Performance

Report

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| Name of service: | Catholic Healthcare St John's Villa |
| Service address: | 222 Kings Road NEW LAMBTON NSW 2305 |
| Commission ID: | 0204 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 June 2023 |
| Performance report date: | 14 July 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 John's Villa (**the service**) has been prepared by P. Sherin, 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 05 July 2023 acknowledging the assessment team’s findings.
* the site audit report for the site audit conducted 05 to 07 July 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 1

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| 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)(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 |

Findings

The service has taken action to remediate deficits leading to non-compliance in the below Requirements as identified under the Site audit conducted 05 – 07 July 2022.

*Requirement 1(3)(a)*

Consumers and representatives said staff treat consumers with dignity and respect and provided examples of how the service supports their diverse cultural background and identity. Staff were observed treating consumers with dignity and respect and demonstrated knowledge of individual consumers’ life story, background, and preferences. Care planning documentation reflected information on each consumer’s history and outlined what they required to help maintain their identity. The service celebrates various days of cultural significance of importance to individual consumers as part of the lifestyle calendar. The organisation has policies which outline consumers’ right to respect and dignity.

The service was found to be non-compliant in the previous Site audit due to being unable to demonstrate each consumer is treated with dignity and respect by staff and their identity, culture and diversity is valued. The service has implemented the following improvement actions to remediate these deficits:

* Appointment of a new staff member to the role of Lifestyle coordinator.
* The service is actively engaging consumers belonging to a diverse cultural background to help them celebrate their heritage and promote their culture. Interviews with consumers confirmed this occurs.
* Staff have undertaken training on dignity, respect, and person-centred care. Review of training documentation confirmed this has occurred.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

*Requirement 1(3)(e)*

Consumers and representatives said information is provided in a timely, clearly communicated, and easy to understand way that enables consumers to exercise choice. A range of information including menus, newsletters, activity schedules, and signs on upcoming events were observed available to consumers around the service. Staff were observed providing consumers with information and offering them choices regarding meals and activities.

The service was found to be non-compliant in the previous Site audit due to being unable to demonstrate information provided to each consumer is current, accurate and timely enabling them to exercise choice. The service has implemented the following improvement actions to remediate these deficits:

* A list outlining the service’s activities schedule is now provided to each consumer.
* A bi-monthly newsletter is provided to consumers and representatives to notify them of upcoming events and activities that have been attended by consumers.
* Consumers are provided a personal menu outlining the choices available for meals. Large menu boards displaying the daily options available for each meal are also displayed within each dining area.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The service has infection prevention and control policies and an outbreak management plan in place to guide staff practice. Review of training records identified staff receive training in infection prevention and control including on donning and doffing of personal protective equipment and hand hygiene. The service has appointed an infection prevention and control lead who described the functions of their role. Clinical staff demonstrated knowledge of antimicrobial stewardship. Consumers commented positively regarding the service’s recent management of a COVID-19 outbreak at the service.

The assessment team observed staff adhering to infection control protocol; hand sanitiser and handwashing facilities available throughout the facility; and the screening of all visitors on entry to the service including the completion of rapid antigen testing.

The service was found to be non-compliant in the previous Site audit due to deficiencies in the service’s visitor screening processes and staff adherence to personal protective equipment protocol. The service has implemented the following improvement actions to remediate these deficits:

* Ensuring all rapid antigen tests and visitor sign-in processes are reviewed by the receptionist or registered nurse on duty. Afterhours access to the service is now required via an intercom device.
* Ensuring 100% completion of personal protective equipment and handwashing competency assessment for all staff.
* Assigning a staff member on each shift to conduct spot checks and monitor personal protective equipment compliance.

Based on the information recorded above, it is now my decision this Requirement is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers and representatives provided examples of how consumers are supported to engage in activities of interest to them such as attending bus trips, listening to music, going on external outings, and gardening within the service. Consumers said they are supported to pursue their personal interests within and outside the service and to maintain relationships to people important to them. Staff demonstrated knowledge of individual consumers’ preferences and the support they require to engage in activities of interest to them. Care planning documentation identified information to guide staff practice in supporting consumers’ leisure and lifestyle choices.

The service was found to be non-compliant in the previous Site audit due to the service no longer having a bus, activities having been reduced or changed without consumer consultation, and activities not being tailored to the individual needs and interests of consumers. The service has implemented the following improvement actions to remediate these deficits:

* Consumers have access to the bus regularly to engage with the community including a visit to the local children’s day care centre at the time of the Site visit.
* An intergenerational program has been created with a local children’s day care with consumers receiving visits from young pupils and visiting them in return at the day-care.
* Creation of spaces within the service to enable consumers to socialise. Comfortable seating areas have been designed, including a new bar for happy hour and a large screen television with large print subtitles for consumers with vision impairment.

Based on the information recorded above and the positive feedback received from consumers and representatives, it is now my decision this Requirement is compliant.

# Standard 7

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| Human resources | |  |
| 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

The service has taken action to remediate deficits leading to non-compliance in the below Requirements as identified under the Site audit conducted 05 – 07 July 2022.

*Requirement 7(3)(d)*

The service demonstrated mandatory training is completed by all staff via the service’s online training system. Staff have access to toolbox talks and face to face training delivered by internal and external providers. The service utilises staff surveys, incident reports, internal audits, and performance reviews to identify staff training needs.

Management advised a training schedule has been developed in consultation with the service’s newly appointed Quality educator. Initial face to face training and education sessions had been held on topics including infection control, cultural diversity, behaviour management and dementia care. Management reported mandatory training compliance is at 96% for the year to date.

Staff confirmed they receive email reminders when mandatory training is due and the expected timeframes for completion. Staff advised they have received recent face to face training by the organisation’s Quality educator on various topics.

The service was found to be non-compliant in the previous Site audit due to the service being unable to demonstrate staff are trained to deliver safe and quality care. The service has implemented the following improvement actions to remediate these deficits:

* Recruitment of a Quality educator role.
* Mandatory training calendar established and displayed at the service. Staff notified of training workshops scheduled.
* Mandatory training included under the staff meeting agenda.
* A mandatory training completion report prepared on a weekly basis to assist with the service’s ongoing monitoring of training completion rates.

Based on the information recorded above, it is now my decision this Requirement is compliant.

*Requirement 7(3)(e)*

The service demonstrated a performance development plan is in place to ensure the regular review of staff performance. Management advised the service’s process for scheduling performance reviews includes providing a copy of the performance appraisal document to the staff member for completion, and a meeting scheduled with the Care Manager or Service manager to discuss performance and identify areas for improvement and further training needs. Monthly reports generated from the performance tracker inform management of the progress and identify any outstanding staff reviews.

Staff confirmed they had either undertaken a performance review within the last year or were due for one and were aware they would be sent a copy of the performance appraisal document for completion. Review of completed appraisals identified information regarding goals for the next year and any training requests.

The service was found to be non-compliant in the previous Site audit due to the service being unable to demonstrate regular review of staff performance and processes in place to monitor and ensure these are completed. The service has implemented the following improvement actions to remediate these deficits:

* Management have developed a performance appraisal schedule for all staff for 2023.
* Performance appraisals are scheduled for staff in accordance with the service’s appraisal process.

Based on the information recorded above, it is now my decision this Requirement is compliant.

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)