Performance

Report

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| Name of service: | Catholic Healthcare Macquarie Care Centre |
| Service address: | 8 Gormans Hill Road BATHURST NSW 2795 |
| Commission ID: | 1455 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 14 December 2022 to 16 December 2022 |
| Performance report date: | 23 January 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 Macquarie Care Centre (**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 provider’s response to the assessment team’s report received 6 January 2023.
* 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 said they were treated with dignity and respect. Staff said they accessed information about consumers’ identities in their care plans and provided care accordingly. Care planning documentation reflected consumer’s cultural needs and preferences.

Consumers said they felt safe and supported by staff at the service. Staff demonstrated an understanding of consumers’ individual preferences and explained how they delivered culturally safe care. Care plans included cultural and spiritual information to support the delivery of care and services. Meals provided to consumers were based on their preferences and cultural needs.

Consumers said they were supported by staff to maintain relationships of choice and their choices were respected. Staff explained how they supported married couples who lived in separate rooms to maintain their relationship. Care planning documents reflected consultation with consumers and others important to them in their care decisions. Observations showed consumers supported by staff to make choices about what they wanted to do.

Consumers said they were supported to make decisions which involved risks. Staff described, and observations confirmed, how they assisted consumers to take risks. Care planning documentation reflected completed risk assessments and evidenced discussion with consumers about their right to take risks. The consumer handbook included information on dignity of risk.

Consumers said information provided to them was clear and easy to understand. Information was communicated to consumers and representatives through multiple avenues to meet diverse consumer’s needs. Care plans included communication strategies for consumers with poor cognition or those who needed visual aids or hearing assistance. Information about activities and dementia specialist services were displayed throughout the service.

Consumers said their privacy was respected, and their personal information was kept confidential. Staff said they encouraged consumers to verbalise how they wanted their privacy to be maintained. Staff were guided by policies about privacy. Care plans specified consumer preferences regards privacy and included privacy consents. Observations showed computers were locked when left unattended and staff were knocking before entering a consumer’s room.

# 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

Consumers and representatives said their care was well planned, and staff took the time to understand how to support them. Staff described the assessment and planning processes and how consumer’s risks were considered. Care plans showed validated assessment tools were used to tailor care delivery based on consumers’ needs and input. Staff were guided by policies for assessment and planning.

Consumers said their care and services were planned around what was important to them and how they wanted it delivered. Staff described how assessment and planning met consumer’s needs, goals, and preferences. Care plans included documented advance care directives or end of life (EOL) pathways. Staff were guided by policies for assessment and planning.

Consumers and representatives said they were actively involved in assessment and planning. Staff described how they partnered with consumers and representatives to deliver care and services. Care plans showed an integrated and coordinated assessment and planning approach involving relevant organisations, individuals, service providers, consumers and representatives.

Consumers and representatives said they received regular communication from the service about their care and assessment outcomes, including when there were changes. Staff explained how consumers and representatives were offered a copy of their care plan. Care plans evidenced case conferences held with consumers and representatives about the delivery of their care and services.

Consumers and representatives said they were involved in reviewing care plans. Care plans were reviewed on a 4-monthly basis or after incidents, hospital admissions, and changes in care needs. Staff described their responsibility in relation to care planning. Care plan reviews were up to date and demonstrated changes made following reassessment of care needs.

# 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 said the care provided met their needs and optimised their health and well-being. Staff demonstrated an understanding of consumers’ personal and clinical needs. Care planning documentation reflected care that was safe, effective and tailored to each consumer, with restrictive practices used in line with legislative requirements. Staff were guided by policies to support the delivery of care provided.

Consumers and representatives said risks were effectively managed by the service. Staff identified high impact or high prevalent (HIHP) risks relevant to consumers in line with their care planning documentation. Management investigated incidents and implemented appropriate interventions. Care plans showed how effective strategies were implemented by the service to manage identified risks.

Consumers and representatives said staff were supportive of their EOL needs. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. Care planning documentation reflected care delivery in line with consumers’ EOL needs, goals and preferences. Observations showed a consumer’s EOL wishes were accommodated by the service.

Consumers said they were confident that staff would identify changes in their condition and respond appropriately. Care staff said the clinical team was responsive when changes in consumers’ condition were reported. Care planning documentation showed changes in consumers’ care needs were recognised and responded to in a timely manner. Staff were guided by a policy for deterioration.

Consumers said they benefitted from the coordination of multiple providers by the service and how information was shared amongst them. Staff described how changes in consumers care and services were communicated, including handovers and information stored in the electronic care management system (ECMS). Communication between allied health professionals (AHPs), specialists and internal staff was evident in care planning documentation.

Consumers and representatives were satisfied with the referral process, and said their changing needs were met. Staff provided examples of referrals made in line with clinical procedures. Care planning documentation confirmed timely referrals were made to medical officers, specialists and AHPs. The service maintained a list of key referral agencies for staff.

Consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated an understanding of antimicrobial stewardship. Observations showed COVID-19 entry screening processes and infection control signage displayed throughout the service. Staff were guided by policies for infection control and antimicrobial stewardship, and an outbreak management plan.

# 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 said they felt supported to pursue activities of interest and optimise their independence. Staff knew what was important to consumers and their preferred activities, in line with care planning documentation. Consumers with varying cognitive abilities were observed engaging in activities.

Consumers said they were supported by the service to stay in touch with family or friends for comfort and emotional support. Staff, including the spiritual coordinator, described ways they supported consumer’s emotional, spiritual, and psychological needs. Care plans included spiritual information to support care delivery. A non-denominational service was attended by several consumers.

Consumers said they were supported to participate within and outside the service, maintain relationships of choice and do things of interest to them. Staff demonstrated an understanding of how consumers liked to spend their time and who they wanted to socialise with. Care planning documentation and staff interviews reflected community involvement. Staff outlined a range of activities and social groups consumers participated in, such as a ‘knitting and natter’ and a woodwork group.

Consumers and representatives said their condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways in which they shared information and were kept informed of changes. Care plans had adequate information to support the delivery of safe care and services. Individualised manual handling information posters were displayed in the consumers’ rooms.

Representatives said their loved ones were supported by other organisations, support services and external providers. Staff identified consumers who utilised these services. Care planning documentation evidenced referrals to other organisations and services. Observations showed Christmas decorations made by a consumer during a community men’s shed event which was facilitated by the service.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of meals provided. Staff described, and documentation review confirmed, how meals were prepared in line with consumer’s dietary requirements. Most consumers were observed finishing their meals or had meals delivered timely to their rooms if they wished. Fresh fruit, salads and sandwiches were freely available for consumers in the dining rooms.

Consumers said they had access to equipment which assisted their daily living and activities, and it was always clean. Maintenance staff described the cleaning and maintenance process for equipment. Lifting equipment and slings were observed to be safe, clean and well maintained. Leisure equipment to accommodate consumer needs was readily available.

# 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 in shared rooms said they had enough privacy and enjoyed the company of the other consumer. The service environment was clean, with bright photographs and decorations displayed. The service had wide corridors, large communal and eating areas which optimised consumers’ sense of belonging, independence and interaction. The service’s memory support unit reflected dementia enabling principles of design.

The service environment, including the outdoor seating areas, was safe, clean and well-maintained. Staff explained how they ensured maintenance concerns were dealt with in a timely manner. All consumers had access to unlocked doors which led to outdoor areas. Consumers were observed walking freely inside and outside of the service.

Consumers and representatives confirmed furniture, fittings and equipment were kept clean and safe. The communal areas and consumers' rooms were regularly cleaned throughout the Site Audit. Kitchenettes, laundry, equipment and furniture in communal areas, were observed to be in good condition and enjoyed by consumers. No issues were identified in relation to the call bell system.

# 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 said they felt supported and comfortable to provide feedback. Staff described avenues available for complaints to be provided. Consumer meeting minutes captured feedback and complaints raised. Feedback forms were readily available and displayed upon entry to the service.

While consumers and representatives said they were aware of other avenues for raising complaints, they felt comfortable raising concerns directly with management at first instance. Staff described how they acted as advocates for consumers and were aware of how to access external advocacy or interpreter services. Information about external complaints mechanisms, advocacy and interpreter services were displayed throughout the service.

Consumers and representatives said their complaints were resolved promptly. Staff described the feedback and escalation process. Management provided practical examples of actions taken in response to complaints. The plan for continuous improvement evidenced planned actions, dedicated timeframes and documented outcomes for individual complaints.

Consumers said they were satisfied with improvements made by the service based on their feedback. Staff described how feedback and complaints were used to improve the quality of care and services. Management described how complaints data was analysed, trended and escalated for action. The complaints register, and consumer meeting minutes confirmed how feedback was discussed at each meeting, and actions taken by the service were evaluated.

# 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 said they were not rushed during care delivery and call bells were answered promptly. The roster confirmed adequate staff coverage to provide continuous safe and quality care. Unfilled vacancies were filled internally or externally through agency staff. Calls bells were answered in 3.21 minutes on average. The service environment was calm and organised, with meals delivered on time.

Consumers said they were treated with care, respect, and kindness. The service recruited staff who aligned with the organisation’s values. Staff were guided by a policy for cultural diversity and inclusion. Care planning documentation captured consumers’ stories, needs, and personal preferences. Staff interactions with consumers were mostly observed to be kind, gentle, and respectful, however one staff member was observed not to attend to a consumer who was vocalising. Management took immediate action to address the matter.

Consumers said staff were competent and met their care needs. The service had systems to ensure staff had the qualifications and knowledge to perform their roles effectively. Management explained how they monitored staff competence. Documentation review confirmed competencies and mandatory checks such as police checks were completed.

Consumers said staff were trained and equipped to deliver care and services. Staff confirmed they received orientation and ongoing training. Management described the training program and processes for identifying staff training needs. Informal training records showed how mandatory education was reinforced throughout the year. An agency staff was observed completing the induction process during the Site Audit.

Staff confirmed they received their annual performance appraisal and described the process of obtaining feedback from management about their performance. Staff were guided by a policy for performance review. Documentation review confirmed performance appraisals, mandatory training, and competency assessments were scheduled and conducted every year. Review of 5 staff records showed 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 said they freely provided ongoing input into the delivery of care. Consumers gave practical examples of when their feedback shaped the development of services provided. Management advised feedback or suggestions by consumers and representatives were included in the continuous improvement register. Visiting school children performed Christmas carols during the Site Audit upon consumers’ request.

Management explained how information was provided about the service to the governing body through different committees. Regional monthly committee meetings were held to discuss clinical indicators, incidents, continuous improvement and aged care legislation amendments. To ensure accountability, the service implemented an operations strategic framework which captured governance and clinical projects, amongst other strategic pillars.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

Management identified main HIHP risks for consumers and what they did to address it. Staff were guided by policies for risk management. Staff demonstrated an understanding of their incident management responsibilities. Serious Incident Response Scheme reports were completed within legislative timeframes and incident registers were followed up with appropriate action.

Management described, and staff understood their responsibilities under the clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. Antimicrobial use was discussed at Medical Advisory Committee meetings. Staff explained how they applied open disclosure. Care planning documentation confirmed a reduction or cessation of psychotropic medications administered as chemical restraints for several consumers.

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)