Performance

Report

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| Name of service: | Performance report date: |
| Catholic Healthcare St Francis Aged Care | 20 September 2023 |
| Commission ID: | Activity type: |
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| Catholic Healthcare Limited | 10 August 2022 to 12 August 2022 |

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 Kathryn Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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.

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 felt respected, their individual identity and diversity were valued, and they were living with dignity. Care planning documentation described each consumer’s background, cultural practices, identity, personal needs, and preferences. Staff also demonstrated a shared understanding of individual consumer’s cultural backgrounds, needs and preferences.

Consumers described how their care and services are delivered with the understanding of their needs and preferences while ensuring they feel respected, valued, and safe. The service has policies and procedures for respecting dignity and choice; personal care and clinical services; cultural safety, diversity, and inclusion.

Consumers said they were able to make decisions about their care and the way care and services are delivered. Consumers reported they are supported to maintain relationships of their choice and staff described strategies for supporting consumers to exercise choice and independence in care planning and on a day-to-day basis. Staff were observed to offer choices to consumers prior to providing care and services.

Consumers stated they are supported to take risks to enable them to live the best life they can. Care plans reviewed detailed the risks and discussions had with consumers regarding risks and appropriate strategies to mitigate risk as well as directives for staff to support the consumers in their risk taking, and consents, were in place. Staff were able to identify consumers who were taking risks and were able to describe the strategies implemented to manage the risk in line with care planning documentation.

The service was able to demonstrate, that consumers are provided with information that is current, accurate and timely and is communicated clearly, easy to understand and enables consumers to exercise choice. Staff were able to describe strategies for communicating information to consumers including those with diverse cognitive ability.

Consumers stated their privacy is respected, doors are closed when receiving care assistance, staff knock before entering consumers’ rooms and the service has policy and procedures to guide staff in the provision of privacy and confidentiality.

# 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

The service demonstrated effective assessment and planning occurs to inform and support the delivery of safe and effective care including consideration of risks. Staff were able to identify risks for consumers and described the interventions utilised to manage those risks in line with care planning documentation. The service has an ‘Assessment and Care Planning Policy and Procedure’ to guide staff practice.

Management and staff could describe how they approach end of life and advance care planning conversations with consumers during the admission process and at case conferences and as needs change. The service maintains a copy of the consumer’s Advanced Care Directive and end of life plans are available through the Electronic Care Management System for staff to access.

Consumers confirmed they are involved in assessment and planning, and the people important to them are involved in assessment and planning on an ongoing basis. Care planning documentation for consumers included progress notes and case conference documents evidenced involvement and input from the consumer and representative, medical officers, and allied health specialists in the consumers’ care assessment and planning.

Consumers and representatives said information is provided to them in a timely manner and confirmed they are offered a copy of their care plan. The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in the consumer’s care plan easily accessible to the consumers and representatives.

Consumer care documents are reviewed regularly with consumer and representative input. Changes are made based on consumers' needs, goals preferences, including consumer’s deterioration or condition, or if an incident has occurred. Staff and management confirmed care plans are reviewed every three months or when health or care needs change and described how incidents may generate a reassessment or review of consumer’s needs.

# 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 said they feel their personal and clinical care needs are met spoke positively about the care they receive within the service. Care planning documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management could describe consumers’ individual needs, and preferences.

The service has effective processes to manage high impact or high prevalence risks associated with the care of each consumer including falls, pressure injury, weight loss, and complex needs management. Documentation viewed by the Assessment Team demonstrated the service was effectively managing high impact and high prevalence risks.

Consumers care planning documentation reflect the identification of, and response to, deterioration or changes in the consumer’s condition. Staff explained the assessment process following changes to a consumer’s condition which includes after hours support from a medical officer. Clinical records indicate consumers are regularly monitored by registered staff with timely interventions and representatives are notified if necessary.

Care planning documentation contained comprehensive information to support effective and safe sharing of the consumer’s information in providing care. Consumers’ files reviewed identified staff notify the consumer’s medical officer and their representatives when the consumer experiences a change in condition, an incident occurs, is transferred to and from hospital, or there is a change in medication.

The service has implemented policies and procedures to guide staff related to, infection control management, management of outbreaks and antimicrobial stewardship. Staff confirmed they have received training in infection control and demonstrated an understanding of precautions to prevent and control infection and minimise the need for antibiotics

# 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

Most consumers sampled were satisfied services and supports for daily living met their needs, goals, and preferences. Consumers described how they were able to optimise their independence to support their health, well-being, and quality of life. Care planning documentation identified the individual services and supports consumers needed to do the things they want to do. Staff demonstrated knowledge of consumers’ needs and preferences in line with care planning documentation. The Assessment Team reviewed activities programs and minutes from residents' meetings that showed consumers have input into the leisure and lifestyle program.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being including being engaged in activities that are satisfying to them. Care staff and pastoral carers provided examples of supporting consumers in their emotional and psychological well-being.

Consumers felt supported to participate in activities within the service and outside the service as they choose. The service supported consumers to maintain social and personal connections important to them, including supporting consumers to use electronic devices to connect with family during COVID-19 lockdowns. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumer’s care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers and staff provided examples of referral to external providers of care and services, such as external service providers including Hearing Australia, podiatrists, and dietitians.

Consumers said the service provides meals of adequate and of suitable quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided.

Staff said they had easy access to equipment which is regularly maintained and described processes for reporting faults and issues. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-maintained.

# 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 sampled said they could make their way easily around the service, they felt comfortable and at home in the service. Staff described aspects of the environment to assist consumers such as directional signage and consumer’s names clearly displayed at each door. The service environment includes a mix of small comfortable sitting rooms and larger community rooms with access to books, activities, games, and audio-visual equipment. Outdoor areas are attractive, well maintained, and easy to move around.

Consumers said the service environment was clean and comfortable. Cleaning staff described and demonstrated schedules to ensure efficient and thorough cleaning of private rooms and communal areas. Maintenance staff demonstrated preventative maintenance schedules and processes for reactionary maintenance. The service environment was observed to be safe, clean, and well maintained.

Furniture, fittings, and equipment are maintained to ensure safety and cleanliness and consumers have access to furniture and equipment that suits their needs. Staff said they had access to safe and well-maintained equipment to support consumer needs, they described procedures for reporting maintenance issues in line with service policy. Maintenance, cleaning, laundry, and hospitality staff demonstrated both preventative and reactive maintenance logs for their respective areas.

**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

The service demonstrated consumers and representatives, staff and others are encouraged and supported to provide feedback and make complaints. Staff described the various channels available to consumers to provide feedback and make complaints. Consumers said they feel safe and comfortable raising concerns with staff and management.

Consumers and representatives are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Consumers could describe the different avenues of raising a complaint and the availability of external resources. Staff demonstrated an understanding of the complaints management system and could describe how they respond to consumer and representative feedback, including the escalation of concerns to registered staff and management.

The service demonstrated appropriate and timely action is taken in response to complaints, and an open disclosure process is used when things go wrong. Staff demonstrated an understanding of open disclosure in practice including the complaints management process.

Consumers and representatives advised they are happy with actions completed to improve the quality of the care and services. Management described how trends in complaints are analysed monthly by the quality team and discussed at staff meetings, resident meetings, and monthly managers meeting. Management described and demonstrated how complaints and feedback feed into the plan for continuous improvement.

**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 felt they received quality care and services when they needed them and from staff who were knowledgeable, capable, and caring. Consumers and representatives said there were sufficient staff available and the right mix of staff to provide individual care and services.

Staff advised they had time to complete their daily care and service tasks for consumers and were able to complete these tasks to a high standard. Staff rosters, unplanned leave and allocation sheets from the previous fortnight showed the service ensured adequate staff were available.

Consumers said staff were kind, caring and respectful, which was supported by observations made by the The Assessment Team. Consumers and their representatives felt confident staff were skilled and qualified to meet their care needs and to provide safe and effective services.

Staff confirmed they are confident training provided has ensured they have the knowledge to carry out care and services for consumers. Staff reported that they undergo annual mandatory training and have access to additional training modules to complete which is provided electronically and in-person.

The service monitors staff and conducted regular assessments and reviews of their performance.

**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 and representatives advised they felt the service is well run. Consumers and representatives confirmed they were supported to engage in the delivery and evaluation of care.

Staff described the various ways consumers participated in the development, delivery, and evaluation of services, including monthly consumer meetings, feedback, consumer satisfaction surveys and directly with staff.

The service’s processes supported consumers to engage in the development, delivery and evaluation of care and services.

The service’s processes, policies and procedures promoted a culture of safe, inclusive, and quality care and services. Management and staff described processes and mechanisms in place for effective organisation wide governance systems for information management, continuous improvement, compliance and regulation, complaints management and open disclosure.

The service was able to demonstrate that effective risk management systems and practices are in place to identify and manage risks to the safety and wellbeing of consumers. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way and could demonstrate a sound understanding of these policies.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to discourage unnecessary use 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)