Performance

Report

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| Name: | Catholic Healthcare Lewisham Retirement Hostel |
| Commission ID: | 0286 |
| Address: | 1C Thomas Street, LEWISHAM, New South Wales, 2049 |
| Activity type: | Site Audit |
| Activity date: | 20 November 2023 to 22 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited  Service: 302 Catholic Healthcare Lewisham Retirement Hostel |

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 Lewisham Retirement Hostel (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the providers response received on 7 December 2023

# 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 said consumers were treated with dignity and respect, with their identity, culture, and diversity valued by staff. Staff described how they supported consumers individuality and diversity by using information from assessments to inform the delivery of care and services. Diversity and inclusion policies supported management and staff in delivering dignified and respectful care.

Consumers reflected care and services appropriately supported their cultural needs and preferences, for example, support to attend religious services. Staff described how they delivered culturally safe care and services for consumers, consistent with information included in care planning documentation.

Consumers and representatives said consumers were supported to make decisions about their care and services, how it should be delivered, and who should be involved. In addition, consumers reflected they were supported to communicate their decisions and maintain relationships with family and friends. Staff were aware of consumers’ decisions and relationships important to them, and care planning documentation reflected this information.

Consumers said they were supported to take risks to live life on their terms. Staff explained how they supported consumers to do things with an element of risk, by discussing benefits and potential harm with consumers, and incorporating accepted risk mitigation strategies into their care plans. Care planning documentation demonstrated consumers were supported to take risks through collaborative assessment processes, and implementation of risk mitigation strategies.

Consumers said they were regularly provided information which helped them to make informed decisions about care and services. Staff described the various ways information was communicated to consumers, and informational material was observed throughout the service environment to support consumers.

Consumers considered their privacy was respected, and care planning documentation included strategies to uphold consumers specific privacy preferences. Staff explained how they respected consumers’ privacy, and maintained the confidentiality of personal information. Staff were observed following privacy protocols.

# 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

Management and staff advised checklists, polices, and procedures guided staff in the assessment and planning, and consideration of risks to consumers. Care planning documentation evidenced risks to consumers’ health and well-being were considered using validated assessment tools, and included risk mitigation strategies to inform the delivery of care and services.

Consumers and representatives said they had discussed consumers’ needs, goals, and preferences, including advance care and end of life directives. Staff said consumers current needs, goals, and preferences, including end of life wishes were regularly discussed during scheduled care plan reviews or as needed, as reflected in care planning documentation.

Consumers and representatives considered they partnered with the service and other providers of care and services in the assessment and planning of consumers’ care and services, as evidenced in care planning documentation. Staff described how they involved consumers and others, such as allied health therapists, in the assessment, planning, and review processes.

Consumers said they were provided verbal updates of when changes were made to their care plan, and considered staff listened to their feedback during the discussion of assessment and planning outcomes. Staff described how they communicated the outcomes of assessment and planning to consumers and others involved in their care, and advised a copy of the care plan was offered.

Management and staff said care plans were reviewed on a 4 monthly basis, or when circumstances changed requiring a reassessment or review of consumers’ needs. Consumers and representatives said, and documentation demonstrated care and services were regularly reviewed to ensure they were appropriate for consumers, including when consumers’ circumstances changed or incidents occurred.

# 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 considered consumers received personal and clinical care which was safe, and aligned with their needs and preferences to support their health and well-being. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and described how they provided best practice and tailored care for consumers, for example, in relation to restrictive practices, skin integrity, and pain management. Care planning documentation reflected consumers received care that was safe, and tailored to their needs. Policies, procedures, and systems were in place to inform the delivery of safe, effective personal and clinical care.

Management and staff identified high-impact, high-prevalence risks associated with the care of consumers, such as diabetic management, and described the strategies to manage and minimise risks. Care planning documentation evidenced high-impact, high-prevalence risks were considered, and included monitoring and risk mitigation strategies. For example, in relation to diabetic management, diabetic directives included reportable blood glucose ranges, signs and symptoms to look out for, and instructions for staff to follow in response to an adverse event.

Staff described how they supported consumers dignity and comfort during the end of life pathway, such as attending to personal care, maintaining skin integrity, reviewing and monitoring signs of pain and discomfort. Care planning documentation for a named consumer reflected they received end of life care in line with their wishes, and evidenced involvement from the consumer’s support network. Policies were in place to guide staff in responding to and managing clinical deterioration and end of life care.

Consumers and representatives said deterioration or changes in consumers were promptly responded to, as reflected in care planning documentation. Staff described how they identified signs and symptoms of deterioration or changes within consumers, such as changes in behaviour or mobility, and outlined the processes in place to respond to this in a timely manner.

Consumers and representatives reflected staff kept them informed about information relating to the consumer, and considered they did not need to repeat care preference to staff. Staff described how they communicated information about consumers within the organisation and with others responsible for care. Care planning documentation, clinical handover sheets, and referrals demonstrated up to date information was documented and shared.

Consumers and representatives said, and care planning documentation evidenced referrals were completed in a timely and appropriate manner for various health supports. Management advised consumers had access to a dedicated network for health professionals, and staff described the process for referring consumers to other health professionals to help guide the delivery of care and services.

The service had infection prevention and control leads, an outbreak management plan, policies and procedures to support staff in minimising infection-related risks, including practices to promote appropriate antibiotic prescribing. Staff described how they prevented and controlled infections and promoted the appropriate use of antibiotics. Staff were observed following infection prevention and control protocols, such as conducting hand hygiene and wearing masks.

# 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

Management and staff advised consumers’ needs, goals, and preferences were considered in the delivery of appropriate services and supports. For example, the lifestyle calendar demonstrated a range of activities was offered to meet consumers diverse needs, including consumers with sensory and cognitive considerations. Consumers and representatives said, and care planning documentation demonstrated consumers received access to services and supports which aligned with their needs, goals, and preferences to optimise their independence.

Consumers said they received services and supports which supported their emotional, spiritual, and psychological well-being. Management and staff said, and care planning documentation demonstrated consumers’ well-being was supported through individualised strategies and access to services and supports.

Consumers considered they were assisted to participate in their community within and outside the service environment, have social and personal relationships, and do things of interest. Documentation such as care plans, meeting minutes, and newsletters evidenced consumers social and community participation, relationships, and interests were supported through access to various services and supports. Consumers were observed socialising and partaking in activities.

Staff described how they shared information about consumers to support the delivery of care and services, including when there were changes to consumer care needs, such as through documented shift handover processes. Documentation demonstrated information about consumers was communicated within the organisation, and with others responsible for care.

Management and staff advised the service had connections with various religious services, volunteers, community groups, and other services and supports to supplement lifestyle offerings available. Consumers said they received timely and appropriate referrals to other individuals and organisations, and care planning documentation evidenced involvement of external providers to support the diverse needs of consumers.

Consumers reflected meals were of satisfactory taste, quality, and portion size, and they were able to request additional food. In addition, consumers were supported to make their own meals, such as a cake to share with other consumers. Management explained the menu was formulated in consultation with a dietician, and consumers input was sought before finalising the menu, as evidenced in meeting minutes. Staff had access to consumers dietary information and received training to ensure consumers allergies or special requirements were appropriately catered to.

Consumers said equipment was safe, clean, and suitable, which aligned with observations. Staff said equipment was regularly checked, and documentation reflected there was a up to date cleaning schedule and preventive and reactive maintenance system .

# 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 said the service environment was welcoming, easy to understand and navigate around, and consumers were supported to belong and be independent. Staff described how they supported consumers to feel at home, such as encouraging consumers to personalise their rooms. Consumers were observed using various areas throughout the service environment, which had different attractions to support consumers diverse needs.

Consumers and representatives said the service environment was safe, clean, well maintained and comfortable, which aligned with observations. Staff described the systems and processes in place to maintain the safety and cleanliness of the service environment, furniture, fittings, and equipment. Documentation evidenced the cleaning schedule, preventative and reactive maintenance was completed on time. Consumers said, and observations demonstrated consumers were supported to move freely between indoor and outdoor areas.

Management said suitable equipment was sourced for consumers based on their needs, and staff confirmed they had access to appropriate equipment to support consumers. Consumers expressed satisfaction with the cleanliness and maintenance of furnishings and fittings. Furniture, fittings, and equipment were observed to be clean and in good condition.

# 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 and supported to provide feedback or make a complaint, and described how they did so, such as directly to management and staff, feedback forms, and meetings. Management and staff explained how they encouraged and supported feedback and complaints, which aligned with consumers feedback. Anonymous feedback forms, suggestion boxes, and other informational material was observed throughout the service environment to inform consumers and others of feedback and complaints avenues.

Consumers and representatives said they were aware of other ways to raise and resolve feedback and complaints, such as advocacy services and through the Commission. Management and staff described how they informed, and helped consumers access advocates, language services, and other methods to raise and resolve complaints. A policy, handbook, and pamphlets were available to inform consumers of different complaints resolution options.

Consumers considered complaints were addressed and resolved in a timely manner. Management and staff demonstrated an understanding of open disclosure principles, such as acknowledging concerns, providing an apology, conducting an investigation, and keeping relevant parties updated. Documentation detailed actions undertaken in response to complaints or when things went wrong, and reflected an open disclosure process was used.

Consumers said their feedback was used to make improvements to care and services. Management advised feedback and complaints registers were reviewed to identify trends to inform improvements to care and services, and added to the service’s continuous improvement plan for monitoring and action. Documentation demonstrated individual and broader level complaints, suggestions, and feedback were reviewed to inform improvements to care and services.

# 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 staff considered there was enough staff to provide care and support in a timely manner. Management described the workforce planning and management strategies in place to deliver safe, quality care and services, including contingencies for unplanned leave or emerging needs, such as regulatory changes to care minutes. For example, all shifts were filled and the staff roster was monitored by management to ensure a suitable mix of staff was deployed.

Management said staff were guided to interact with consumers in a kind, caring manner with respect to consumers’ individuality, culture, and diversity through a code of conduct training, and referring to documented strategies in consumers’ care plans. Consumers and representatives said staff were kind, caring, and respectful, which aligned with observations.

Management advised the organisation reviewed the Commission’s register of banning orders, and verified and monitored registrations, qualifications, and checks required by staff. Management explained recruitment processes checked that staff were suitably hired. Human resource documentation evidenced staff held the knowledge, qualifications, registrations and checks required for their respective role, consistent with position descriptions.

Management and staff said they were required to undertake training and complete competency checks as a part of the onboarding processes and on an on-going basis. Staff outlined topics they had received training on, such as personal care and antibiotic use, and described how this was relevant to their role and responsibilities. In addition to formal training, new staff were paired with an experienced staff member, and support was provided by management. Documentation evidenced training was up to date and monitored.

Management described how the workforce was assessed, monitored, and reviewed through the formal appraisal process, and outlined how they would address performance management issues in a transparent and prompt manner. New staff were required to complete a 6 month probation period, and performance was reviewed on an annual basis thereafter, or as needed. Staff said management was approachable and supported them in the performance appraisal process, including requests for additional training. Documentation evidenced performance appraisals were up to date.

# 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 said, and documentation demonstrated consumers were involved in the development and delivery of care and services through various avenues, such as meetings, feedback and complaints mechanisms, and surveys. In addition to consumer and representative feedback, management described other ways consumers were encouraged to provide input about care and services, such as talking directly to the board of directors, a consumer advisory board.

Management outlined the ways the governing body was accountable for the delivery of safe, inclusive, care and services. For example, a hierarchical organisational structure established areas of responsibility, communication and reporting requirements. Management said, and meeting minutes reflected information was shared between governing body and the service. The board maintained oversight of the service’s performance by reviewing reports which covered matters relating to service delivery such as, clinical indicators and incidents, to identify and address broader trends and initiate improvements.

Organisation wide governance systems were supported by policies and procedures, training, and audit mechanisms relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, financial governance was overseen by financial delegation hierarchies, budgets, policies and procedures. Management advised they were able to submit additional financial requests based on emerging needs.

Staff provided examples relevant to their role and how this interrelated with the service’s risk management systems and practices to manage high-impact, high-prevalence risks, identifying and responding to abuse and neglect, managing and preventing incidents. A clinical risk register identified potential risks to consumers, and the governing body maintained oversight of risks though regular audits, reviews, and analysing incident and clinical data. Consumers were supported to live their best life through collaborative assessment and care planning processes. In addition, policies and procedures supported consumers to do the things they wanted to do, by considering risks associated with their choices.

A clinical governance framework was overseen by policies and procedures, training, audit and reporting mechanisms relating, but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how antimicrobial stewardship and the minimisation of restraint was monitored and analysed through monthly reporting, regular reviews, and meetings. Management and staff demonstrated knowledge of open disclosure and described how they would use this in practice, consistent with the organisation’s policy.

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