Performance

Report

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| Name of service: | Catholic Healthcare St Paul's Residential Aged Care |
| Service address: | 27 Eastern Valley Way Northbridge NSW 2063 |
| Commission ID: | 1001 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 October 2022 |
| Performance report date: | 23 November 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 Paul's Residential Aged Care (**the service**) has been prepared by M Buhagiar delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the Assessment Team’s report received 18 November 2022.
* the Performance Report dated 6 August 2021 following the Site Audit undertaken from 19 May 2021 to 27 May 2021. The following Requirements to be Non-compliant – 2(3)(a), 3(3)(b), 3(3)(g), 4(3)(a), 4(3)(b), 5(3)(b), 7(3)(a), 7(3)(c), 8(3)(a), 8(3)(d).

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) The approved provider must demonstrate that comprehensive assessment and planning is conducted, including consideration of risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services for all consumers.
* Requirement 3(3)(b) The approved provider must demonstrate that high impact and high prevalence risks are managed effectively, with identification of risks, mitigation strategies of high impact or high prevalence risks and comprehensive investigation should an incident occur.
* Requirement 7(3)(a) The approved provider must demonstrate that there is sufficient staffing with appropriate instruction and orientation to provide the delivery and management of safe and quality care and services.
* Requirement 7(3)(c) The approved provider must demonstrate the workforce is competent and the members of the workforce have the knowledge to effectively perform their roles, with agency staff having orientation and knowledge of consumers.
* Requirement 8(3)(d) The approved provider must demonstrate that the organisation’s risk management processes are effective to address incident and risk management for consumers and has the ability for a comprehensive investigation to occur with follow up actions.

# Other relevant matters:

There was insufficient time to conduct Assessment of all Non-compliance from Performance Report dated 6 August 2021, Requirements 3(3)(g), 4(3)(a) and 4(3)(b) were not fully assessed and therefore did not receive a rating against the Requirements.

# 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. | Non-compliant |

Findings

The service was previously found Non-compliant in Requirement 2(3)(a) following a Site Audit conducted 19 May 2021 to 27 May 2021 and a SIRS investigation conducted between 14 July and 20 July 2021. Gaps were identified in the assessment and planning for several consumers, including lack of consideration of risks to the consumer’s health and well-being. This included that care and services were not appropriately reviewed to inform the delivery of safe and effective care and services.

The Assessment Team found during this assessment contact that appropriate review and care planning did not occur for the consumers whose care was reviewed during the visit. Although the assessments were marked as have been recently reviewed, care plans included inconsistent information and was not reflective of the consumer’s current condition. The residential manager advised that they have identified that staff are marking assessments as reviewed without undertaking a comprehensive assessment and they are working to address this issue.

The Assessment Team identified that comprehensive investigation to identify factors which contribute to incidents, and effective measures to prevent future incidents, are not always implemented. Recommendations from specialists have either not been implemented and/or monitored. Monitoring for pain has not been appropriately undertaken and neurological observations have not been undertaken following an unwitnessed fall.

The approved provider responded to the Assessment Team’s report with evidence of comprehensive care planning for one of the named consumers and a risk care plan for another consumer, with evidence of case conferencing. Whilst I acknowledge that the provider has responded and put measures in place for these consumers, I understand that it will take some time to reflect that the actions are working for these and other consumers.

I find that the approved provider is Non-compliant with this Requirement:

* Requirement 2(3)(a)

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

The service was previously found Non-compliant in Requirement 3(3)(b) following a Site Audit conducted 19 May 2021 to 27 May 2021 and a SIRS investigation conducted between 14 July and 20 July 2021. Gaps were identified in the management of consumer medications, maintenance of skin integrity, behaviours requiring support, and risk of choking.

The Assessment Team found that the organisation has policies and procedures in relation to the management of high impact and high prevalence risks and in relation to incident management. However, incidents presenting a high impact risk for consumers are not thoroughly investigated. Referrals are made to other specialists, but adequate measures to manage the risks are not applied and specialist recommendations are not implemented and/or monitored for effectiveness.

The approved provider responded to the Assessment Team’s report and advised that care planning had been updated to reflect specialist reviews and meetings to discuss investigation outcomes. I acknowledge the actions that have been taken for the sampled consumers, however, I understand that this will take time to reflect across the service for all consumers, with comprehensive management of high impact and high prevalence risks, with identification of risks, mitigation strategies to prevent incident occurrence or reoccurrence and comprehensive investigation if incidents occur.

I find that the approved provider is Non-compliant with this Requirement:

Requirement 3(3)(b)

# 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. | Not Assessed |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Assessed |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating.

The service was previously found Non-compliant in Requirement 4(3)(a) and Requirement 4(3)(b) following a Site Audit conducted 19 May 2021 to 27 May 2021. Consumers and representatives interviewed advised that their needs and preferences were not responded to, and staff were not aware of their needs. Representatives had also raised concerns regarding the amount of emotional, spiritual and psychological support being provided to some consumers.

The Assessment Team did not fully assess this requirement, however noted some progress in addressing the non-compliance for the Requirements.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the three specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 5(3)(b) following a Site Audit conducted 19 May 2021 to 27 May 2021. Consumer and representative interviews, and observations by the Assessment Team during this Site Audit, indicated the service environment was not consistently clean and well maintained.

During the Assessment Contact conducted 27 October 2022, the Assessment Team observed the service environment to be safe, clean and well maintained. Consumers and representatives interviewed said that the service is clean and well maintained, and they feel safe and comfortable in the service. One representative provided negative feedback about the cleaning of their consumer’s room, however said this was an isolated instance. Consumers are able to move freely around the service environment. Exit and entry doors were observed to be unlocked and consumers and visitors were seen utilising the indoor and outdoor areas.

I find the following Requirement is Compliant:

Requirement 5(3)(b)

# 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. | Non-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. | Non-compliant |

Findings

The service was previously found Non-compliant in Requirement 7(3)(a) and Requirement 7(3)(c) following a Site Audit conducted 19 May 2021 to 27 May 2021. During this Site Audit, consumers and representatives interviewed by the Assessment Team felt that there was an insufficient number of staff to enable the delivery of safe and quality care and services. The Assessment Team found the service had a high number of agency staff usage, and gaps in competencies completed by staff and the agency staff did not know the consumers well.

The Assessment Team found that the service currently has sufficient staff to cover most shifts, however, continues to have a high reliance on agency staff resulting in a mix of, and deployment of staff, that does not enable the delivery and management of safe and quality care and services.

Consumers reported that the permanent staff are very good and that call bells are promptly responded to but that the agency staff do not know what they are doing. Consumers provided feedback that they need to tell the agency staff what to do and the staff member had to call another staff member to put support stockings on. The consumer said that it is frustrating and upsets the consumer. Another consumer advised that a staff member came into the consumer’s room after the call bell was used, the staff member was supposed to stay with the consumer while she went to the bathroom, but left leaving the door wide open, the consumer was forced to struggle to get the walking stick to close the door.

The Assessment Team interviewed staff who said things had improved post the worst of the COVID-19 pandemic. Lifestyle staff said they felt stretched and said they felt they couldn’t provide what they want for the consumers.

Care staff said they find it difficult to get through their workload on the morning shift and said they need to rush the care in order to get to the next consumer. Care staff said there are problems with agency staff because they do not know what consumers need or how to provide the care. They said agency staff sometimes leave consumers in the bathroom without a call bell within reach and the consumers don’t often complain, but the staff can see that things are not being done correctly.

The site audit report in May 2021 identified issues related to the competency and skills of staff. Issues identified during this assessment contact demonstrate that issues remain in relation to the competency and skills of staff, for example in relation to incident management systems, assessment and planning, support of consumers displaying behaviours of concern and general care.

The Assessment Team found that the service does not ensure that agency staff have the necessary knowledge and competence to undertake their roles. The Assessment Team requested documentation to support that agency staff had undertaken orientation, however no completed documentation was provided to the Team, the lack of induction documentation and feedback from consumers and staff about the skills of agency staff demonstrates that the service does not ensure that agency staff have the knowledge and competence to undertake their roles.

Review of mandatory annual competency assessment and education records shows that many staff have not completed all the organisation’s 14 annual mandatory competency assessments and education in the past 12 months. There has been 100% staff completion for food safety education, medication administration competency and PPE competency. However, all other required education and competency assessments have not been completed by all staff.

The approved provider responded to the Assessment Team’s report and further advised that the service has experienced workforce pressures during the last 12 months and there are times when there is a requirement to use agency staff. The provider response stated that the Assessment Team’s report inferred “that the reliance of agency staff is hindering the Home’s ability to fulfil the standard requirement”, however I should clarify that is not the interpretation of the Not Met requirements and I commend the service on filling shifts with agency staff. The Not Met requirements are due to the agency staff not having appropriate orientation and knowledge of consumers or the appropriate training in the service by the approved provider. It is also concerning that the care staff are noticing issues relating to care and they are not escalating this to clinical staff in a timely manner for action. The approved provider has further advised that that there has been 29 permanent staff members recruited in the last 12 months and the training for these new staff will occur over their first 12 months. There are however planned training workshops in November and December which will support increased completion rates by 31 January 2023.

I have considered the approved providers response and the additional orientation worksheets. I acknowledge the actions and recruitment that the approved provider has undertaken, however it is not evident that agency staff are equipped through orientation or trained appropriately by their supervisor, to enable the delivery and management of safe and quality care and services and to effectively perform their roles, based on the feedback from consumers and representatives and care staff that are noticing issues with consumer care are not escalating this to appropriate staff for timely action.

I find that the approved provider is not compliant with these Requirements:

* Requirement 7(3)(a)
* Requirement 7(3)(c)

# 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)(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. | Non-compliant |

Findings

The service was previously found Non-compliant in Requirement 8(3)(a) and Requirement 8(3)(d) following a Site Audit conducted 19 May 2021 to 27 May 2021 and a SIRS investigation conducted between 14 July and 20 July 2021. During this Site Audit, the Assessment Team found the service was unable to demonstrate the organisation was actively engaging consumers in the development and delivery of care and services. During the Site Audit and the SIRS investigation, gaps in the management of high impact or high prevalence risks were identified and deficits in the service’s incident management system including the management and prevention of incidents.

During the Assessment Contact conducted 27 October 2022, the Assessment Team found several initiatives have been implemented to engage consumers in the development, delivery and evaluation of care and services. Consumers interviewed confirmed that they are engaged, and their input is valued. For example, consumers have been engaged in recruitment activities, meetings, and advocacy activities.

I find the following Requirement is Compliant:

* Requirement 8(3)(a)

The Assessment Team found that while the organisation has policies and procedures for the management of risks, these have not been effective in ensuring that risks are effectively managed.

The site audit report from May 2021 identified deficiencies in the management of risks. Deficiencies identified during this assessment contact demonstrate that the organisation’s processes have not effectively addressed those deficiencies.

The approved provider responded to the Assessment Team’s report and advised key personnel have attended forums to discuss incidents. The provider advised the Clinical Risk Incident safety meeting provides an opportunity to discuss and provide education on high priority and risk. The provider also responded to information in relation to investigation into an incident for a sampled consumer, which was in hard copy and not in the electronic system and the issue has now been rectified in the clinical management system. I acknowledge the actions undertaken, however understand that it will take some time organisationally to reflect the actions and education of staff to record incidents and effectively manage the incidents in the risk management system with associated comprehensive investigations.

I find the following Requirement is Non-compliant:

* Requirement 8(3)(d)

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