Performance

Report

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| Name of service: | Catholic Healthcare St Mary’s Retirement Village |
| Service address: | 211 Northcliffe Drive BERKELEY NSW 2506 |
| Commission ID: | 0201 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 25 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 Mary’s Retirement Village (**the service**) has been prepared by J. Howard, 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 conducted from 2 August 2023 to 4 August 2023; 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 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 | | 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 and representatives said consumers were treated with dignity, respect and felt valued. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumers’ circumstances and life experiences and staff were guided by policies regarding dignity and respect.

Consumers and representatives provided positive feedback regarding support of consumers’ culture, values and diversity. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly, including utilising translation tools. Policies and procedures regarding cultural and religious care were available to guide staff.

Consumers and representatives said they were supported to make choices about consumers’ care delivery and lifestyle preferences. Staff were knowledgeable of consumers’ choices and assisted consumers to maintain important relationships, including facilitating video communication. Care documentation showed consumer choice, needs and preferences all informed care delivery.

Consumers and representatives said consumers were supported to take risks to live their best lives. Staff confirmed undertaking risk assessments for consumers wishing to engage in risk related activities, including discussion with the consumer and flexible resolutions. Care documentation reflected risk assessments and acknowledgements signed by consumers.

Consumers and representatives provided positive feedback regarding provision of timely and accurate information. Staff described regularly informing consumers about their care in person, over the phone or via email. Observations confirmed information provided to consumers through meetings, a lifestyle calendar, newsletters and notice boards displaying information in various languages.

Consumers said their privacy was respected and their personal information kept confidential. Staff were knowledgeable of consumers’ individual privacy needs, including knocking on doors prior to entry and locking bathroom doors, as needed. Staff were observed knocking on doors and awaiting consent to enter and using passwords to access the electronic care management system.

# 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

Consumers and representatives gave positive feedback regarding assessment and planning of care and services. Staff were knowledgeable of the care assessment and review processes and care documentation evidenced risk assessments and mitigation controls. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives confirmed involvement in care assessment and planning, including end of life care. Staff discussed end of life care with consumers upon entry, if consumers wished to do so, or during subsequent care reviews. Care documentation showed consumers’ needs and preferences were clearly recorded, including advance care plans.

Consumers and representatives confirmed they provided input into assessment and planning of consumers’ care and services. Staff described how they included consumers, representatives and allied health professionals in the assessment, planning and review processes, which was reflected in care documentation.

Consumers and representatives confirmed they were informed of assessment and planning outcomes and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation evidenced regular staff communication and availability of care plans to consumers and representatives.

Consumers and representatives said they were involved in the review of consumers’ care and services and included allied health professionals, as required. Staff described undertaking routine care reviews every 4 months or in response to changes or incidents. Care documentation evidenced reviews, assessments and changes in consultation with consumers and allied health professionals.

# 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 and representatives provided positive feedback regarding personal and clinical care. Staff described, and observations confirmed, delivery of clinical care aligned to consumers’ individual needs and preferences. Care documentation showed consumers received care that was safe, effective and individualised.

Consumers and representatives said high-impact and high-prevalence risks were effectively identified and managed. Staff were knowledgeable of individual consumer risks, such as medication management and falls, and working with allied health professionals to develop minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical mitigations.

Consumers and representatives said consumers’ needs, goals and preferences were recognised, including end of life wishes. Staff described care delivery changes in response to palliating consumers to maintain comfort and preserve dignity. Care documentation for a recently deceased consumer showed consultation with representatives and engagement of a specialised palliative care team to assist during the end of life process.

Representatives provided positive feedback regarding staff promptly recognising and responding to deterioration in a consumer’s condition. Staff were guided by policies and procedures to assist their management of consumer change, and care documentation evidenced timely recognition of, and response to, changes in consumers’ cognition or behaviours, including consultation with allied health professionals.

Consumers and representatives provided positive feedback regarding staff effectively communicating information regarding consumers’ condition, needs and preferences. Staff described, and observations confirmed, exchange of consumer information during shift handovers, at daily meetings and through the electronic care management system. Care documentation evidenced staff sharing relevant care information with allied health professionals and representatives.

Management confirmed processes were in place to refer consumers to a wide range of allied health professionals following consent from the consumer. Staff were knowledgeable of referral pathways to refer consumers to physiotherapists, dieticians, medical officers and others. Care documentation evidenced referrals and treatments outcomes.

Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and had participated in associated training. Management confirmed regularly reviewing the use of antibiotics and collaborating with medical officers prior to distribution. Observations confirmed viral screening at entry and sufficient supply of personal protective equipment.

# 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

Consumers and representatives said consumers received safe and effective supports for daily living. Staff were knowledgeable of consumers’ preferred activities and described how they discussed activities with consumers through regular meetings. A calendar reflected a range of activities tailored to consumers’ interests and abilities such as exercise programs, crafts and bus outings.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one care, facilitating visits by religious representatives and offering mental health support. Care documentation reflected consumers’ unique preferences and staff were observed offering individualised support when needed.

Consumers said they were supported to maintain important relationships and participate in events such as crafts, afternoon teas and shopping excursions. Staff described supporting consumers to participate in their preferred activities and consumers were observed interacting with each other or with visitors. Care documentation evidenced consumers’ interests and those of importance to them.

Consumers and representatives said the service effectively shared consumer information with those involved in consumers’ care. Staff were knowledgeable of consumers’ individual care needs and confirmed exchanging consumer information during handovers and through the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Staff described collaborating with other care providers to supplement consumers’ care and interests, including those aligned with consumers’ specific preferences. Documentation evidenced referrals were made to a range of services including religious organisations, libraries and support services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff were knowledgeable of consumers’ dietary requirements and developed rotational menus based on consumer feedback during food focus meetings. Alternate meals were available to suit consumer preferences and care documentation evidenced dietary needs and intolerances.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff knew about the processes for servicing equipment, lodging requests for maintenance and cleaning shared equipment after each use. Observations confirmed equipment was clean, maintained and readily available.

# 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 said the service environment was comfortable and observations confirmed consumers had personalised their rooms. There were multiple indoor and outdoor spaces, an outdoor courtyard and a garden. Staff described how consumers moved freely about the service and how they assisted new consumers to familiarise themselves with the environment, prior to the planned installation of new directional signage.

Consumers said the service environment was clean and well-maintained and they could move freely indoors and outdoors. Staff described the preventative and reactive cleaning and maintenance processes, and corresponding records were up to date. The service environment was clean, well maintained and consumers mobilised independently or with staff assistance, as required.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment were safe, clean, and well-maintained. Staff confirmed assessing furniture, fittings and equipment prior to purchase and performing regular servicing to ensure ongoing serviceability. Records evidenced timely resolution of maintenance requests.

# 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

Consumers and representatives said they were encouraged to provide feedback or make a complaint, and staff described supporting consumers to do so. Consumers and staff were knowledgeable of feedback and complaint lodgement processes such as feedback forms, through meetings or by speaking with staff. Information regarding feedback and complaints processes was displayed within the service environment.

Consumers and representatives were knowledgeable of advocacy support services when raising a complaint, and described information sessions provided by advocacy support services. Staff were knowledgeable of advocacy and language services and this information was contained in the consumer handbook and other available material.

Consumers and representatives provided positive feedback regarding timely staff response to feedback and complaints, including the use of open disclosure. Staff were knowledgeable of complaint processes and confirmed participating in relevant training. A register evidenced timely management of complaints and open disclosure practices.

Consumers and representatives said they were confident their feedback and complaints would inform improvements and had been involved in processes to reach resolutions. Staff described considering feedback and complaints to improve the quality of care and services and registers evidenced routine evaluation of feedback and complaints to inform continuous improvements.

# 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 and representatives said there were sufficient staff to meet consumers’ needs in a timely manner. Management described how staff had an appropriate mix of skills to support consumers and how teams worked cohesively together. Rosters evidenced a full complement of staff, with any vacancies initially filled by permanent staff or by known agency staff thereafter. Records reflected a high proportion of consumer calls for assistance were responded to promptly.

Consumers and representatives said staff interactions were kind, respectful and caring. Staff were observed interacting with consideration, thoughtfulness and were knowledgeable of consumers’ needs and preferences. Staff were guided by policies and training regarding cultural safety, diversity and inclusion.

Consumers and representatives provided positive feedback regarding staff knowledge and skills. An onboarding program outlined induction procedures and job specific training aimed at strengthening staff retention. Management confirmed staff held professional registrations, were security vetted and assessed for competency.

Management confirmed various training was available for staff and records reflected completed and planned training. Staff described completing competencies for manual handling, infection prevention and serious incidents, amongst other topics. Staff were notified of outstanding training requirements and could demonstrate learnings post training.

Management described the annual staff performance review process and ongoing assessment through observations, feedback processes and meetings. Staff were offered additional training where required and new staff were paired with experienced staff post commencement. Records evidenced all performance appraisals were complete or underway as scheduled.

# 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 said they were involved in the development and delivery of care and services. Management confirmed involving consumers through meetings, surveys and feedback. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

Management described the organisational structure that supported a culture of safe and inclusive care and services, including clear reporting lines from the service to the governing body, and down to staff and consumers. Clinical and incident reporting was shared between staff and management through a series of organisational meetings to inform quality care and services.

The service had an established suite of systems and processes which supported information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan contained actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff knew how to identify, respond to, and report serious incidents. Records evidenced appropriate management of serious incidents and consumer acknowledgement of risk-related activities.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected staff had participated in training regarding antimicrobial stewardship and open disclosure. Care documentation evidenced compliant practices and frameworks, policies and guidelines assisted staff to maintain best practice.

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)