Performance

Report

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| Name of service: | Catholic Healthcare St Joseph Aged Care |
| Service address: | 41 Gladesville Road HUNTERS HILL NSW 2110 |
| Commission ID: | 0086 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 5 October 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 Joseph Aged Care (**the service**) has been prepared by E Woodley 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; 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.
* the provider’s response to the assessment team’s report received 27 September 2022.

# 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 | |  |
| 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 Compliant as six of the six Requirements have been assessed as Compliant.

The service demonstrated that each consumer is treated with dignity and respect, with their identity culture and diversity valued. Care plans reviewed by the Assessment Team reflected the diversity of consumers, including information about their cultural and religious beliefs and preferences. Staff were observed interacting with consumers respectfully, were familiar with consumer’s backgrounds, and were able to describe how the consumer’s culture influenced how they deliver care and services in a culturally safe way.

Consumers interviewed by the Assessment Team said they have a say in the care and support that is provided to them. Consumer care documentation reviewed included the key decisions that consumers have made about their care and services, including decisions about when family, friends, carers or others should be involved in their care.

The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. For the consumers sampled, care planning documentation described areas in which they are supported to take risks in accordance with their preferences. Dignity of risk forms are completed to document consumer’s preferences and risk-taking activities with consent given.

Consumers interviewed by the Assessment Team said they receive information that enables them to exercise choice via newsletters, resident meetings, lifestyle meetings, food forums meetings, information on noticeboards, and in person. Staff interviewed were able to describe the different ways in which information is provided to consumers, including consumers with a cognitive impairment. The service provided evidence of choices being offered to consumers including catering, lifestyle services and recreational activities.

Consumers interviewed said staff respect their personal privacy including when they are attending to their personal care, and the service protects the privacy and confidentiality of their information. Staff demonstrated a sound understanding of how to respect consumer’s privacy and ensure personal information is kept confidential. Staff interactions observed by the Assessment Team demonstrated respect for consumer privacy and confidentiality.

# Standard 2

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| 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 Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated assessment and planning that considered risks to consumer’s health and well-being such as falls, skin integrity, pressure injuries, co-morbidities, and previous history to facilitate safe and effective care delivery. Care documents reviewed by the Assessment Team demonstrated that assessment and planning reflect consumer’s goals, needs and preferences, and includes input from consumers, representatives and other care providers. Care plan review and updating occurs regularly, and end of life and advanced care planning discussions commence on admission to the service. The service has systems and processes in place to review consumer care and services on a scheduled basis, and when changes occur. Sampled consumer care documents demonstrated care is reviewed regularly, and in response to changes such as decline in mobility, unplanned weight loss, and illness. Prompts within the electronic record system alert staff to upcoming or overdue interventions, reviews and assessments.

Consumers and representatives interviewed by the Assessment Team confirmed they are involved in care planning on entry to the service and on an ongoing basis. Consumers and representatives confirmed they are offered a copy of the consumer’s care plan and are included in care conferences and reviews.

# 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)(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 Compliant as seven of the seven Requirements have been assessed as Compliant.

The service demonstrated that consumers receive personal and clinical care that is safe, effective, tailored to their needs and optimises their health and well-being. The service demonstrated best practice assessment, monitoring and use of restrictive practices, in line with the organisation’s policy. Behaviour support plans for consumers, where required, are documented and regularly reviewed for effectiveness. The service demonstrated effective pain management and maintenance of skin integrity for sampled consumers. The service demonstrated the effective management of high impact and high prevalence risks including unplanned weight loss, falls, wounds, vision impairment, continence and medication management.

During the Site Audit, no consumers were receiving end of life care or had recently passed away at the service. However, the Assessment Team reviewed evidence of discussion and documentation of end of life needs, goals and wishes for consumers. The service demonstrated effective palliative and end of life care processes including involvement from external services when required. The service demonstrated consumers who experience a deterioration or change in their condition have their needs recognised and responded to in a timely manner. For one sampled consumer, a change in their mobility and function was recognised and rehabilitation identified to manage this change.

Consumers and representatives interviewed by the Assessment Team said that consumer’s care and preferences are effectively communicated between staff and other health providers in a timely way, and they receive the care and services they need. Consumer care documentation reviewed had sufficient information to support information sharing and ensure effective care and services. Consumer care documentation showed evidence of referral to, and input by, allied health professionals such as occupational therapist, physiotherapist, dietitian, podiatrist, specialist services including mental health services, and medical officers.

The service demonstrated processes in place to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing antibiotic resistance. Staff interviewed demonstrated an understanding of how they minimise the spread of infection and the need for antibiotics to ensure they are used appropriately.

# Standard 4

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| 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 Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team were satisfied they receive safe and effective services for daily living that enhance their independence, well-being and quality of life. Consumers provided positive feedback about the laundry services, resident meetings, the activities provided at the service, and being supported to participate in their community within and outside the service environment. All consumers interviewed said they feel well supported by the service to observe their scared, cultural and religious practices. Consumers were satisfied the services and supports promote their spiritual, emotional and psychological wellbeing.

Care planning documentation reflected a lifestyle profile which includes individual preferences, past and current interests, social, cultural and spiritual needs and traditions that are important to the consumer. Consumers interviewed were satisfied their condition, needs and preferences for services and supports for daily living are effectively communicated within the service and with other providers of care and services. The service has made links with organisations and other providers of services to connect consumers with supports for daily living in the wider community to meet their needs and preferences.

Consumers interviewed provided positive feedback about the food and meal service. The service provides opportunities for consumers to give feedback about the food, and the feedback is used to adjust the meals to reflect consumer’s needs and preferences. Care planning documentation is consistent with consumer preferences and dietary needs.

Consumers confirmed that they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Equipment used for activities of daily living were observed by the Assessment Team to be safe, suitable, clean and well-maintained.

# Standard 5

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| 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 Compliant as three of the three Requirements have been assessed as Compliant.

The service environment was observed by the Assessment Team to be welcoming and comfortable. The common areas and consumers rooms were observed to be safe, clean, clutter-free, and well maintained. Bedrooms have individual ensuites, are spacious and furnished with consumer’s personal belongings. The building has an easy to navigate design with signage to support consumer’s understanding and function. Consumers interviewed confirmed that the environment is safe, clean and well maintained. They said there is adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. There are artworks, furniture and other furnishings throughout the service providing a home-like environment.

The service promotes consumer’s independence to move freely within the service. However, while consumers were able to freely access the front garden areas of the service, they required staff to open the locked doors to come back inside.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers interviewed were satisfied with the furniture, fittings and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

# Standard 6

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| 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 Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they feel encouraged and supported to provide feedback and make complaints. Consumers and representatives said they are aware of how to access advocacy services and feel comfortable in doing so. Consumers and representatives said that action is taken in response to complaints and feedback raised, and this is used to improve the quality of care and services. This included feedback raised through resident meetings.

Management and staff could describe the process and provide examples of how they support consumers to provide feedback, and provided examples of how they record, monitor and escalate complaints and feedback from consumers and representatives. Management provided numerous examples of how consumer feedback has initiated continuous improvements at the service including rostering, meals and gardening. Management and staff demonstrated an understanding of the open disclosure process at the service.

# Standard 7

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| 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 Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team provided mixed feedback about staffing numbers, however said that staff usually respond to call bells quickly. Management provided examples of how they have improved staff numbers in response to this feedback, call bell times, and consumer acuity. Overall, the service demonstrated that they have sufficient number and mix of staff to deliver quality care and services.

All consumers and representatives said staff are kind, caring and gentle when delivering care, and this was confirmed by observations made by the Assessment Team during the Site Audit. All consumers and representatives said that staff are competent in their role, and said they know what they are doing.

Management provided evidence of how they ensure staff are competent in their role including completion of mandatory training and competencies. Position descriptions included key competencies and qualifications. Staff and management said the service’s education calendar is responsive to risk and feedback. Education and training are offered face to face and through online learning modules, and records showed the majority of staff have completed the required training.

Most staff interviewed said they have completed a performance appraisal in the past year. Management demonstrated how they monitor and review staff performance through observations and annual performance appraisals.

# Standard 8

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| 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 Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services through meetings, directly to Board members during visits, and through the commencement of an advisory group. The service demonstrated the Board promotes a culture of safe, inclusive, quality care. Oversight and accountability of the Board is achieved through regular reporting and several sub committees. Information reported through the sub committees includes benchmarked data such as falls, infections, wounds, serious incidents, compliments and complaints. The Board regularly visits the organisation’s residential services to meet with consumers and the general public.

The service has implemented effective organisation wide governance systems. Most information systems are reliable and contain accurate and complete information. The service has a documented and up to date continuous improvement plan, and the organisation has effective financial governance systems to support the needs of consumers. The service is informed of regulatory changes through the organisation’s legal counsel and membership to industry associations. Information is passed down through sub committees and management, where discussion is held about the potential impact of reforms, and changes are made to relevant policy and procedure.

The service demonstrated effective clinical governance including in relation to antimicrobial stewardship, restrictive practices and open disclosure.

The service was able to provide appropriate policies and procedures to manage high impact and high prevalence risk, support consumers to live their best life and identify and respond to abuse or neglect. The service had implemented a new clinical risk register, however the Assessment Team found this did not accurately reflect all high impact and high prevalence risks for consumers.

The approved provider’s response includes clarifying information about the new clinical risk register. This includes that some risks were not identified as the register had only recently been implemented, and some incidents fell outside the current reporting period reviewed by the Assessment Team.

The Assessment Team found the service’s procedures relating to incident management were not followed on all incidents reviewed. The Assessment Team found that incidents were not consistently recorded on the electronic incident management system, and incidents of consumer behaviours requiring support were not consistently recorded in behaviour charts or progress notes.

The approved provider’s response included clarifying information about the organisation’s incident management and reporting processes. The approved provider’s response includes additional evidence of action taken in response to incidents reviewed during the Site Audit. Additionally, since the Site Audit, a new incident reporting system has been implemented for workplace safety incidents, with supporting education and training for staff on incident reporting, escalation and management.

While there were some inconsistencies identified by the Assessment Team in the documentation of information regarding incidents, overall, the organisation demonstrated the incident management system implemented at the service is effective in managing and preventing incidents. The service’s risk management systems relating to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life are effective.

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)