Performance

Report

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| Name of service: | Performance report date: |
| Catholic Healthcare St Joseph’s Aged Care | 13 October 2022 |
| Commission ID: | Activity type: |
| 0261 | Site audit |
| Approved provider: | Activity date: |
| Catholic Healthcare Limited | 27 September 2022 to 29 September 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’s Aged Care (the **service**) has been considered by Alice Redden, 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.
* the provider’s response to the Assessment Team’s report received 7 October 2022.
* other information and intelligence held by the Commission in relation to this 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.

# 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

Consumers reflected the service supported them to make informed choices to live the life of their choosing. Consumers said they were treated with dignity and respect, with their identity, culture and diversity valued. Staff described how they treated consumers with dignity and respect, and delivered care and services in a culturally safe manner, in line with information contained in care planning documentation. Staff were observed to provide care and services, with respect to the cultural background of each consumer.

Consumers said they made decisions about their own care and services, including who should be involved, and how it should be delivered. Staff explained how they supported consumers to exercise independence and to communicate their decisions, for example, asking consumers what their food and clothing preferences were. Consumers said they were supported to make connections with others, and maintain relationships of choice.

Consumers said they were supported to ask questions about their care, when making decisions that involved balancing risk and their quality of life. Care planning documentation evidenced consumers were supported to undertake activities associated with risk through assessments and strategies, informed by input from the consumer, medical practitioner, and others involved in care and services.

Consumers said information was communicated to them in a clear, easy to understand manner which helped them make decisions. Informational material, such as documents, posters, calendars and noticeboards were observed throughout the service environment to communicate any relevant changes, and to enable consumers to make informed choices.

Consumers said, and observations confirmed consumers privacy was respected, and personal information was kept confidential. Staff explained how they respected consumers privacy, and maintained the confidentiality of consumers personal information, such as asking for permission to undertake care, and conducting shift handover in private areas.

# 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

Consumers confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care planning documentation confirmed risks to consumers’ health and well-being was considered using evidence based assessment tools and consultation from a multidisciplinary team of practitioners, and service providers to inform the delivery of safe and effective care and services.

Consumers said, and care plans confirmed consumers’ needs, goals and preferences were identified and addressed. Staff explained advance care directives and end of life wishes were discussed upon admission to the service, and as needs changed.

Care plans confirmed ongoing consumer involvement in the assessment and planning of care and services, and inclusion of other organisations, individuals, and providers of other care and services.

Consumers and representatives said the clinical team talked to them about their care plan, and clearly communicated the outcomes of assessment and planning. Care plans evidenced outcomes of assessment and planning were communicated to consumers in a timely and appropriate manner, indicative of effective communication. Management confirmed consumers and representatives were offered a copy of the consumer’s care plan, in accordance with the consumer’s preference.

Consumers said when something goes wrong, or when things change, staff openly communicated with them. Consumers explained staff sought their input in the review of care plans, to ensure care and services were best meeting their current needs, goals, and preferences. Care plans confirmed care and services were reviewed for effectiveness when circumstances changed for consumers, or when improvements were required.

# 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

Consumers said they received personal and clinical care which was safe and right for their needs. Staff explained how they delivered clinical and personal care in a way that was tailored to needs, to optimise health and well-being, which aligned with consumer feedback and care planning documentation. Staff were supported to provide best practice care through training, policies and procedures.

Staff explained and documentation confirmed high impact or high prevalence risks were managed in accordance with the services policies through: assessments, charting and planning tools, referrals, and evaluation of clinical data trends. Staff were able to identify high prevalent risks at the service, such as restraint and choking risks. Staff explained strategies in place to minimise risk, which indicated the service’s risk management system was effectively implemented and understood by staff at the service delivery level.

Consumers and representatives reflected if there were any changes to the consumer’s condition, staff knew what the consumer’s advance care and end of life wishes were, and what to do. Care plans demonstrated changes to consumers’ conditions were recognised and addressed, to ensure consumers received comfortable and dignified care.

Consumers said staff were familiar with them, and would identify changes to their condition, or would listen and act upon any concerns. Care planning documentation demonstrated deterioration or change was identified and responded to in a timely and appropriate manner, in line with the service’s policies, procedures, and clinical protocols.

Consumers reflected care and services were delivered in accordance with their needs and preferences, indicative of information being clearly documented and communicated within the organisation, and with others responsible for care. Staff said, and care planning documentation confirmed information about consumers’ needs or conditions was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and other notifications.

Care plans confirmed referrals were completed in a timely and appropriate manner in line with the service’s clinical protocols, for various services and supports such as podiatry, dietetics, speech pathology and physiotherapy.

The service demonstrated infection related risks were minimised through policies, procedures, clinical reporting, and staff training as evidenced through observations, care planning documentation, consumer and staff feedback.

# 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

Consumers said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Care plans detailed strategies and supports to deliver safe and effective lifestyle services and supports, to optimise consumers independence, health, well-being, and quality of life. Staff could explain what was important to consumers and what they liked to do, which aligned with information in consumers’ care plans.

Consumers reflected their emotional, spiritual, and psychological well-being needs were supported by the service. Care planning documentation included relevant information to guide staff in meeting consumers’ diverse needs. Staff said if they identified a consumer experiencing low mood, they would take the time to sit and talk with the consumer, and offer support to contact family, or notify clinical staff as relevant.

Consumers reflected they were supported to make and maintain social and personal relationships within and outside the service environment, and do things of interest to them. Care planning documentation and staff feedback confirmed consumers were supported to participate in activities within and outside the service environment.

Staff explained how they shared information about consumers’ needs and preferences within and outside the service, including progress notes, shift handover meetings, and other notifications.

Care planning documentation demonstrated timely and appropriate referrals to other organisations and providers of care, to supplement the lifestyle activities and services available at the service.

Consumers said meals were of a varied and suitable quality and quantity, and were able to provide feedback about concerns and preferences. Hospitality staff confirmed they had access to consumers dietary information to ensure meals were provided in line with consumers requirements.

# 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

Consumers and representatives said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. Staff said, and observations confirmed consumers independence and interaction within the service environment. Consumers rooms were observed to be personalised to support consumers sense of belonging. Consumers were observed to freely move around the service environment, indoors and outdoors, using various mobility assistive equipment with ease.

The service environment was observed to be safe, clean, well maintained and comfortable, which aligned with consumer feedback. Documentation confirmed preventative maintenance and faults were resolved in a timely manner, in line with the service schedule. Staff confirmed they had access to safe and well-maintained equipment to support consumers’ needs. Furniture, fittings, and equipment were observed to be clean and in good condition.

# 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

Consumers and representatives said they were supported to provide feedback and complaints, and were engaged in processes to ensure appropriate action was taken. Staff explained how they supported consumers to provide and address feedback and complaints. Meeting minutes confirmed consumers were supported to provide feedback and complaints.

Information about complaints and feedback processes, external advocacy and language services, was observed throughout the service environment support the diverse needs of consumers. The service’s policies, procedures, and other materials provided guidance for consumers, representatives, and staff to refer to feedback and complaints resolution processes.

Staff demonstrated knowledge of the open disclosure process and how to apply it when resolving complaints or feedback, as confirmed by the service’s complaints and feedback documentation. Consumers said they were satisfied by the actions taken by management to address feedback and complaints in an effective, and timely manner.

Management was able to identify the primary area of complaints within the service, and explained actions undertaken to improve the quality of care and services, as evidenced from meeting minutes, consumer feedback, and continious improvement documentation.

# 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

Consumers confirmed they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Consumers said, and call bell reports and rosters confirmed, care and services were provided in a timely and efficient manner in line with the service’s policy, indicative of the workforce being appropriately staffed and managed.

Consumers said they were treated in a kind and caring manner, with respect to their identity, culture, and diversity. Staff explained how they provided care with respect to culture and diversity, which aligned with information in care planning documentation and observations.

Management explained staff were recruited to ensure they had the right skills, experience, and qualifications to perform duties as set out in position descriptions. The service provided up to date documentation which confirmed professional qualifications and registrations required by staff in their role were monitored and tracked.

Staff said, training documentation and observations confirmed, staff had the necessary skills and knowledge to effectively perform their role, and were supported to deliver the outcomes required by these standards.

Management explained they ensured staff were competent and capable in their role through on the job feedback, ongoing training, competency sessions, and performance appraisals. Human resource documentation and staff feedback confirmed staff performance was reviewed on a regular basis to support staff in the delivery of care and services.

# 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

Consumers considered the service was well run, and their input was used in the development and delivery of care and services. Surveys and meeting minutes confirmed consumers were engaged in processes to incorporate their feedback into improvements in care and services. T

The organisation’s governing body demonstrated it promoted a culture of safe, quality care and services accountable for delivery, through clear reporting lines, and using results from audits and reports to inform improvements to the service. Internal correspondence from the Chief Executive Officer confirmed staff were clearly informed of changes and actions within the service environment.

Management and staff feedback, policies, and reports demonstrated the service had effective organisation wide governance systems accountable for safe, quality care and services relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisational risk management framework included policies outlining how high impact, or high prevalence risks associated with the care of the consumers were managed. The Serious Incident Response Scheme register, care plans, feedback and complaints documentation, demonstrated staff applied risk management policies into daily practice, indicative of an effective risk management framework.

Care plans, progress notes, incident reports, notifications, and policies demonstrated the service had an effective clinical governance framework to ensure safe, quality care, including but not limited to: antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of antimicrobial resistance, minimising restraint, and open disclosure by describing in practical terms how they would incorporate these factors into the delivery of care and services.

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)