Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare St James Villa |
| Service address: | 60 Lawson Street MATRAVILLE NSW 2036 |
| Commission ID: | 0111 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 June 2023 to 19 June 2023 |
| Performance report date: | 10 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 James Villa (**the service**) has been prepared by M.Wyborn, 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 Assessment Contact - Site; the Assessment Contact - Site 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 18 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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 2

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

Findings

Since the last site audit in October 2022, the service has undertaken a range of improvement activities to advance consumer assessment and planning systems and process, including staff education, increased consumer monitoring and undertaking relevant internal audits. In response to the assessment contact undertaken on 16 to 19 June 2023, the Assessment Team reported that routine consultation with consumers is occurring and that consumer care plans are reviewed quarterly.

The Assessment Team reported however, that root cause analysis was not evident following incidents reviewed by the Assessment Team thus limiting appropriate assessment and planning to prevent future incidents. Further, the Assessment Team reported that consumer assessment and planning is not always reflective of each consumers’ current care needs, including end-of-life planning.

In their response to the Assessment Contact Report, the Approved Provider supplied evidence that they have taken immediate and proportionate action to address each individual consumer issue raised by the Assessment Team. The Approved Provider supplied evidence of their suite of policies related to this Requirement, including their Resident Information Management Policy, Clinical Care Policy, Procedure for Clinical Risk Management, Procedure for Pain Assessment & Care Plan, Procedure for Assessment and Care Planning, Falls Prevention and Management Policy, Palliative and End of Life Care Policy, and their Advocacy, Consultation and Resident’s Right to Make Informed Choices Policy. The Approved Provider also demonstrated recent records related to delivery of education and training to staff on the Aged Care Standards, Incident Management and Serious Incident Response Scheme (SIRS), Pain Management, Palliative Care, and Management of a Deteriorating Resident. Other up to date training records were provided not directly related to this Requirement, however demonstrating focus on continuous improvement.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to ongoing assessment and planning with consumers and with these considerations, I find the service compliant in Requirement 2(3)(b).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(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 |

Findings

In response to the assessment contact undertaken on 16 to 19 June 2023, the Assessment Team reported that the service does not routinely implement directives from medical and allied health professionals in a timely manner. Further, the Assessment Team reported that consumer wound care, pain monitoring, falls prevention and management of cytotoxic medication processes are not always best practice.

In their response to the Assessment Contact Report, the Approved Provider referenced their suite of policies and procedures used to support staff and management to ensure effective personal and clinical care for consumers. These include, Clinical Risk Management Policy, Skin Integrity and Wound Management Policy, Pain Management Policy, Pain Assessment and Care Plan Procedure, Clinical Risk Management Procedure, High Impact High Prevalence Risk Policy, Falls Prevention and Management Policy, and their Recognition and Management of Clinical Deterioration Policy. The Approved Provider also provided evidence to support recent staff education and training around supporting and responding to behaviours of concern, management of consumer deterioration, and consumer pain management.

The Approved Provider also highlighted appropriate action in response to the consumers mentioned in the Assessment Contact Report. The Approved Provider evidenced that proportionate action was undertaken to address development opportunities for staff in relation to consumer personal and clinical care. In addition, by evidencing consumer progress notes and consumer care plans, the service demonstrated that care is tailored to individual consumer needs and that the service maintains a focus on care that effectively optimises consumer health and well-being. In relation to best practice, the service has implemented toolbox talks to ensure that staff adhere to the service’s policies in relation to cytotoxic medications, and the Approved Provider evidenced appropriate documentation to evidence best practice Palliative care provided at the service.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to consumers receiving safe and effective personal and clinical care, and with these considerations, I find the service compliant in Requirement 3(3)(a).

The service demonstrated appropriate care for consumers nearing end of life. Consumer comfort and dignity is maintained, appropriate care is provided, and relevant consultation with the palliative care team and with relevant medical professionals is maintained. With these considerations, the service maintains compliance in Requirement 3(3)(c).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)