**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | CatholicCare Sydney |
| Commission ID: | 200158 |
| Address: | Level 3, Northumberland Street, LIVERPOOL, New South Wales, 2170 |
| Activity type: | Quality Audit |
| Activity date: | 8 May 2024 to 9 May 2024 |
| Performance report date: | 17 June 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3096 Trustees of Catholic Aged Care Sydney  
Service: 17456 CatholicCare Sydney  
Service: 17457 CatholicCare Sydney EACH  
Service: 17458 CatholicCareSydney EACH Dementia

**This performance report**

This performance report for CatholicCare Sydney (**the service**) has been prepared by M.Wyborn, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 28 May 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not Applicable** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | HCP |
| 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 advised they are treated with dignity and respect, and that their identity, culture and diversity is valued. Consumers advised that staff are kind, caring and know what is important to them. Staff demonstrated that care and service delivery is routinely person centred, and relevant consumer documentation demonstrated that staff are provided with appropriate information to support care delivery that values consumers’ culture, identity, and diversity. Staff and management speak respectfully when engaging with consumers.

Consumers and representatives advised that care and services are delivered in a culturally safe manner and in accordance with individual consumer needs and preferences. Consumers advised that staff know what is important to them and build relationships with them to ensure their psychological and physical needs are supported. The organisation’s vision is to achieve a thriving inclusive society where everyone finds support, purpose and belonging.

Consumers and representatives advised they are supported to exercise choice and independence. Consumers understand their right to maintain control and make choices about their care and services. Care staff advised they are appropriately supported, trained and educated about how to encourage consumer independence. Advocates and representatives support consumers to make decisions as required and the service administers relevant policies and procedures to guide staff practice.

Consumers and representatives advised that consumers are supported to engage in risk to enable them to live the best life they can. Staff are appropriately trained and educated to best support consumers live the best life they can.

Consumers and representatives advised that information provided to consumers is current, accurate, timely and communicated in a way that is clear, easy to understand and enables individual consumers to exercise choice. The service supplies a comprehensive information pack and home care specialists, care managers, schedulers and community support workers advised that they explain documentation when consumers commence services and support them to understand information throughout their care and service delivery.

Consumers and representatives advised that their privacy is respected by staff. Staff demonstrated how they appropriately protect consumer personal information and respect their privacy. The service administers relevant policies and procedures to ensure confidentiality and privacy of personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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

The service demonstrated that risk to a consumer’s health and wellbeing are considered when undertaking assessment and care planning. Consumers and representatives advised they are satisfied their care is well planned and meets their needs and preferences.

Consumers and representatives advised that the service routinely listens to and addresses what is important to them, and consumers are provided the opportunity to discuss their care needs and preferences including advance care or end-of-life planning if they wish to do so.

Consumer care planning records highlight what is important to individual consumers and how they want their care delivered. Advance care directives are in place for those consumers who have consented to do so. Management advised that information on advance care planning is included in each consumer’s admission pack.

Staff demonstrated a comprehensive knowledge of what is important to individual consumers in relation to how they want their personal and clinical care to delivered. Consumer care documentation includes relevant information related to the person or persons the consumer wishes to be involved in their care, and consumers and representatives advised they are actively involved in their assessment and planning of care and services. Staff demonstrated effective partnership with consumer and others who the consumer wishes to be involved in assessment and care planning. This includes physiotherapists, medical officers, dietitians, speech therapists and dementia specialists.

Consumers and representatives advised they are made aware of the outcomes of assessment and planning and confirmed the service provides them with a copy of their care plan or make them readily available to consumers. Assessment outcomes are routinely communicated via case reviews, face to face, or via telephone, depending on individual consumer preference.

The service demonstrated that consumer care and service plans are evaluated for effectiveness and regularly reviewed to meet consumer needs, goals, and preferences. Management explained that consumers are offered comprehensive clinical assessments by registered nursing staff upon entry to the service, as well as when there is a change in consumer condition or after an incident. Consumer assessment reviews can also be initiated by the care manager who is the main point of contact between the consumer and the service.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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

The service demonstrated that consumers receive safe and effective personal and clinical care and consumers and representatives advised they are satisfied they are getting care that is safe and right for them. The Assessment Team reported after reviewing consumer care documentation and undertaking staff interviews, that the service administers relevant processes and guidelines to ensure that each consumer receives effective personal and clinical care that is safe and promotes their health and wellbeing. Management described how they ensure best practice care is provided by qualified staff and demonstrated that the service delivers care and services in line with consumer needs and preferences. Community support workers described how they use relevant information contained within consumer care plans and highlighted that this information is readily available to them on their mobile devices to provide care that is tailored to the needs of individual consumers.

The service demonstrated a clinical framework that underpins management of risks associated with personal and clinical care of each consumer. Consumers advised they are satisfied that the care they receive is safe and right for them. Management described protocols and procedures the service uses to identify, monitor, and manage high impact and high prevalence risks such as using validated best practice risk assessment tools relevant to individual consumers to monitor risks like skin integrity, continence, cognition or falls risks. Also the service uses a clinical data dashboard to identify and monitor high impact and high prevalence risks through collection of clinical data for individual consumers.

Feedback from consumers and representatives, interviews with staff and review of consumer care documentation highlighted that the needs and preferences of consumers nearing end of life are recognised and addressed. Care documentation reflects that upon entry to the service, every consumer and their representative are offered the opportunity to discuss advance care planning and are provided with information why it is important to do so. If the need arises, management advised that consumers are referred to an external provider of palliative care if they wish to do so. The care managers work closely with the palliative care team, the consumer, and their family in order for the service to continue to meet the needs of the consumer.

The service administers relevant policies and processes to manage clinical deterioration in a timely manner. Management advised that staff are routinely educated on how to recognise and respond to signs of clinical deterioration. Community support workers, who are in regular contact with consumers, report to the service any changes in consumer condition and community support workers demonstrated effective knowledge of how they identify signs of deterioration, what actions to take and who they contact to escalate their concerns. Consumers and representatives advised that the service routinely recognises and manages consumer deterioration or change in consumer mental health or physical condition and respond in a timely manner.

Feedback from consumers and representatives and interviews with staff highlighted that the service effectively communicates important information internally and externally about each consumer to ensure that care and services are delivered without disruption. Staff from a third-party service providers demonstrated appropriate knowledge of how the organisation keeps them informed of relevant information about a consumer’s condition, needs and preferences as it relates to their own duties and responsibilities. The service demonstrated active and timely communication with other internal and external providers of care and services. This includes emails, case notes, and phone records with doctors, allied health, third-party external providers, and consumer representatives to ensure provision of safe and effective personal and clinical care.

Feedback from consumers and representatives, and review of care records highlights that the service facilitates appropriate referrals to other individuals or providers to meet the needs of consumers. The service manages a network of approved organisations and providers they collaborate with to meet the diverse needs of consumers. Consumer care documentation evidenced that referrals are made in response to an identified need, including to general practitioners, occupational therapists, physiotherapy services, and respite care.

The service administers relevant processes and guidelines to assess infection related risks and to take steps to prevent the spread of infections such as COVID-19 and influenza. The service demonstrated the organisation uses standard and transmission-based precautions to prevent and control infections and this was evidenced in clear consumer care records, as well as positive feedback from consumers and interviews with care staff. Clinical managers, care managers and care staff demonstrated an effective understanding of antimicrobial stewardship, infection control, and standard precautions.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised they receive safe and effective services and supports for daily living that meet their needs, goals and optimise their independence, health, well-being, and quality of life. Consumer care plans appropriately record how consumers’ needs, goals and preferences are being met to optimise consumer quality of life. Education documentation evidenced that staff and volunteers undertake comprehensive training and have access to relevant resources.

Consumers and representatives advised that services and supports for daily living promote their emotional, spiritual and psychological wellbeing. Staff demonstrated appropriate ways they support consumers to maintain their emotional, spiritual and psychological wellbeing and confirmed the service provides ongoing and relevant education. Education includes comprehensive training and resources for staff and volunteers to enable them to promote care and service delivery that supports consumer wellbeing.

Consumers and representatives advised that services and supports for daily living assist them to participate in their community, have social and personal relationships, and do things of interest to them. Staff demonstrated how they routinely support consumers to do things of interest to them, and volunteers provide social support and build relationships with consumers. Consumer care plans highlight relevant social support consumers receive from the service, and the service demonstrated comprehensive training requirements and resources for staff and volunteers to guide them in assisting consumers to participate in their community.

Consumers and representatives advised that information about consumer condition, needs and preferences are effectively communicated within the organisation, and with others where responsibility for care is shared. Staff access consumer information electronically, and consumer care planning documentation is shared with consumers, representatives and staff including contractors.

Consumers and representatives advised that appropriate referrals to other organisations and providers of care and services are facilitated by the service in a timely manner. Staff demonstrated relevant examples of referrals and confirmed the service administers relevant policies and procedures to guide them. Consumer care planning documentation evidenced timely and appropriate referrals are made in response to consumer needs and preferences.

Consumers and representatives advised that equipment they receive from the service is safe, suitable, clean, and well maintained. Consumer assistive devices and mobility aids are assessed by either an occupational therapist or physiotherapist and deemed safe and suitable for individual consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| 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 advised they are encouraged and supported to provide feedback and make complaints. Staff demonstrated appropriate knowledge of the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, as well as the process they follow if consumers or representatives raise an issue with them directly. The service administers relevant processes and systems for consumers, representatives and staff to provide feedback or make a complaint. The service demonstrated that complaints are used to drive continuous improvement processes.

Consumers advised they are aware of the complaints and escalation process if required and explained that they are comfortable raising concerns with management and staff. Staff demonstrated understanding of advocacy programs and language services that are available for consumers, and staff demonstrated how they effectively assist consumers who have cognitive impairment or communication difficulties.

Consumers advised the service addresses and resolves their concerns or complaints and confirmed that staff and management routinely provide an apology when things go wrong. Community support workers explained that they escalate complaints for investigation and follow-up, and management highlighted that open disclosure is applied following an adverse event, and open disclosure is recorded as part of the service’s complaints management and resolution process. The service administers relevant policies and procedures that guide staff through the complaints management and open disclosure processes with defined timelines.

Consumers advised that the service routinely seeks their feedback about the services they receive. This is achieved via regular phone calls from their care manager and on an ad hoc basis from community support workers. The service undertakes surveys in which consumers and representatives are encouraged to participate. Management demonstrated that the information from consumer complaints and feedback is analysed to gain insight into the quality of service provision, and reports are provided to the governing body.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| 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

The service demonstrated that the number and mix of the workforce is sufficient to deliver safe and quality care and services for consumers. Management demonstrated that the service routinely considers individual consumer needs, preferences, and locations when planning care and services.

Consumers advised that staff are kind, caring and respectful of their identity and diversity. Staff demonstrated they routinely provide care that is respectful to individual consumer identity, culture, and diversity.

The service demonstrated a competent workforce ensuring that the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. The service demonstrated effective recruitment and onboarding processes to ensure that the workforce is competent to perform their roles. Recruited staff are employed with relevant qualifications specific to their roles or are willing to undertake the necessary training. Staff contract agreements with brokered service providers include clauses relating to minimum qualifications and other compliance requirements that remain current.

The service demonstrated appropriate systems and processes to ensure appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff are recruited using a formal recruitment process that includes interviews, referee checks, qualification and compliance checks. Management highlighted that ongoing training and development is provided for staff and their participation status is recorded and monitored.

The service demonstrated that the performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review systems including an annual performance review for community support workers.

The organisation demonstrated appropriate policies and guidance materials that guide processes for regular assessment, monitoring, and review of staff performance. Brokered staff complete relevant agreements which contain clauses relating to performance assessment and highlights regular and annual review meetings between the organisation and the contractor. The service routinely seeks consumer and representative feedback with a focus on staff performance to gauge and manage any issues in a timely and effective manner.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 advised the organisation supports them to provide ongoing input into how their care and services are delivered. Consumers confirmed that the organisation seeks their input by regular phone calls, surveys, and face to face discussions. In addition, the service ensures that consumers and representatives are routinely included in discussions around care planning and service delivery. The organisation has implemented a consumer advisory body (CAB).

The organisation demonstrated a governing body that promotes a culture of safe and inclusive care. The governing body uses information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate continuous improvement actions to enhance performance and monitor care and service delivery. Reports to the executive team include clinical governance and quality review summaries. The organisation drives improvements and innovations using data from internal and external audits, clinical indicator reports, incidents or near misses, and consumer and staff feedback and complaints.

The organisation demonstrated effective organisation-wide governance systems in relation to continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Consumers and representatives advised that the service encourages feedback and complaints and uses this information to drive continuous improvement. The organisation administers relevant policies and procedures that detail processes around each governance system to guide staff best practice. The organisation utilises a system for staff information management, and a system for organisation wide documents and resources. The organisation uses electronic systems for key processes such as complaints, incidents, audits, risks, quality logs, and surveys. Continuous improvement activities are generated from a variety of sources, including consumer and representative feedback and complaints, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. The organisation uses a continuous improvement plan that is up to date and the organisation demonstrated evidence of ongoing review of activities relevant to all aspects of these Quality Standards.

The organisation administers a comprehensive suite of policies and procedures, including a risk management framework. Management described how these inform how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers can be identified and responded to, consumers are supported to live their best life, and incidents are managed. Staff demonstrated receiving education on these topics and were able to highlight the relevance to their work. The service manages a high impact high prevalence risk register that is maintained by care managers, and which prompts discussion of the care and service provision for consumers at regular meetings with the home care director and the clinical quality manager. The organisation uses an electronic incident management system, and staff have responsibility to report incidents or near misses. There are categories for incidents and impact as defined in the organisation’s incident management policy and procedural documents. The organisation’s incident management system and their incident management policy incorporate requirements and definitions for the serious incident response scheme (SIRS), and operational and executive staff demonstrated appropriate knowledge, understanding, and compliance with SIRS requirements.

The organisation’s clinical governance framework includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated appropriate knowledge of antimicrobial stewardship, minimising the use of restraint, and open disclosure, and management provided accurate definitions, examples of when these have been relevant to consumer care, and knowledge of where to access additional information if required. The organisation’s clinical governance framework defines its purpose as providing consistency of governance to achieve a variety of outcomes associated with provision of quality care and services. There are five domains that help to implement the framework, provide clear definitions and set criteria for how strategies will be achieved, and effectiveness measured. These include governance, leadership and culture; quality assurance, risk management and safety; clinical performance and effectiveness; partnering with consumers; and workforce performance and development. The organisation’s clinical governance framework is supported by a comprehensive range of policies and procedures and the organisation ensures the workforce is supported with qualified clinical advice when needed. The organisation demonstrated appropriate use and staff education around open disclosure. Executive staff and members of the governing body have clinical qualifications and experience, providing clinical oversight within the organisation.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)