Performance

Report

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| Name of service: | Catholic Healthcare St Peter’s Lane Cove North |
| Service address: | 3 Felton Avenue Lane Cove North NSW 2066 |
| Commission ID: | 0893 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 18 April 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 Peter’s Lane Cove North (**the service**) has been prepared by G-M. Cain, 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.
* other information and intelligence held by the Commission in relation to the 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 were treated with dignity and respect. Staff knew consumers' backgrounds and preferences, and care documentation reflected consumers' individual needs and preferences with tailored support strategies to deliver personalised care. Observations showed staff treating consumers with dignity and respect and demonstrated an understanding of the consumers' individual choices and preferences. The service displayed the service's values and consumer rights, including The Charter of Aged Care Rights.

Consumers and representatives confirmed that the service recognises and respects consumers' cultural background, spirituality and relationship status. Staff understood consumers' identity, background, and individual values and how it influences their care and service delivery. Care documentation included information related to the consumers' religion and cultural backgrounds. Pastoral care staff said reflection rounds are held twice weekly and open to consumers of all faiths.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences, how their care and services were delivered, and whom they would like to be involved in the decision-making of their care and services. Staff described how they supported consumers to maintain relationships with people that were important to them, such as supporting consumers in making telephone calls to family.

Consumers were supported to take risks, enabling them to live their best life. Staff knew the risks consumers took and supported the consumer's wishes to continue living their chosen life. Risk assessments and dignity of risk forms were completed and signed by consumers who chose to undertake risks such as driving and using mobility scooters.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers felt well-informed about the activities, events and allied health services provided at the service. Activity calendars were observed on noticeboards throughout the service. The newsletter and other letters from management were available in the service foyer and in multiple languages, including Greek, Polish and Spanish.

Consumers confirmed that consumers' privacy is respected and personal information is kept confidential. Staff described how they respect consumers' privacy and maintain the confidentiality of their personal information. The staff respected consumers' privacy by knocking before entering consumers' rooms and ensuring consumer information was not visible.

# 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

Overall, consumers and representatives were satisfied with the care and services consumers received and confirmed they are involved and have a say in the care planning process. Consumers and representatives are included in ongoing discussions about consumer care, including when there are changes and are provided with a copy of the care plan. Information on advance care planning is provided upon entry to the service. Consumers and representatives said staff speak to them regularly about consumers’ care needs and about end of life care in detail if they wish.

Registered and care staff understood the service’s assessment and care planning processes, which included monthly reviews, 4 monthly care plan reviews, and consumer case conferences. Staff can access consumers’ care plan documentation, readily available to visiting health professionals. Staff reported that consumers are referred to medical officers, allied health professionals or medical specialists as required. Management and staff discuss changes in consumers’ care needs, goals and preferences during the daily huddle meeting with the multi-disciplinary care team. Care documentation evidenced review and reassessment of consumers when there has been a change in their health and/or well-being; for example, incidents may trigger reassessment or review.

Care documentation evidenced comprehensive assessment and care planning that identified individual consumers’ needs, goals, preferences and any identified risks, and regular review of care and services. Risks to individual consumers’ health and well-being were identified, documented and managed. Risks included falls and management of diabetes, with appropriate strategies listed. Consumers’ end-of-life care wishes and preferences were documented, including a ‘my wishes’ form, available to all staff in the electronic care management system. Care documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers and a range of allied health professionals. The service partners with external organisations that provide onsite, after-hour medical services and in-reach support services.

The service had a suite of policies and procedures relevant to this Quality Standard.

# 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 and representatives said consumers received safe and effective personal and clinical care tailored to their needs and which optimised their health and well-being. Staff confirmed they are guided by organisational policies and procedures to direct personal and clinical care that is best practice. Management provided support to staff, including after hours, for information and advice if required. Clinical documentation generally reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For example, one consumer with a current pressure injury had a skin care plan which included directives for secondly hourly repositioning and the use of specialised pressure relieving equipment. The service had policies, procedures, and tools in place to support the delivery of care provided, for example, policies, procedures and guidelines about restrictive practices, pressure injury prevention and management, and a pain management policy incorporating ongoing pain assessment to guide staff practice.

Staff described the high impact and high prevalence risks for consumers at the service, including individual risks and risk minimisation strategies for consumers. For example, consumers at risk for falling are regularly observed, wear appropriate footwear, and have sensor equipment to alert them when attempting to mobilise independently. Care documentation demonstrated the effective management of high-impact and high-prevalence risks; the electronic care management system included a register of consumers' risks and displayed an alert on the profile page of these consumers to notify staff. The service has a range of clinical policies and procedures to guide staff practice in areas such as the care and management of falls, diabetes and managing consumers requiring urinary catheter care.

Consumers and representatives expressed confidence that when they require end-of-life care, the service will support them to be as free as possible from pain and have those important to them with them. Staff described how they support consumers at the end of life, including attending to mouth care, skin care, repositioning, pain monitoring and personal hygiene to prioritise comfort and dignity. Families are encouraged and supported by the service to be present and welcomed throughout the end-of-life care of the consumers. The service had policies and procedures that direct the management of end of life care, including pain management and comfort care.

Consumers and representatives said the service recognises and responds to changes in consumers' condition in a timely manner. Staff confirmed they are guided by policies and procedures that support them to recognise and respond to deterioration or changes in a consumer's condition. Consumer documentation reflected timely identification of changes in consumers' conditions, including signs and symptoms of changes to consumers, recognising pain, poor appetite, difficulty swallowing, weight loss, changed behaviours and mobility changes. Changes in consumer needs are communicated via various avenues, including daily huddles, handovers, daily progress note reviews, incident reports, clinical charts, and feedback about consumers' condition.

Consumers and representatives were satisfied with the service's management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service implements a COVID-19 screening process upon entry, including rapid antigen tests for visitors and staff. The service is guided by an outbreak management plan and an infection control policy to ensure that standard and transmission-based precautions are in place to prevent and control infection. The service has appointed a trained infection prevention and control lead. Observations showed staff and visitors wearing masks, and hand sanitisation were available outside consumer rooms, in all communal areas, offices and handwashing stations. Infection control signage was observed throughout the service regarding hand washing, donning, and doffing personal protective equipment.

# 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 and representatives stated they were happy with the communication regarding consumer conditions changes. One consumer representative stated, "I am impressed how well staff understand her condition'. Information about consumers' conditions, needs and preferences is documented in the electronic care management system, communicated via shift handover and use of cordless telephones for staff.

Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The medical officer, other health professionals and services support the service in consumers' personal and clinical care.

Consumers and representatives were satisfied that services and supports for daily living met consumers' needs, goals and preferences and supported consumers to maintain independence, well-being and quality of life. One consumer representative stated, 'She loves the activities like exercise and especially bus trips.' Lifestyle staff said consumers are encouraged to maintain their independence and described how activities are tailored to consumers' feedback, given verbally or through consumer and representative meetings. One consumer explained how they had requested the Priest visit to hear confession, and the service arranged for this to happen. Care documentation included information about things of importance to consumers and strategies to support consumers' emotional, spiritual and psychological well-being.

Consumers and representatives said they were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. The service supports consumers to keep in touch with family and friends by phone and electronic messaging.

Consumers and representatives said the service provided care that met their needs and preferences, which were communicated between the staff and others responsible for care. Care documentation provided adequate information to support effective services and safe care delivery. Staff described how they shared information and were informed of consumers' conditions, needs and preferences.

Consumers described referrals and follow-ups as timely and appropriate, including referrals to the community visitor service. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and wanted.

Overall, consumers provided positive feedback on the meal service. Some consumers had raised feedback at the last monthly consumer and representative meeting about the food, mostly about presentation. Review of documentation evidenced the service has reviewed and actioned this feedback. Actions included appointing a new chef and training catering staff with date for completion identified as April 2023. Care documentation confirmed consumer dietary requirements and preferences aligned with consumers' feedback. Daily menus evidence consumers can choose from 3 options for lunch and dinner service, including a vegetarian option.

Consumers confirmed that the equipment at the service is suitable, safe, clean, and well-maintained. Staff described the service's process for managing equipment maintenance issues promptly, and a review of preventative and scheduled maintenance registers confirmed this process.

# 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 felt at home and described feeling "welcome" at the service. Consumers said their visitors feel welcome and can sit in their rooms, in the balcony area or on lounges in common areas. Staff described how consumers are supported to move independently throughout the service. Observations showed consumers moving freely between their rooms, with staff supporting consumers who required assistance with mobilisation and the doors to the gardens and balconies to be unlocked and free from obstruction. Consumers' rooms were personalised with photos, personal belongings and decorations.

Consumers said they are happy with the cleanliness of the service environment; it is well-maintained and comfortable. They said they could access the balcony and garden areas and leave the service when they wanted to. Observations showed the service environment was well-maintained, and staff sanitised or washed their hands as required. Maintenance staff described the processes for maintainenece requests, which are prioritised based on the urgency of the matter.

Consumers said furniture, fittings and equipment throughout the service were safe, clean and well-maintained. Staff knew how to inform maintenance staff if they noted faulty equipment. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to breakdowns and repairs as required.

# 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 are encouraged and supported to provide feedback regarding care and services and feel comfortable raising concerns should the need arise. They knew various avenues to seek support in raising and resolving complaints, including advocacy services and interpreters. Staff detailed how they support consumers to provide feedback and escalate to the registered nurse when required. Staff use cue cards and interpreters when they cannot communicate in the same language as the consumer. Observations showed the service had brochures that provided information for consumers in making complaints to the Commission. These were available in multiple languages, including Chinese and Greek.

The service's complaints policy provides clear guidelines for the collection and processing of feedback provided to the service, and the feedback register shows a comprehensive overview of suggestions, compliments, hazards and complaints with actions, dates and an overall outcome.

Consumers reported that the service took actions to respond when they provided feedback and said the service practised open disclosure. Staff generally detailed how and when open disclosure was required. A review of the service's feedback register shows consistent actions being taken to respond to complaints, when apologies have been provided and when open disclosure has been practised.

Management talked through the administrative process of linking the feedback register to the plan for continuous improvement to clarify strategies and timelines for improving areas identified. A local and regional quality team oversees the plan for continuous improvement to ensure agreed actions and timeframes are adhered to.

Through consumer surveys and feedback, the service was made aware of concerns regarding the food and dining experience. The service reviewed and actioned this feedback, with improvement actions including appointing a new chef and an additional chef to work on weekends, providing training modules for all staff involved in mealtime preparation or service, and a full menu review through consumer engagement in the food focus meetings.

# 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 and representatives said consumers' received the care they required from an appropriately staffed workforce. Overall, staff felt there was sufficient staff to provide the level of care consumers required and felt support by service management, which ensured adequate coverage. Management described the service's processes for rostering, including how they adapted staffing by considering the health status of consumers, analysis of call bell response times, clinical indicators and feedback from consumers/representatives and staff.

Consumers and representatives said the staff were kind, caring and respectful to consumers. One consumer stated, 'staff are so lovely. They make me want to be a better person.' Management described the strategies they use when recruiting staff to ensure staff demonstrate the right personal attributes. Observations showed staff gently assisting consumers, talking politely and making friendly conversation throughout the Site Audit.

Consumers and representatives expressed confidence in the staff's ability and felt that they have the appropriate skills and knowledge to deliver the duties of their role. Position descriptions capturing key competencies and skills essential for each role are available, and staff must complete annual mandatory role-specific training. Training records indicate that the service has a compliance rate of 97% for mandatory training modules. The service had programs they used to mentor and support new graduates and students and a succession planning model to upskill potential leaders into more senior roles.

Staff reported receiving feedback from management regarding their performance following annual staff appraisals, probation reviews and informal conversations. The service maintains an annual staff appraisal program which includes a review of the staff member's performance, identifies areas of learning, including improvements and professional goals and encourages feedback from staff.

# 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

The service demonstrated that consumers and representatives are engaged in developing, delivering and evaluating care and services through various avenues, including consumer meetings, regular surveys and feedback management systems. Consumers and representatives confirmed they could provide input into care and services and raise suggestions and feedback, which management considers. A review of consumer meeting minutes and the service’s continuous improvement plan confirms this. For example, in a consumer survey in November 2022, consumers said they did not have or did not understand their care plan. In response, the service has printed easy-to-read pamphlets that outline what a care plan is, what should be included in a care plan, an overview of how changes can be made and how to obtain a copy. Consumers and representatives felt the service was run well.

A Board of Directors governs the service, and Board members sit on the various organisational committees to ensure communication and oversight across all governance areas. Various quality, clinical and executive committees and leaders at the service report information to the Board.

The Board receives monthly reports with information relating to compliance, quality indicators, human resources, the plan for continuous improvement, consumer feedback, audit results and maintenance. The services December 2022 report included self-audit findings identifying compliance issues with incomplete care plan assessments and unpublished care plans. These were rectified within 2 weeks with a plan for continuous improvement action assigned that included weekly meetings to maintain oversight of progress.

The organisation demonstrated robust and comprehensive governing systems to manage information, regulatory compliance, finance and the workforce. The organisation has systems to effectively manage and utilise feedback and work towards continuous improvement based on results from audits, data collections and direct feedback. The organisation utilises specialist teams and has information technology, finance, human resources and regulatory compliance support guidance materials. The organisation has scheduled auditing processes to ensure oversight of their performance and is capturing feedback which is analysed and acted upon.

The service had effective risk management systems to detect and prevent risks and mitigate impacts. The service has policies and procedures and has trained staff in managing high-impact and high-prevalence risks, supporting consumers to live their best lives and managing and preventing incidents.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Formal training modules have been established to support staff knowledge and understanding. The clinical governance team has structured meetings covering all clinical areas and risks and involving multiple external specialists where required.

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)