

**Performance Report**

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| Name: | Catholic Healthcare McQuoin Park |
| Commission ID: | 0180 |
| Address: | 33 Pacific Highway, Wahroonga, New South Wales, 2076 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 February 2025 |
| Performance report date: | 11 March 2025 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited Service: 196 Catholic Healthcare McQuoin Park |

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 McQuoin Park (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the Assessment Team’s report for the assessment contact (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response received 7 March 2025 acknowledging the Assessment Team’s report and recommendations. The response also includes additional information, including plans for continuous improvement, relating to aspects of the Assessment Team’s report where the provider has identified opportunities for improvement in assessment and care planning.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 7** Human resources | **Not applicable** |

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 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)(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 |

Findings

The Assessment Team assessed requirements 3(3)(a) and 3(3)(d) and recommended the requirements met. The Assessment Team provided the following evidence gathered through interviews, observations and document review.

Consumers said they receive the clinical care they need to manage their complex care needs. Care files sampled evidence appropriate, tailored, best practice care relating to restrictive practices, behaviours, indwelling catheters, skin integrity/wounds, diabetes and time sensitive medications. Care files also demonstrate involvement of medical officers and allied health specialists in the care and management of consumers’ personal and clinical care requirements. While some minor documentation gaps were identified in charting for blood glucose levels, catheter care and oxygen therapy, there was no resulting impact on consumers’ health and well-being. In response to these gaps, the provider has implemented improvement actions, including introducing a comprehensive case management process and full review of the quality of assessments and care plans.

Care staff interviewed said they report any changes in consumers’ condition to the registered nurse who assess the consumer and direct any changes in care. This includes clinical observations, assessment and referral to the medical officer or hospital, if required. Care files for 2 consumers evidence timely identification and management of deterioration or change in health, including referrals to and review by medical officers, allied health professionals and specialist services. All consumers are regularly reviewed by a nurse practitioner, and the service has a good relationship with the outreach service and other local health district aged care services. Medical practitioners and consultants are readily available. Consumers and representatives interviewed are satisfied with how consumers’ care has been managed when they have become unwell or had a change in their health. One representative said they are satisfied with the care the consumer is receiving and they are well informed. They said they are provided regular updates from registered nurses and care managers, which gives them ‘peace of mind.’

Based on the Assessment Team’s report, I find requirements 3(3)(a) and 3(3)(d) compliant.

# 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 Assessment Team assessed requirement 5(3)(b) and recommended the requirement met. The Assessment Team provided the following evidence gathered through interviews, observations and document review.

Consumers interviewed are satisfied with the cleanliness of their rooms and common areas. The service is well presented and has a ‘home like’ ambience, and consumers can move freely both indoors and outdoors. Consumer rooms and common areas are safe, clean, clutter free, well maintained, and comfortable. Effective preventative and corrective maintenance processes, supported by contracted services, are in place, and identified issues are attended within appropriate timeframes. Cleaning of consumer rooms and common areas is undertaken in line with a schedule and detailed duty lists.

Based on the Assessment Team’s report, I find requirement 5(3)(b) compliant.

# Standard 7

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| Human resources |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Assessment Team assessed requirement 7(3)(d) and recommended the requirement met. The Assessment Team provided the following evidence gathered through interviews and document review.

Consumers and representatives interviewed are confident in the ability of the workforce to provide quality care due to the training staff receive. The service has a dedicated workplace educator, who is a registered nurse. The workplace educator priorities education in alignment with consumers’ needs and any areas of improvement identified. The workplace educator predominately works on the floor with the care team to monitor performance and provide guidance when required or requested. Staff training needs are also identified through audits, feedback and complaints, incidents and performance reviews. Staff compliance with mandatory training is monitored. Staff said orientation, mandatory training, buddy shifts and various competency assessments prepare them for their role, they receive ongoing mentoring, and management are always available to provide support.

Based on the Assessment Team’s report, I find requirement 7(3)(d) compliant.

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