Performance

Report

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| Name of service: | Catholic Healthcare McQuoin Park |
| Service address: | 33 Pacific Highway Wahroonga NSW 2076 |
| Commission ID: | 0180 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 |
| Performance report date: | 23 August 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 McQuoin Park (**the service**) has been prepared by K. Reed, 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 Assessment Contact - Site; the Assessment Contact - Site 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 15 July 2023
* the performance report completed 02 November 2022, following the Site audit conducted 31 August 2022 to 02 September 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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)(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

**Requirement 2(3)(b)**

The service demonstrated through care planning documentation, feedback from consumers, representatives and staff and observations by the Assessment Team, the service is providing care and services in accordance with the consumers’ current needs, goals, and preferences.

Consumers’ needs, goals, and preferences and end of life wishes were discussed with consumers and representatives during entry to the service and should a consumer not wish to discuss their end of life preferences during this time, staff followed up each month during care and service case conferences.

The Assessment Team reviewed documentation for 11 consumers and identified each consumers’ care and planning documentation identified their individual care and service needs.

The service has taken action to address the Non-compliance identified at the Site audit 31 August 2022 to 02 September 2022.

A complete audit of consumers’ care planning was conducted to identify any consumers with an absence of an Advanced care plan. Information sessions were conducted during the December consumer meeting in relation to advanced care planning. The plan for continuous improvement evidenced family members were contacted and advance care planning information was provided to increase their knowledge and understanding.

A spot check audit was conducted 11 January 2023 to identify the absence of any advanced care plans. The process of discussing advanced care planning with consumers and their representatives monthly during case conferencing was ongoing. Management continues to raise the issue of advanced care planning when consumers entered the service.

The service provided evidence of staff training and toolbox talks relating to end of life care planning and assessments, wound care management, advanced care planning and palliative care.

Based on the above information, it is my decision assessment and planning processes identified consumers’ current needs including advanced care planning, and this Requirement is now Compliant.

**Requirement 2(3)(e)**

Consumers and representatives were informed when care needs changed, and care documentation identified review on both a regular basis and when circumstances changed, or incidents occurred. Consumers’ care and service’s needs were reviewed every four months, which was corroborated by registered staff. Consumers’ care documentation demonstrated the service reviews care needs when incidents occurred.

Consumer files demonstrated the outcomes of assessment and planning was documented. Representatives advised they were offered a copy of the consumer’s care plan electronically or in person. Care planning documents were observed to be readily available to staff delivering consumer care and services.

The service has taken action to address the Non-compliance identified at the Site audit 31 August 2022 to 02 September 2022.

Care documentation is monitored daily by management to identify incidents and changes to care needs for consumers. Training records indicated and staff feedback confirmed education had been provided and was documented on the 2023 education calendar for staff including management of unplanned weight loss, pain, falls, wounds, pressure injury, continence care, skin care, personal care, oxygen monitoring and charting, behaviour management, care planning and assessment, and incident reporting. All registered staff attended a development day in November 2022 providing education on incident management including investigation, mitigation, and evaluation. The Care manager undertook a spot audit on ten percent of incidents during week beginning 12 December 2022 to determine the quality of incident management and documentation in line with the organisation’s policy.

The Clinical Risk meeting and the daily staff huddles discussed emerging clinical needs which identified any clinical risk such as weight loss, falls, skin integrity, behaviours, and pain management. This assisted staff in ensuring the care provided to consumers minimised risks and met their needs. Registered staff were allocated for monthly care plan reviews, all consumers were reviewed on a four monthly cycle and were up to date. A copy of the care plan was offered to the consumer or representative.

Based on the above information, it is my decision care and services are reviewed regularly for effectiveness, and this Requirement is now Compliant.

# 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 |

**Findings**

**Requirement 3(3)(a)**

Care documentation was reviewed for consumers requiring management of wounds, diabetes, challenging behaviours, pain, weight loss, catheter care, maintenance of skin integrity and where a consumer was assessed as being subject to restrictive practices. Documentation demonstrated, and consumer or representative and staff interviews confirmed, consumers were receiving individualised care which was safe and right for them and was based on best practice. Management knew care was safe and effective as they monitored the consumers’ condition, refer consumers to other health providers when required, received feedback from consumers about their care and reviewed care documentation and analysed incidents to identify any emerging concerns or care needs. The service had policies and procedures to guide staff in care delivery including for pain management, skin integrity, restrictive practices and falls prevention and management.

The service has taken action to address the Non-compliance identified at the Site audit 31 August 2022 to 02 September 2022.

The service increased staffing since the last Site Audit with 20 additional new staff members employed to provide timely personal cares. Staff completed refresher training 30 January 2023, in relation to consumer’s dignity and respect following feedback from consumers. Toolbox records 30 January 2023 identified an all staff discussion relating to providing care and services.

Care staff education was provided regarding foot care and diabetes, audit was conducted following the training and an evaluation completed 28 February 2023, improvements in foot care of diabetic consumers was noted in documentation. Monthly risk meeting minutes identified evaluation and discussions relating to consumers’ clinical care. Ongoing spot checks of consumers with high care needs occurred, and information was shared during risk meetings.

Based on the above information, it is my decision consumers received safe and effective personal and clinical care, and this Requirement is now Compliant.

**Requirement 3(3)(b)**

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk of pain, responsive behaviours, and weight loss. The Care manager monitored progress notes daily for risks associated with consumers’ care and communicated daily to all registered staff any changes in consumers’ care needs through handover, the service’s Clinical Risk Profile register and weekly Clinical Risk Meetings. Documentation identified the service was effectively managing high impact and high prevalence risks.

Consumers and representatives provided positive feedback about the care provided at the service. Review of care documentation and charting demonstrated effective care delivery in relation to hygiene and continence care. Staff demonstrated a shared understanding of consumers’ needs and the processes in place to support care delivery.

The service has taken action to address the Non-compliance identified at the Site audit 31 August 2022 to 02 September 2022.

The service established processes to ensure consumers with oxygen needs were monitored and managed. Actions included a review of all consumers with machines to assist their breathing and establishment of work logs and active complex health care procedure charts for cleaning and changing of breathing machines. Consumers’ care planning confirmed a process for cleaning of breathing machines and oxygen care plan indicated this had been completed.

The service was reviewing the psychotropic register due to duplicate entries. Actions due in August 2023 to be undertaken included ensuring consumers’ consent authorisations were updated in accordance with organisational and legislative requirements. The psychotropic register was discussed at the monthly Clinical risk meetings.

The service has undertaken training with staff including high prevalence risk training with registered staff in November 2022 and ‘Stop and watch’ education for all staff in October 2022.

The service established a Clinical risk profile tool and discussed high risk consumers at the daily staff huddle and at handover. Review of the Clinical risk profile and Clinical review meeting minutes from June 2023 to July 2023 identified the service trended, analysed and responded to high impact and high prevalence risks to consumers.

The service managed diabetic consumers’ foot care to mitigate risks and demonstrated this through education records of care staff in managing foot care for consumers with diabetes, referrals to podiatry service and updated care plans, completion of head-to-toe assessments of consumers at four monthly care reviews, and spot checks by Care managers to ensure foot care was attended and the care plan was current and reflected the current care needs and preferences of the consumer.

The service recruited a second Care manager in October 2022 to assist in managing consumers with high impact, high prevalence risks. Staff confirmed clinical indicator data was tabled at meetings and used to identify improvements in the delivery of consumer care.

Care documentation on the services electronic platform confirmed monthly reviews of risks to consumers was monitored and discussed during the daily and Clinical risk review meetings processes. A review of consumers’ weights and falls was completed to identify any unplanned or consecutive weight loss and consumers’ who had frequent falls to confirm those who would benefit from further intervention. Review of the service’s Clinical risk meetings confirmed weight loss and falls were a standing agenda item at the service’s weekly Clinical risk meetings, and where appropriate referrals had been made to the dietitian, speech pathologist and physiotherapist.

Training records and discussions with staff confirmed toolbox talks occurred on care plan and assessment, palliative, skin integrity and wound care, incident reporting, restrictive practices, pain management, weight loss, and pressure area care.

Review of consumer files and interviews with consumer and representatives indicated satisfaction with consumers’ hygiene care, wound care, pain management, pressure area care and nutritional care. The service’s plan for continuous improvement confirmed that all actions have been completed to remedy the deficiencies identified under this Requirement.

Based on the information recorded above, it is my decision the service is effectively managing high impact and high prevalence risks to consumers, and this Requirement is now Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)