Performance

Report

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| Name of service: | Catholic Healthcare Our Lady of Loreto Gardens |
| Service address: | 1 Minnesota Road HAMLYN TERRACE NSW 2259 |
| Commission ID: | 0606 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 16 May 2023 to 18 May 2023 |
| Performance report date: | 27 June 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 Our Lady of Loreto Gardens (**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; 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 June 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 said they were treated with dignity and respect, with their identity and choices valued. Staff were observed speaking to consumers respectfully and using consumers preferred names. Policies and procedures guided staff practice on diversity and inclusive care.

Consumers said the care provided was culturally safe as staff met their care preferences. Staff were knowledgeable of consumers’ cultural and religious preferences. The activities program calendar incorporated events to celebrate the various cultural backgrounds of consumers.

Consumers confirmed they had nominated who they wanted involved in care decisions and they felt in control of their care. Staff described how they deliver care that aligns with consumer choices and how they support consumers to maintain relationships. Consumers were observed spending time with their families and friends, including those made while residing in the service.

Consumers provided positive feedback regarding how the service supports them to understand risks associated with their choices. Staff were familiar with strategies implemented to minimise risks for consumers. Care documentation evidenced consultation, assessment and consumer consent to engage with risk.

Consumers and representatives described various communication methods used to disseminate information, including verbal communication, newsletters, and meetings. Clear and accurate information, including menus and activity schedules were displayed to enable choice and staff described alternate communication methods for consumers including the use of cue cards.

Consumers said their privacy is respected by staff, as they knock and seeking permission prior to entering their room. Personal information was stored on password protected computers and accessible according to role. Staff demonstrated knowledge of procedures to respect consumer privacy.

# 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 confirmed they are involved in the care planning process, including the consideration and assessment of risks. Staff confirmed a suite of assessment tools are used to inform care planning. Care documentation evidenced the identification and assessment of risks to consumers and planning of risk-minimisation strategies.

Consumers, representatives, and care documentation, confirmed assessment and planning processes captured the consumer’s needs, goals and preferences. Staff demonstrated knowledge of and advised care is provided in line with consumer preferences. Consumers files contained advance health directives, advance care plans and end of life wishes.

Care documentation evidenced the involvement of a range of service providers including dieticians, external dementia services and physiotherapists. Consumers and representatives said they were actively involved in care planning and review. Brochures displayed encouraged consumer and representative involvement in care planning.

Consumers and representatives said they were engaged in care plan consultations and had access to consumers’ care plans. Staff confirmed they communicate care outcomes and care documentation evidenced regular communication with consumers and representatives.

Consumers and representatives said care and services were regularly reviewed and staff provide updates following incidents or changes in care needs. Care planning documents were updated at least every 4 months or when care needs changed. Policies and procedures were available to guide staff in practice.

# 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 provided positive feedback about the care and services they received, confirming it was personalised and tailored to their needs. Care documentation evidenced delivery of care to manage consumers complex care, pain, wounds and restrictive practices. Staff demonstrated knowledge of best practice clinical care principles.

Consumers, representatives and care documentation supported consumers’ high-impact or high-prevalence risks were being effectively managed. Policies on the management of high impact/prevalent risks guided staff practice and risk minimisation strategies were observed to be in place or had been enacted in response to consumer risks.

Representative feedback and care documentation, for a consumer who had recently passed away, showed the consumers comfort and dignity were maintained and their end-of-life wishes were respected. Staff recognised the importance of upholding consumers wishes and confirmed they had received training palliative care and use of end of life medications.

Consumers and representatives gave positive feedback about the prompt action staff took to respond to changes in consumer conditions. Care documentation reflected deterioration was identified and addressed promptly through the use of documented tools and assessments. Staff confirmed training had been provided to assist in the recognition of deterioration.

Consumers and representatives said their care needs and preferences were effectively communicated between staff. Staff described, documentation demonstrated, and handover was observed to be effective in the exchange of consumer information.

Consumers confirmed referrals to other organisations were timely and meet their individual needs. Staff described processes for referring consumers to other health care providers and documentation reflected the engagement of dieticians, speech pathologists and dementia specialists in consumer’s care.

Consumers and representatives gave positive feedback about the services management of COVID-19 outbreaks and staff infection control practices. Staff demonstrated knowledge of prevention strategies for infection-related risks and best practice guidelines for antimicrobial stewardship. Staff were observed performing hand hygiene and following infection control practices.

# 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 confirmed they were engaged in activities that meet their needs and preferences and allow them to do the things they enjoy. Staff said services and supports were provided in consultation with consumers and were tailored to their needs. Activity schedules showed a variety of activities to meet the individual preferences of consumers.

Consumers provided positive feedback in relation to support provided to enhance their emotional, spiritual and psychological well-being, including church services and pastoral care. The pastoral care worker and a companion dog were observed visiting consumers and care documentation reflected religious practices.

Consumers said they were supported to participate in the community through bus trips and maintain personal relationships through assistance with devices for video calls. Care documentation reflected consumer interests, community connections and personal relationships consumers wished to maintain.

Consumers and representatives said consumer’s needs and preferences are known and shared with those involved in supporting the consumer. Documentation reflected changes to consumer needs and preferences were effectively communicated between care and hospitality staff.

Consumers said and consumer files, supported consumers were referred to other organisations and support services. Staff described processes to refer consumers to the hairdresser, mobile dentist and the optometrist. Brochures displayed promoted access to external support services.

Consumers and representatives provided positive feedback about the quality and variety of consumer meals. Staff could describe consumers’ dietary needs and preferences and were observed checking the meals provided to consumers against their documented needs.

Consumers and representatives confirmed equipment was safe and well maintained, with maintenance requests tended to in a timely manner. Equipment was observed to be clean, and staff were able to describe systems in place to ensure equipment is appropriately maintained.

# 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 and representatives said they felt welcomed, and consumers found the service environment homely and easy to navigate. Staff described functional aids to assist consumers with navigation, including directional signage and personalised name plaques. The environment included various communal spaces to promote interaction between consumers and their visitors.

Consumers and representatives said they felt safe, repairs were tended to promptly and their rooms are clean. Consumers were observed to have access to both indoor and outdoor areas, which were generally free from hazards. Staff described maintenance and cleaning schedules which ensured the service is safe, clean and well-maintained.

Consumers and representatives said they were aware of processes for reporting maintenance requests and were satisfied with the outcomes. Furniture, fittings and equipment were observed clean and well-maintained. There were preventative and reactive maintenance schedules which showed maintenance tasks were consistently completed.

# 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 to raise complaints. Feedback forms and lodgement boxes were available to support anonymous submission. Meeting minutes and the consumer handbook evidenced consumers are encouraged to provide feedback and are provided with information about complaint processes.

Consumers said they felt comfortable raising complaints with management but had received information about advocacy services. Staff demonstrated knowledge of interpreter or translation services. Consumers were able to access the contact details for external complaint agencies through the consumer handbook and brochures displayed.

Consumers and representatives provided positive feedback regarding actions taken to address complaints. Policies and procedures on complaint management and open disclosure guided staff practice and documentation supported open disclosure was used in the resolution of complaints.

Management described systems for monitoring and reporting feedback to improve the quality of care and services. The plan for continuous improvement demonstrated complaints, feedback, and suggestions were documented and changes made were communicated with consumers through consumer meetings.

# 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 said there was sufficient staff to provide consumers with timely care. Rostering documentation supported the appropriate mix and number of staff were rostered each day, including a registered staff member allocated to each shift and shifts were replaced where vacancies occurred. Call bell reports monitored staff responses to call for assistance.

Consumers and representatives said consumers were treated with respect and kindness which was consistent with observations of staff interactions. Staff could describe the organisation’s values and how they relate to providing holistic care for consumers. Education records evidenced training on diversity and inclusion had been completed.

Consumers and representatives said they were confident staff had the knowledge and skills to perform their roles. Management described processes for assessing staff competencies prior to and upon commencement. Position descriptions outline role requirements and personnel records evidenced criminal history, vaccination and professional registration were monitored.

Management described how recruitment and orientation processes ensure staff are capable to perform their roles. Staff described the training and education support they received through orientation and on an ongoing basis. Documentation supported the completion of training was monitored, including for agency staff.

Policies and procedures guide the evaluation of staff performance. Personnel documentation evidenced and staff confirmed, performance appraisals, training and competency assessments were scheduled and conducted each year.

# 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 they were involved in the development and delivery of care and service through meetings and surveys. Management described using feedback from consumers and representatives to inform continuous improvement initiatives and documentation reflected consumer engagement.

Management described systems and processes embedded to ensure compliance against the Quality Standards and drive improvement through review of data. A range of reporting mechanisms ensured the governing body and sub-committees were aware of and accountable for the delivery of care and services. Board representatives visit with consumers annually.

Effective organisational governance systems including policies, procedures and monitoring tools were in place to ensure the management of information, continuous improvement, financials, workforce governance, regulatory compliance, feedback and complaints. Staff confirmed they have access to the information they need to deliver safe and effective care and guide them in their practice.

A risk management framework and incident management system supported the management and analysis of risks and incidents. Documentation reflected incidents had been captured and serious incidents had been reported in line with legislative requirements. Staff confirmed they had received training on various topics to support them in the management of risk and could describe legislative requirements and how to identify elder abuse.

A clinical governance framework, guided staff in the practices of antimicrobial stewardship, minimising restraint and use of open disclosure. Management described and staff demonstrated knowledge of their responsibilities as they gave practical examples of strategies to reduce antimicrobial resistance, non-pharmacological interventions to reduce application of restraint and apologising when things went wrong.

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