Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Catholic Healthcare St Bede’s Home |
| Service address: | 2 Russell Lane SOUTH HURSTVILLE NSW 2221 |
| Commission ID: | 0087 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 15 March 2023 to 17 March 2023 |
| Performance report date: | 18 April 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 Bede’s Home (**the service**) has been prepared by A. Douglas, 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 conducted from 15 March 2023 to

17 March 2023. 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.

* Other information and intelligence held by the Commission in relation to this service.

# 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 assessed as Compliant as six of the six specific requirements were assessed as compliant.

Staff treated consumers with dignity and respect, and were aware of their identities and cultural backgrounds. Artworks and visual displays around the service celebrated the specific cultural diversity of consumers.

Consumers said staff respected their culture, values, and diversity, and supported them in practicing their beliefs. Care plans included specific cultural needs. The Assessment Team observed lifestyle calendars and consumers’ meeting minutes which provided information about cultural activities and events at the service.

Consumers were supported to make decisions about who is involved in their care and maintain personal relationships. Staff described how they enabled consumers to maintain relationships. Care plans specified consumer communication needs.

The Assessment Team reviewed consumers’ ‘dignity of risk’ assessments, which confirmed the service supported consumers to take risks and enabled them to live the best life they could. The organisation had documented policies on managing and supporting consumers to take risks.

Consumers were satisfied with information provided about activities, allied health services, meals, and other significant scheduled events. Staff provided information to consumers promptly, including to those with a cognitive impairment.

Most consumers advised their privacy was respected, and personal information was kept confidential. Management and staff demonstrated how they respected consumer privacy. Personal information was stored electronically with restricted access. The service had policies and procedures related to consumer privacy and confidentiality.

# 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 assessed as Compliant as five of the five specific requirements were assessed as compliant.

Management and clinical staff described the assessment and planning process with consumers. Care plans were individualised and contained relevant information and assessments for potential risks to consumers’ health and well-being. The service had relevant policies and procedures on risk.

Consumers discussed their care needs, goals and preferences, including advanced care planning and end of life care. Care plans identified consumers’ goals and preferences.

Clinical staff engaged consumers and their representatives in the assessment and planning process. Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals and allied services as required.

Care planning documents were readily available for staff delivering care. Care plans were updated when consumers’ circumstances changed, and consumers were notified of all changes to their care. Consumers confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request.

Care plans contained evidence of regular review every 4 months, or if there was a change in the consumer’s circumstances. Management and clinical staff described how and when consumer care plans were reviewed. Consumers and representatives said staff regularly discussed their care needs with them, and all changes were addressed in a timely manner.

# 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 assessed as Compliant as seven of the seven specific requirements were assessed as compliant.

The service demonstrated personal and clinical care provided to consumers was safe and effective, used best practices, was tailored to the consumer’s needs, and optimised the consumer’s health and well-being. The service had policies and procedures in place to support the delivery of care provided. Care requirements were communicated between stakeholders in line with best practice guidelines and the needs, goals and preferences of consumers.

Care plans described key risks for consumers and contained relevant risk documentation and risk mitigation strategies. Care plans noted high impact or high prevalence risks were effectively identified and managed by the service. Staff described the strategies in place to manage those risks.

Clinical staff explained the changes made when consumers transition into end of life care. Management and clinical staff explained how they adjusted their care to support the end of life process. The service had an end of life policy. Family members were involved in palliative care decisions. Consumer files indicated an advanced care directive was in place.

The service demonstrated timely responses for consumers who had experienced a health deterioration. The service had policies, procedures and clinical protocols to guide staff in the management of deterioration. Care plans and observations demonstrated that deterioration is recognised and responded to quickly.

Consumers and representatives believed staff worked together to meet consumer care needs and preferences. Clinical and care staff were kept informed about changing needs and preferences of consumers. Information about conditions, needs and preferences were documented and communicated with those responsible for providing care.

Consumers had access to a doctor or specialist when required. Care plans demonstrated timely referrals to medical officers, allied health services and other providers of care and services. Effective information exchange occurred between the care and clinical teams, and other services where care was shared.

Management, clinical and care staff applied infection control practices effectively. They minimised the need for antibiotics and ensured it was used appropriately. The Assessment Team reviewed policy and procedure documentation which guided staff practice.

# 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 assessed as Compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives were satisfied that services and supports provided met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers.

Consumers said the service provided support for daily living which promoted their emotional, spiritual and psychological wellbeing. Staff supported the religious, spiritual and psychological wellbeing of its consumers and demonstrated detailed knowledge of their preferences.

Consumers and representatives felt the service and staff assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Care plans reflected this feedback.

Consumers and representatives indicated that consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for care. The Assessment Team sighted updated progress notes and daily handover entries that supported effective and safe care for consumers.

Management and staff engaged external service providers when required. Consumers were referred to individuals, other organisations and providers of other care and services satisfactorily. The Assessment Team sighted the process followed for these referrals to occur.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Care plans included correct information regarding dietary requirements and preferences of consumers.

Staff had access to equipment that was safe, well maintained, and suitable for use. Consumers and representatives stated the equipment provided was safe, suitable for their needs, clean and well maintained.

# 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 assessed as Compliant, as three of the three specific requirements were assessed as compliant.

Consumers felt at home at the service and the environment was easy to move around in. The Assessment Team observed adequate space for consumers, with clear floor plans and signage to aid movement around the service.

Consumers and representatives stated the service was clean, well maintained and comfortable. Staff explained what they do when they identified a hazard or safety issue. The processes for cleaning, maintenance and laundry were explained by maintenance staff and management.

Clinical staff explained how shared equipment is cleaned and safe to use. The Assessment team reviewed maintenance registers and confirmed consumer equipment was cleaned regularly. Consumers indicated furniture and equipment were suitable, clean, well maintained and safe. Systems were regularly reviewed to monitor for issues and prevent malfunction, including the call bell system.

# 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 assessed as Compliant as four of the four specific requirements were assessed as compliant.

Consumers and representatives felt comfortable providing feedback and described multiple ways in which feedback could be provided. Staff were aware of the avenues available to consumers and representatives to provide feedback, and supported consumers to lodge complaints.

Consumers were supported to provide feedback and make complaints through their communication preferences. Advocacy and language service details were included in staff training, and in staff and consumer handbooks.

The service demonstrated appropriate action was taken in response to feedback and complaints, and an open disclosure process was followed. The Assessment Team reviewed complaints data which showed evidence of apologies, case conferencing, and outcomes to the satisfaction of representatives and consumers.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management demonstrated that feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers received safe and quality care and services to meet their needs. Management reported shift vacancies were adequately filled. Staff rosters and other documents demonstrated the service had sufficient staff to fill shifts to deliver safe quality care and services.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services, and responsive to their needs. Management, clinical and care staff addressed consumers by their preferred name, and used respectful language when assisting them.

Management ensured the workforce was competent and had the qualifications and knowledge to effectively perform their roles. Management described their process to ensure staff were registered and sufficiently skilled to meet consumer care needs.

Training records demonstrated staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. The workforce was equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management described the service’s performance assessment process. Staff records and documentation pertaining to staff performance further supported this process.

# 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 assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers said they assisted the organisation in the development, delivery and evaluation of care and services provided. Management and staff described the various ways the service involved consumers and their representatives in the development of service delivery.

Consumers said they felt safe received the care they needed. The organisation’s governance structure was made aware of the performance of all aspects of the service. The Board ensured systems and processes were in place to deliver the right care to consumers, in accordance with the Quality Standards.

The service demonstrated the organisation had robust organisation wide governance systems to provide guidance with information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management.

The service had a risk management system in place to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were identified, reported, escalated, and reviewed by management to identify trends and implement improvement measures.

The organisation’s clinical governance framework ensured the delivery of safe and effective clinical care, including antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. Staff demonstrated an understanding of clinical governance policies.

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)