Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | MacKillop House |
| Service address: | 2 Firewheel Place Norwest NSW 2153 |
| Commission ID: | 1113 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 28 March 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 MacKillop House (**the service**) has been prepared by K. Spurrell, 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
* the provider’s response to the assessment team’s report received 10 March 2023

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives said consumers were treated with dignity and respect, and their identity, culture, and diversity were valued. Staff described acknowledging consumers through respecting their choices, respecting their religion, and knocking before they enter their room. Staff were observed interacting with consumers respectfully.

Staff advised the service provided culturally appropriate care to the consumers. Care documentation identified the consumer’s cultural, spiritual, and individual needs and were initiated during the consumers' entry to the service. The service had a Cultural Safety, Diversity, and Inclusion policy.

Consumers and representatives stated consumers were given a choice about when care is provided, and their choices were respected. Care documents identify the consumers’ individual choices around when care was delivered, who was involved in their care, and how the service could support them in maintaining relationships.

Staff stated they were aware of the risks taken by consumers, and said they support the consumer’s wishes to live the way they choose. Risk assessments were completed for consumers who wish to take risks and documented how they were supported to understand the risks and to minimise the potential harm associated with the risks. Care documentation reflected the decision to take the risk and also the risk mitigation strategies.

Consumers and representatives reported they were kept updated on any changes via monthly newsletter, which is provided by email or hard copy. Calendars and menus were provided to facilitate decision making. To support consumers from linguistically diverse backgrounds, cultural information, cue cards and phrases in other languages were available and access to interpreting services was available, if necessary.

Consumers said their privacy was respected by staff. Staff understood the importance of privacy and encouraged consumers to verbalise how they wanted their privacy to be maintained. Nursing stations were observed to be locked when not in use and files were kept inside the station securely.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they received the care and services they needed and were involved in and had a say in the care planning process. The electronic care management system had evidence-based assessment tools to aid in informing the delivery of safe and effective care and services to consumers such as skin, behaviour, continence, and falls assessments.

Consumers and representatives advised care plans address the consumer’s needs, goals, and preferences. Staff described what is important to consumers in terms of how their care is delivered. Care plans were individualised, and reflected the consumers’ needs and preferences. Advance care plans were in place for consumers who consented to provide this information.

Consumers said assessment and care planning was coordinated and they were satisfied the right people were involved. Staff said the service partnered with consumers to assess, plan and review care and services. Care documentation demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers including physiotherapists, podiatrists, and dieticians.

Consumers and representatives said staff had explained their care plan to them and offered a copy, they consider the plan met their needs, goals, and preferences. Staff described processes for documenting the outcomes of assessment and planning. Verbal handovers were observed to be conducted every shift as well as multidisciplinary meetings where staff provided updates and advised of any adjustments to care for consumers.

Consumers and representatives said the service regularly communicated with them about their care and services and sought their feedback. Staff advised how they contributed to reviews, and provided an overview of the review process, which was also observed. Policies and procedures guided staff in regular reviews for effectiveness every 4 months or when circumstances change or when incidents impact the needs, goals, and preferences of consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 they were confident consumers were getting care that was consistent, safe, and right for them, and the care provided supported their health and well-being. Staff demonstrated they understood the individualised personal and clinical needs of consumers. Care documentation provided a comprehensive picture of each consumer’s care including but not limited to restraint, mobility and falls, skincare, and pain management.

Consumers said risks to their well-being such as falls, pressure areas, weight loss, and infection were assessed, explained, and managed to reduce risk. Staff said they identified, assessed, and managed high-impact or high-prevalence risks to the safety, health, and well-being of each consumer. Policies, procedures, and clinical protocols guided how the organisation managed high-impact or high-prevalence risks.

Representatives said they could visit and support consumers, were involved in palliative care decisions, and felt staff were skilled in providing any care needed. Care documentation reflected changes in care and services, in line with the consumer’s end of life care needs, goals and preferences. Staff advised they were equipped to provide end of life care; registered nurses and a local palliative care team were available to support care staff.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff explained how deterioration was discussed during handover, and triggered a nursing and medical officer review. Data was collected and analysed to improve care delivery, such as data about infections, falls, and unexpected transfers to the hospital.

Consumers said those who needed information to deliver their care are well informed and trained to deliver that care. Staff said information was accessible to them according to their roles. Information was observed to be shared when changes occurred through handovers, daily multidisciplinary meetings, communication and referrals books, emails, care documentation, the ‘Resident of the Day’ process, and through staff meetings.

Consumers and representatives said referrals were timely, appropriate, and occurred to meet their care needs. Staff described the process for referring consumers to health professionals and allied health services. Care documentation and progress notes confirmed the input of others and prompt and appropriate referrals made for the consumers.

Staff demonstrated an understanding of the precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. A staff and consumer vaccination program was available and records were maintained for influenza and COVID-19 vaccinations. Hand hygiene stations were observed throughout the service and staff were wearing appropriate protective equipment, and sufficient was available.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 interviewed said they feel supported to pursue activities of interest to them and that optimise their independence. Staff could explain what is important to the consumers and what they like to do, and this aligned with the information in the consumer’s care plan.

Consumers reported their emotional, spiritual and psychological needs were supported, and they could stay in touch with family, friends and religious leaders for comfort and emotional support. Staff described how they supported the consumer’s by facilitating connections with people important to them.

Consumers said that they have an active social life and can follow their interests at the service. Staff described how they work with other organisations, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Staff advised they booked taxis and assisted consumers to visit the external community independently.

Consumers and representatives said the consumer's condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff said they were informed of any changes to a consumer's needs through verbal and documented handover processes, care documentation, the communications book, and dietary folders.

Consumers said they were supported by other organisations, support services, and providers of other care and services. Care documentation identified referrals to other organisations and services, such as the hairdresser, physiotherapist, and podiatrist. Staff described other providers of other care and services, such as specialist support services, and specific consumers who utilise these services.

Consumers expressed satisfaction with the variety, quality, and quantity of meals, snacks, and drinks provided at the service. The consumer dining experience was observed to be comfortable and unhurried, and consumers were helped in a dignified manner. Processes were in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and there was evidence consumers were consulted in developing menus.

Consumers said they felt safe when they were using equipment and knew how to report any concerns about the safety of the equipment. Staff said they have access to equipment when they need it and described how the equipment was kept safe, clean, and well maintained. Equipment at the service, such as walkers, lifters, wheelchairs, and activity equipment, appeared to be new, suitable, clean, and in good condition.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said that they personalised their rooms, including bringing in furniture and possessions of choice. Staff described how consumers were supported to make the service feel like home, and how they support consumers to maintain independence. The service had a welcoming environment and consumers were observed to be moving around freely and interacting with staff, family, and among themselves.

Consumers and representatives reported the service was cleaned very well, and maintenance is done promptly. Consumers were observed moving freely around the services and communities. Staff advised they followed a cleaning schedule where each consumer room would undergo a deep clean at least once a week and general cleaning the rest of the week and added they had received training on infection control to safely deal with potential outbreaks.

The furniture, fittings, and equipment were observed to be clean, well maintained, and used safely. Staff explained when they encounter any maintenance issue, they report it to the maintenance staff, and prompt action was taken. The service had a preventative maintenance schedule monitored by the maintenance staff and the service manager.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 advised they were encouraged to provide feedback and make complaints. Staff described how they supported consumers and representatives to access complaints and feedback mechanisms. The service had a monthly consumer meeting where consumers could provide feedback or make complaints about any area of the service. Items such as cleaning, food, and maintenance were standing items in the meetings.

Consumers said they were provided with information on advocacy, language services, and ways to raise complaints. Management provided an overview of the complaints process and information on translation and advocacy services available to consumers. Printed materials such as posters and brochures were available in multiple languages in the foyer, including advocacy brochures, complaints mechanisms, and the Charter of Aged Care Rights.

Consumers and representatives stated management promptly addressed and resolved their concerns following the making of a complaint, or when an incident occurred. Management provided examples of recent actions taken in response to complaints made and feedback provided by consumers and representatives, which evidenced a timely resolution.

Consumers and representatives described changes implemented at the service because of feedback and complaints and said they were confident these were used to improve the quality of care and services. Management said the service trended and analysed feedback and this was used to inform continuous improvement activities. The continuous improvement plan confirmed items were being completed and closed promptly.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there was enough staff, care was not rushed, call bells were answered promptly, and staff give them the care they required. The roster was observed to be based on the needs of consumers and the roster contained a mix of staff, including registered nurses, carers, and hospitality services staff. Allied health staff, including physiotherapists and podiatrists, provide regular planned care for consumers.

Consumers said staff treated them with respect and understood their preferences. Staff were observed interacting with consumers in a kind, caring and respectful manner, including speaking directly to consumers and taking time to interact with them during care and service delivery. The staff handbook contained the service’s vision, values, philosophy, objectives, and commitment to quality and was observed to be available throughout the service.

Staff said they received the training and supervision they needed to do their job well. Documentation indicated recruitment, selection, and induction were comprehensive, and management demonstrated training took place according to roles and service needs. Position descriptions include key competencies and qualifications for each role. If a role requires specific qualifications, staff were required to have the relevant qualifications.

Staff were recruited using a formal process including interviews, referee checks, and qualification checks. Management said ongoing training and development was provided for all staff and their participation in training programs was logged and recorded. Staff said they received training from the commencement of employment and all training was topical, recorded, and assessed.

Staff said they had regular performance reviews where they assess performance against their role description. Management said the daily practices of staff are monitored to ensure the needs and preferences of all consumers are met. Management monitored and reviewed staff performance, including for probation periods, and ensured annual performance appraisal reviews were completed.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they provide ongoing input into how consumers’ care and services are delivered and the service has sought their input in a variety of ways, such as during regular care plan reviews, through consumer meetings, and through regular surveys and face-to-face discussions. All feedback or suggestions made by consumers and representatives were included in the service’s improvement register and are all reviewed, investigated, and actioned.

The Board, through the management team, promoted a culture of safe and inclusive care. Reports were created for the governance committees every month and provided information from various sources to identify the service’s compliance with the Standards. The Board frequently corresponds with management, staff, consumers, and representatives, through email and through other publications about changes that are occurring at the service.

The organisation received information, feedback and data collated and summarised and reported to the governing body. Staff had access to the information required to provide quality care and services, including the client management system and intranet. The organisation monitored changes to legislation and accesses external industry peak bodies to ensure they were up to date with changes to legislation and regulations.

The service has an effective risk management system in place to identify and manage risks to the safety and well-being of consumers. The organisation has introduced software to collect and record incident data, which is then analysed and trended. Information from the incident management system was used to guide management risk reduction activities. The service gathered, recorded, and benchmarked the mandatory quality indicators.

The service demonstrated a clinical governance framework was in place, and this encompasses antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff understood and described their accountabilities and responsibilities under the clinical governance framework concerning antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

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)