Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Catholic Healthcare St Anne’s Aged Care |
| Service address: | 1 De Milhau Road HUNTERS HILL NSW 2110 |
| Commission ID: | 2465 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 7 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 St Anne’s Aged Care (**the service**) has been prepared by K Peddie, 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 11 July 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers said they feel valued as individuals and are treated with dignity and respect, which was consistent with observations of staff interactions. Staff provided examples of how care was tailored to meet individual needs, including the provision of female only care and care planning documentation evidenced care preferences and cultural backgrounds are identified.

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

Consumers confirmed they are supported to make decisions about their own care, including when and how their care was delivered. Staff described how they deliver care that aligns with consumer choices and described how they support consumers to maintain relationships. Care planning documentation outlines consumer choices and detailed relationships of importance.

Consumers provided positive feedback regarding how the service respects their choices and supports them to take risks. Staff are familiar with strategies implemented to minimise risks for consumers. Care documentation evidenced consultation, assessment and consumer consent to engage with risk and a policy was in place to guide staff in practice.

Consumers and representatives described receiving up-to-date information which enables them to exercise choice. Clear and accurate information, including menus, activity schedules and newsletters were displayed throughout the service and staff described alternate communication methods for consumers including the use of cue cards and translation services.

Consumers said their privacy is respected by staff and staff were observed upholding consumer privacy by knocking on doors before entering and conducting shift handover in a private space. Personal information is stored on password-protected computers and staff demonstrated knowledge of procedures to respect consumer privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives confirmed they are involved in the care planning process, including the consideration and assessment of risks. Care documentation evidenced a suite of assessment tools are used to identify, mitigate and assess risks to consumers and staff are knowledgeable of personalised strategies as captured in care planning documentation.

Consumers, representatives, and staff, confirmed assessment and planning processes captured the consumer’s needs, goals and preferences, including the use of an allocation sheet that outlines care preferences. Consumer files contain advance health directives, advance care plans and end of life wishes for most consumers.

Care documentation evidenced the involvement of a range of service providers including dieticians, external dementia services and physiotherapists. Consumers and representatives generally said they are actively involved in care planning and review. Staff can describe systems and processes to ensure care planning and delivery are collaborative.

Consumers and representatives said they are engaged in care plan consultations and had access to consumers’ care plans. Staff confirmed they communicate care outcomes through various verbal and written mechanisms and care documentation evidenced regular communication with consumers and representatives.

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

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives provided positive feedback about the care and services consumers receive, confirming it was tailored to their needs. Care documentation evidenced delivery of care to manage consumers’ pain, wounds and restrictive practices. Staff demonstrate knowledge of best practice clinical care principles.

Consumers and representatives’ feedback and care documentation supports consumers’ high-impact or high-prevalence risks are being effectively managed. Staff are able to describe the high-impact and high-prevalence risks at the service and the measures in place to manage these risks. There is a policy to guide staff on management of high impact or high prevalence risks associated with the care of consumers.

Representatives spoke of the respectful and individualised care provided at end of life. Consumers and representatives have discussed consumers end of life preferences with the service. Care documentation for a consumer who had recently passed away showed the consumer’s comfort and dignity was maintained and their end-of-life wishes were respected. Staff and representatives described processes in place to ensure consumer preferences are addressed at end of life and continuous improvement initiatives had been identified and implemented to strengthen processes.

Consumers and representatives stated they are satisfied with how the service recognises and responds to changes in consumers’ conditions in a timely manner. 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 are guided by documented policies and procedures and a structured escalation process was in place to ensure appropriate and timely management of clinical and functional changes.

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

Representatives confirmed consumers are referred to other organisations to meet their clinical care needs. Staff described processes for referring consumers to other healthcare providers and documentation reflected their engagement in a timely manner.

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

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers confirmed they are engaged in activities that meet their needs and preferences and allow them to do the things they enjoy. Staff said services and supports are provided in consultation with consumers and representatives and are tailored to consumers’ needs and interests. Activity programs showed a variety of activities to meet the individual preferences of consumers.

Consumers and representatives provided positive feedback in relation to support provided to enhance consumers’ emotional, spiritual and psychological well-being, including church services and pastoral care. Care documentation includes personalised information to guide staff in providing emotional support and reflected religious practices.

Consumers, staff and care documentation evidenced consumers are supported to do activities of interest to them and maintain relationships, through assessment and planning processes that identify interests. Consumers and representatives described consumers being able to participate in the community, within and outside of the service environment. Consumers were observed socialising with visitors and other consumers in communal spaces and participating in activities of interest to them such as gardening.

Consumers and representatives said consumer needs and preferences are known and shared with those involved in supporting consumers. Documentation reflected changes to consumer needs and preferences and care and service staff described communication methods, including handover and written communications as effective methods for sharing changes in care and service needs.

Consumers said and care documentation reflected, they are supported by other organisations and support services where required. Staff described community organisations and volunteers who supplement the lifestyle program including pet therapy, religious services and art therapy.

Consumers and representatives generally provided positive feedback about the quality and variety of meals. Staff described how they meet individual dietary needs and preferences in consultation with a dietitian and feedback mechanisms are available to ensure consumer satisfaction.

Consumers confirmed equipment is clean and well-maintained. Staff confirmed there is enough equipment available to provide care and services, with maintenance requests tended to in a timely manner. Staff are able to describe processes to ensure equipment is cleaned between use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers said they are able to decorate their rooms to their liking and found the service environment easy to navigate. Staff described functional aids to assist consumers with navigation, including handrails and ramps to assist with mobility. The environment includes various communal spaces to promote interaction between consumers and their visitors.

Consumers and representatives said the service is clean and well-maintained and they had access to both indoor and outdoor areas. Staff described and documentation evidenced maintenance and cleaning schedules to ensure the service is safe, clean and well-maintained and works are undertaken in a timely manner.

Consumers, representatives and observations reflected furniture and equipment was clean and well maintained. Staff described processes for logging maintenance requests and preventative and reactive maintenance schedules shows maintenance tasks are consistently completed.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers said they felt supported to raise complaints. Feedback forms and lodgement boxes are available to support anonymous submission. Meeting minutes and survey results showed consumers are encouraged to provide feedback and are provided with information and mechanisms to do so.

Consumers said they are aware of advocacy services and complaint mechanisms. Staff provided examples of how they advocate on behalf of consumers and consumers are able to access contact details for external complaint agencies and interpreter services through the consumer handbook and brochures displayed.

Feedback records indicated feedback and complaints are actioned promptly, with representatives generally providing positive feedback about the action taken to address complaints and confirming an open disclosure process is practiced. Policies and procedures on complaint management and open disclosure are available to guide staff practice.

Management described systems for monitoring and reporting feedback to improve the quality of care and services, however, some representatives were not satisfied with actions taken to improve the telephone system and whilst some improvements had been made, rectification is ongoing. The plan for continuous improvement demonstrated complaints, feedback, and suggestions are documented and actions for improvement are planned in line with documented policy and procedures.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Rostering documentation supports the appropriate mix and number of staff being rostered each day, including a registered staff member allocated to each shift, which was corroborated by feedback received from representatives. Call bell reports are monitored each day, with delayed call bells discussed at daily staff meetings and staff were observed tending to call bells in a timely manner.

Consumers and representatives said consumers are treated with respect and kindness. Observations of staff practice were consistent with consumer interviews and demonstrated kindness and familiarity with consumer care needs and preferences.

Consumers and representatives said staff are competent and had the knowledge and skills to perform their roles. Management described processes for assessing staff competencies, including through review of feedback mechanisms. Position descriptions outline role requirements and personnel records evidenced staff have appropriate qualifications, knowledge, and experience to perform their duties.

Management described how recruitment and orientation processes ensure staff are capable to perform their roles. Staff described the training and education support they received on an ongoing basis to equip them with the knowledge they need. Documentation shows training is monitored with staff supported to ensure the completion of mandatory training.

Policies and procedures guide the evaluation of staff performance. Personnel documentation evidenced and staff confirmed, performance appraisals are scheduled and conducted each year. Management confirmed the face-to-face appraisal includes a self-assessment and review of staff performance in relation to values, training compliance and professional development.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Consumers and representatives, along with documentation confirmed consumers are engaged in the development, delivery and evaluation of care and service, including through meetings, surveys and care and service review processes.

Management and staff described the organisational structure and frameworks in place to ensure appropriate oversight and accountabilities. A range of reporting mechanisms ensured the governing body and sub-committees are aware and accountable for the delivery of care and services to ensure compliance against the Quality Standards.

Effective organisational governance systems including policies, procedures and monitoring tools ensure the management of information, continuous improvement, financials, workforce governance, regulatory compliance, feedback and complaints. Staff confirm 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 supports 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 are knowledgeable of risk management processes, including identification and mitigation strategies.

A clinical governance framework and training suite, guide staff including in the practices of antimicrobial stewardship, minimising restraint and use of open disclosure. Management described and staff demonstrate knowledge of their responsibilities. Information is reported to the organisation to ensure governing body oversight.

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)