and clear, and unlocked doors led to outside shaded areas with safe furnishings. The Assessment Team observed consumers moving freely, both indoors and outdoors and enjoying the services café and outdoor areas.

A review of the preventative maintenance books by the Assessment Team demonstrated regular maintenance of equipment is completed according to a schedule. Consumers indicated furniture, fittings and equipment were clean well maintained and suitable for their use.

# 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 and representatives advised they were encouraged and supported to provide feedback and make complaints and were aware of the various avenues to make a complaint and felt confident to approach staff or management directly. Staff demonstrated a shared understanding of the processes available to consumers if they wished to raise feedback or a complaint. Feedback and complaint forms and collection boxes were situated within the service.

Management said most consumers were from culturally and linguistically diverse backgrounds, and most understood English. Translation services, cue cards, and bilingual staff provided advocacy for consumers with communication difficulties to raise their complaint or feedback. Information and brochures on complaints and advocacy services in various languages were displayed on noticeboards throughout the service.

Consumers and representatives said management promptly addresses and resolves their concerns once a complaint is made, or when an incident has occurred and provides an apology when things go wrong. The service has policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers and representatives described how feedback and complaints was used to improve quality care and services. Management explained how the service trends and analyses feedback to inform continuous improvement and the Assessment Team reviewed how these documents were either in progress, completed or closed appropriately.

# 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

Consumers and representatives expressed satisfaction with the quality of care provided. Staff described how they work in a team during busy times to complete tasks and are guided by handovers and care plans. Management demonstrated the workforce roster is planned two weeks in advance and contains a mix of quality staff with the right blend of skills, to provide safe and quality care and services every day.

Consumers and representatives said staff engage with them in a respectful gentle and caring manner when providing care. Management monitor staff through observations and feedback and staff demonstrated how they respond to individual consumers needs and preferences and receive training to deliver care in line with the services Cultural Diversity and Inclusion Policy.

Consumers and representatives said staff are competent and confident and skilled to meet their care needs. Management described the process to ensure staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff confirmed they receive mandatory training during their orientation and induction and receive additional training throughout the year. Management provided a review monitoring training registers for staff and how this guides the development of the training schedule. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

# 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 indicated they were engaged in the individual development delivery and evaluation of care services through care plan reviews, meetings, surveys, and face to face discussions. Management was able to demonstrate how consumer data received from feedback forms, surveys, and meetings was accumulated into an integrated continuous improvement register.

The Assessment Team reviewed several reports in relation to clinical data and analysis, feedback and complaints resolutions, and risk incident evaluation used to guide improvement activities. Management described how they monitor key performance data, staff compliance, training, and regulatory requirements, which allow the broader management team to provide a culture of safe and inclusive care.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service has a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can, and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff were able to demonstrate a comprehensive understanding of the minimisation of types of response and least intrusive measures.

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)