Performance

Report

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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 Francis Aged Care (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# 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 | | Compliant |
| 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 respected and the service supported them to make informed choices about their care and services. Staff knew and respected consumers’ individual preferences, including preferences for rising and eating breakfast. Staff demonstrated knowledge of where to find information about individual’s needs and preferences for care and services.

Consumers confirmed the service valued their cultural background and staff supported consumers to meet their cultural preferences. The service respected consumers diverse cultures and adapted discussion around topics like advance care planning and end of life care to respect the consumer’s cultural sensitivities. All staff receive training on cultural awareness.

Consumers and representatives said the service supports consumers to make choice about their own care. Care planning documents identified the consumers’ individual choices and how the service supports consumers to make and maintain connections and relationships, including intimate relationships. Staff described how they support consumers to make choices for themselves which promoted independence.

Consumers and representatives said consumers were free to make choices and never felt judged by staff, who listened to what was important to consumers. Consumer files evidence each consumer had a dignity of risk assessment and risks were evaluated. Consumers stated when an activity involved risk, such as leaving the service independently, staff discussed the risk with them.

Consumers and representatives felt they received timely and accurate information to assist them in making decisions about their care, lifestyle activities and menu options. Care planning documentation confirmed barriers to communication such as impaired vision, hearing and cognition were identified and corresponding interventions were established. The service had a policies and procedures to assist culturally and linguistically diverse (CALD) consumers or those with special needs to ensure effective communication was maintained.

Consumers said staff respect their privacy, including staff knocking on the door and seeking permission prior to entering the consumers room. Consumer files were stored electronically, and staff could only access information with individual passwords, hardcopies of consumer related files were stored in secure offices.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation evidenced robust and inclusive processes in place for ongoing assessment and planning of care and services with consumers. Assessments were completed on entry to the service. Documentation identified assessment and planning including the consideration of risk and reflected the consumer’s current needs, goals and preferences.

Documentation demonstrated advance care planning and end of life planning were undertaken and these plans were noted in consumer files. Consumers provided feedback stating the service respected their preferences for personal care. Staff were able to describe consumers’ individual preferences which were consistent with care plans and consumer interviews.

Documentation reflected consumers, representative’s, medical officers, allied health practitioners and specialist services, including wound care services and dementia specialists, were consulted when changing needs were identified. Progress notes identified specialist directives were included in updated care plans and a copy was offered to consumers and representatives. Consumers stated the service communicated openly with them and they were aware of their care plan and if they wanted a copy they could obtain easily obtain one.

Care plans were observed to be reviewed 3 monthly or at critical points in care, including clinical or cognitive decline, an incident or hospitalisation. Consumer review schedules and reminders were built into the electronic care management system to ensure compliance with reviews and charting. Staff said the review process reflected consumers care needs, including continence, behaviour and pain. Consumers confirmed regular and incident related reviews of care had occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 stated consumers receive safe personal clinical care, which was right for them, was tailored to their individual needs, and access to medical and health professionals was available when required. Care plan summaries, service plans, progress notes, treatment regimes, medication charts, monitoring records with relevant correspondence and communications, reflected individualised care which was safe, effective and tailored to the specific needs and preferences of the consumer.

Care planning documentation described the key risks to consumers, including falls, behaviours, skin care, wound care, weight management, pain, and swallowing. Care planning documentation had dignity of risk and risk evaluations documented and were reviewed at least every six months. Consumers subject to restrictive practice had behaviour support plans and consents in place, and regular reviews were documented. Care plans for consumers at risk of falls included directives for care and referral to a physiotherapist for review. Staff were aware of how to report and document consumer incidents, and described how incidents were reviewed and how outcomes of any actions requiring follow up were initiated.

The service had policies in place to guide staff practice in palliative and end of life care. Advance care directives were discussed on admission to the service and during care plan reviews. Consideration was given to the sensitivity of the matter and the approach was adapted in respect of the consumers culture. Staff advised, during end of life care, the consumers spiritual needs and preferences were met and appropriate people were involved, and described how they supported the consumer and their family.

Care planning documents reflected the recognition of, and response to, deterioration or change to a consumer’s mental health, cognitive or physical function, capacity or condition in a timely manner. The service refers consumers to organisations and providers of specialist services, including specialist dementia services, medical specialists, speech therapy, podiatry and others. Changes and deterioration in a consumer’s condition were discussed at each shift handover. Discussion between staff in relation to a consumer’s deterioration were observed, the staff spoke in a collaborative manner, and a decision was made to send the consumer for further investigations. This decision was relayed to the Residential Manager and documented.

Progress notes reflected who was involved in the assessment and planning process including the consumer, representative, staff, and other health professionals when required. The electronic care planning system generated a comprehensive handover sheet and provided alerts about changes to consumers, such as identifying consumers who were a high risk for falls.

The service has a policy relating to antimicrobial stewardship and education had been delivered to staff. The service promotes appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics Staff were observed to be correctly wearing PPE and practicing good infection control techniques. Consumers advised their rooms were kept very clean and tidy.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives said the services and supports for daily living help consumers do the things they want. Staff and consumers provided examples of how staff knew what consumers wanted and how staff supported them to do those things safely and well, such as inviting consumers to activities and respecting their wish not to attend. Consumers were observed engaging in a variety of group and independent activities, interacting with each other, staff, family members and visitors

Consumers said the service helped them stay in touch with family or friends for comfort and emotional support, and the service encourages families and visitors to come to the service and privacy was respected. Care planning documents included strategies to support emotional, spiritual and psychological well-being, including engaging consumers in one-to-one conversation, supporting them to communicate with their families and encouraging consumers to attend activities of interest. Staff were observed sitting and talking to consumers and engaging with them about items of interest.

Staff expressed how activities were developed in consultation with consumers and could describe consumers specific preferences. Consumers spoke of their favoured activities and this was reflected in care planning documents. Staff were observed encouraging, assisting, and supporting consumers during activities and greeting visitors.

Consumers felt their needs and preferences were communicated within the organisation and to those who share responsibility for care. Staff described how changes in consumers’ care and services were communicated through verbal and documented handover processes, and how care plans were reviewed regularly in partnership with consumers and representatives.

Consumers confirmed they received referrals when appropriate. Care planning documents reflected how referrals were made to specialist services such as dementia support services for assessment and development of effective behaviour management strategies.

Consumers reported they were happy with the meals and beverages supplied by the service stating the meals were good and the service was responsive to feedback. Staff described how consumers had access to extra meals and snacks and how they would support them to access whatever they needed. The service seeks consumer input to meal preparation and food service delivery.

Consumers described how staff ensured equipment was safe and operational. Equipment to assist consumers with their independence and mobility such as wheelchairs and walkers was accessible, looked to be safe and clean, well maintained, and sufficient to meet consumer needs. Staff described the process for preventative and reactive maintenance of equipment and advised mobility equipment was serviced externally.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they were comfortable and safe, and felt a sense of belonging and independence at the service. The service environment was well lit, lettering on signage was large and handrails in the corridors supported consumers ease of movement. There were attractive indoor and outdoor areas with garden beds tended to by the consumers. Consumer rooms were observed to be personalised with their own furniture and decorations.

Consumers said their rooms were cleaned regularly and maintenance issues were dealt with quickly. Communal areas and outdoor spaces were observed to be tidy and free of hazards allowing consumers to mobilise with ease. Regular maintenance was completed according to a planned schedule, or in response to reports raised by staff or consumers. Staff described the actions they would take if a hazard or safety issue was identified.

Consumers said staff were very good at scheduling repairs when required. Staff described how they knew the equipment was safe and appropriate for the consumer, and what to do it anything required maintenance. The furniture in the communal areas and consumer’s rooms was comfortable and suitable for purpose. Mobility aids were observed to be in reach of consumers and were maintained and cleaned regularly.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were confident they could speak to staff or management and make complaints or provide feedback and felt safe and supported to do so. Consumers said the service was very responsive to any complaints made by consumers. Staff were able to describe the process they would follow if a consumer or representative raised a concern with them directly. Consumers believed the service were very approachable and responsive to their concerns, for example, based on staff and resident feedback on the ageing condition of the dining room chairs, the service has purchased new dining chairs and was replacing the vinyl flooring in the dining area.

Consumers and representatives said they were aware of other methods for raising complaints and were satisfied with how they can raise complaints at the service. Staff described processes for accessing advocates, external complaint services or interpreters for residents or their representatives if required. Consumers stated the complaints process was discussed at consumer meetings and there was also complaints forms and a complaints box where the forms could be lodged.

Consumers expressed how they had no current concerns or complaints but in the past when concerns were raised the matter was promptly addressed and resolved. The service had recently introduced a revised complaint management framework, the new process manages internal, external and anonymous complaints and open disclosure and apology were embedded into the framework.

The service demonstrated how feedback and complaints were used to improve care and services and provided examples such as improvements to the dining area, including replacing furniture and flooring, based on feedback from consumers and staff. When complaints were received, items were added to the continuous improvement program. Management advised recent complaints related to laundry services and improvements including the purchase individual laundry bags and the creation of a consumer laundry room had been made.

# Standard 7

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| Human resources | | Compliant |
| 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 staff were familiar to them, the care provided was very good and met the consumers preferences. Consumers and staff considered there were sufficient staff and planned or unplanned leave did not impact on care or services delivered. Call bell response reports indicated calls for assistance were responded to quickly.

Staff and consumer interactions were observed to be kind and respectful. Consumer feedback confirmed staff were very kind, caring and respectful of the consumers individuality. Consumers said staff were competent and felt confident in their abilities. Staff said each role had a position description, and these aligned with their competencies, skills and qualifications.

Consumers could not identify areas where they felt staff needed more training. Staff said they received comprehensive training to improve their skills and competencies. Staff had comprehensive knowledge of their roles and the systems, processes and procedures they were to follow to support them in their roles. Staff were able to describe how they were assessed to be competent and capable in their role, and what to do if they thought they needed extra training. Training registers indicated mandatory training had been completed by most staff.

The service had policies and procedures relating to staff appraisals and performance management. All new staff undertake a 6 month probationary period ending with a performance review. Each staff member has an annual performance appraisal which involves self-assessment and feedback from management. Staff appraisals explored opportunities for learning and strategies were implemented to support learning outcomes.

# Standard 8

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| Organisational governance | | Compliant |
| 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 were involved in the design, delivery and evaluation of their care and services through participation in collaborative care planning, case conferencing, consumer meetings and surveys and feedback informed lifestyle and food services. Consumers and representatives were consulted about projects conducted within the service and progress reports and evaluations were discussed and fed back to consumers. Minutes from consumer meetings recorded positive feedback on meals, activity program, new ‘residents’ laundry’ and men’s outdoor area projects.

The organisations governing body participates in driving changes at the organisation and service level in response to consumer feedback. Board members visit the service to speak to consumers and staff about their care and services and to ensure the Quality Standards were being met. Management were able to describe how the board communicates changes to legislation, policies and procedures to all staff.

The service demonstrated effective organisation-wide governance systems in relation to information management to securely store consumer and staff information, continuous improvement, regulatory compliance, feedback and complaints and financial governance. For example, management explained how the service accesses capital expenditure for equipment and improvements, and described initiatives the organisations had taken to improve the quality of life of the residents and the working environment for staff including the creation of a men’s shed, improvement to outdoor living areas and the purchase of equipment, such as hoists and lifting chairs used for consumer care.

Observations and staff feedback provided evidence of a risk management framework, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. Staff received training in risk and incident management procedures and demonstrated an understanding of how to apply these when providing care, focussing on minimising risks, where possible.

A documented clinical governance framework was in place and was understood by the services staff. The framework including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work such as pathological testing and communication with the medical officer prior to the administration of antibiotics.

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-2)