Performance

Report

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| Name: | Nazareth House Camberwell |
| Commission ID: | 3025 |
| Address: | 16 Cornell Street, CAMBERWELL, Victoria, 3124 |
| Activity type: | Site Audit |
| Activity date: | 17 January 2024 to 22 January 2024 |
| Performance report date: | 21 February 2024 |
| Service included in this assessment: | Provider: 3399 Nazareth Care  Service: 1784 Nazareth House Camberwell |

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 Nazareth House Camberwell (**the service**) has been prepared by Nicola Eastwood, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 confirmed staff treat them with dignity and respect and are familiar with their identity and what is important to them. care planning documentation reviewed reflected the diversity, background, and the personal preferences of consumers. The Assessment Team reviewed the service's diversity and inclusion policy, which outlined the service's commitment to ensuring a supportive service that respects and values diversity of customs, cultures, gender and beliefs. The service is a religious based service with access to a chapel on site which and staff described individual consumer cultural requirements and how they were accommodated.

The service has policies and procedures in place to guide staff practices regarding consumer choice and independence. There was evidence of dignity of risk documentation and support for consumers to exercise individual choice. Care planning documentation for consumers demonstrated a risk assessment or documented discussion of risks. Staff demonstrated they were aware of risks taken by consumers, while ensuring that strategies are in place to mitigate risk.

Consumers and representatives confirmed that they were kept informed through written information and verbal reminders. The Assessment Team noted information about activities is clearly documented on boards in communal areas and in calendars handed to consumers in their rooms. Management explained that any changes that occur are communicated to consumers and representatives, and that updates for lifestyle activities and menus are usually communicated via verbal communication and emails.

The Assessment Team noted information posted to consumer doors detailing types of equipment required to assist with care needs, following feedback regarding the potential for compromised privacy and dignity all signage was removed. Care staff described how they always ensure they speak about the care needs for consumers in private and enclosed spaces to ensure this information remains confidential.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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

Consumers and representatives interviewed said they receive the care and services they need, and they are involved in the care planning process. Care planning documentation mostly demonstrated consideration of individual risks influencing delivery of care and services. The service has policies and procedures for guidance on the care planning documentation and assessment process. The Assessment Team noted some falls prevention related strategies in place but not documented, in response to feedback management made amendments to complete the omitted information.

Management and clinical staff described how they ensure assessments and care planning are reflective of needs and described the service’s approach to end of life discussions and planning. Care planning documentation reflected current needs of consumers and advance care wishes were documented if the consumer wanted them to be. The organisation had guidance on advanced care directives to guide staff practice.

Consumers and representatives confirmed that staff involve them in assessment and care planning and are working with them when reviewing care and services provided. Management and clinical staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided. Care planning documentation demonstrated evidence of consumer, representative and external provider involvement. The service uses a monthly resident of the day care evaluation process as well as when incidents occur or there is a change in consumer care needs. Management and clinical staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. There was evidence of communication where incidents or changes occurred and the provision of or offers of access to copies of consumer care plan documentation.

The service has documents that guide staff in the review of care planning documentation and post-incident procedures. Care planning documentations indicated that care planning documentations had been reviewed during monthly ROD reviews, in alignment with the service’s policy.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this 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

Consumer files included assessments, care planning documentations, progress notes, medication charts and monitoring charts that mostly reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Where restrictive practice was in place this aligned with the requirements of having tailored and documented behaviour support plans (BSPs), informed consent and systems in place for regular review and monitoring. There was evidence of active skin integrity assessments and individualised pain management strategies.

High-impact and high-prevalence risks are effectively managed through monthly clinical data monitoring, trending and reporting as well as implementation of risk mitigation strategies for individual consumers.

Care planning documentation demonstrated needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The Assessment Team noted a comprehensive approach to palliative needs including engagement with religious support and family members as well as meeting the clinical needs of the consumer.

Consumers and representatives confirmed the service recognises and responds to changes in condition in a suitable and timely manner. Staff described how they monitor signs, changes, or deterioration from consumers, and described a range of signs related to deterioration. There was documented evidence to support staff monitoring of changed conditions and response in a timely manner. Management and staff described how information about consumer needs, conditions, and preferences are documented and communicated within the service and with others where responsibility for care was shared.

There was evidence of input of others and relevant referrals where needed, including input from medical officers, external dementia support services, wound care specialists, dieticians and physiotherapists.

Consumers and representatives were satisfied with the service’s cleanliness, 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.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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 said they feel supported to pursue activities of interest to them and are encouraged to do so. Staff described how feedback from consumers and representatives is used to improve the activities offered by the service so that they are tailored to consumer preferences and needs. Care planning documentation contained specific information regarding consumer social, emotional, spiritual needs and preferences. Consumers were confident that staff would know if they were feeling down and be able to assist with further supports.

Staff provided examples of consumers who were supported to maintain relationships with people who are important to them and do things that they enjoy. Care planning documentation noted consumer interests, people that were important to them and activities of interest to the consumer. Lifestyle staff described how they organise activities for consumers to attend outside of the service, such as trips into the local community.

Care staff said they were informed of changes to consumer condition, needs and preferences during staff handovers and by the team leaders on each floor at the beginning of their shifts, and how documentation would explain to them what consumer changes have taken place. Consumers confirmed they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrated appropriate referrals to other organisations and services such as volunteer organisations and pastoral care.

Consumers and representatives were satisfied with the variety, quality and quantity of food being provided at the service, indicating the meals met their needs and preferences. Most consumers reported liking the meals either all or most of the time and the availability of alternatives when requested. Care planning documentation reflected dietary preferences, allergies and cultural preferences.

Staff described how equipment is maintained and cleaned. The Assessment Team reviewed registers and schedules demonstrating regular cleaning and maintenance of equipment at the service.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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

Management and staff described features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service, and that the service environment allows them to move around freely, both indoors and outdoors. Cleaning staff said they have a schedule and roster which is followed to ensure duties such as routine and spot cleaning are completed. Maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging any repairs to the building or equipment.

Furniture, fittings and equipment were safe and well maintained. The Assessment Team observed and consumers confirmed that equipment and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer. The Assessment team reviewed the service’s reactive maintenance log demonstrating requests were completed within 2 to 3 business days, if not immediately.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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 confirmed they would feel safe and comfortable to provide feedback and complaints. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. The Assessment Team observed information displayed throughout the service that supports and encourages consumers and representatives to provide feedback and complaints.

A review of documentation as well as observations by the Assessment Team demonstrated the service actively promotes the translation services for various languages such as Mandarin, as well as external complaints bodies and advocacy. Most consumers and representatives expressed overall satisfaction with how the service addresses and resolves concerns or complaints and confirmed the service’s application of open disclosure. A review of complaints and the Plan for Continuous Improvement (PCI) showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, being transparent and resolving issues.

The Assessment Team noted some dissatisfaction with complaint outcomes which management has considered were satisfactorily resolved and supporting information related to the actions which had been taken.

The service demonstrated there was a system and procedure for receiving, monitoring and actioning feedback and complaints from consumers and representatives and identifying continuous improvement opportunities. The PCI and consumer meeting minutes demonstrated feedback and complaints from consumers, representatives and other sources are reviewed and used to improve care and services, as described by management, staff, consumers and representatives.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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 confirmed that staffing levels are adequate to deliver the care and support they needed. A review of documentation demonstrated the service has adequate staff and call bell response times were monitored to ensure they are within the service’s performance targets. Management explained how the service accommodates for unplanned leave, by reaching out for help from the pool of staff or by offering additional hours to permanent staff.

Staff described how they respect consumers by knocking on doors and asking consumers for consent before carrying out any actions. Staff were observed greeting consumers by their name and demonstrated that they are familiar with consumer individual needs and identity.

Management explained the service has a comprehensive education program from induction and thereafter, that requires staff to complete role-based training that is monitored by management at the service. The Assessment Team reviewed registers and records of mandatory qualifications, checks, and registrations. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. Compulsory and additional training is scheduled regularly, including infection control, the SIRS, and restrictive practices training for clinical staff through both online and face to face sessions.

The Assessment Team reviewed documentation demonstrating the service reviews staff performance bi-annually or when required. Staff described the performance review process and how their performance is monitored.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

# 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

Consumers and representatives described how they are engaged and included through forums and committees. Management described a variety of mechanisms in place to ensure consumers are able to provide input and make their own decisions about the care and services. This is facilitated through consumer meetings, consumer advisory committee meetings, consumer surveys and feedback channels.

Management described a robust organisational and governance structure to ensure the delivery of quality care and services. Management described, and provided evidence of, mechanisms used to ensure the Quality Standards are being met, such as internal audits. The management team generates a benchmarking and quality indicator report tabled on a regular basis at the board level. This report includes information such as major policy changes, SIRS reports, feedback and complaints and operational issues. Regulatory and legislative changes are monitored through subscriptions to a range of newsletters from peak regulatory bodies.

There was evidence of effective information management systems with staff confirming the system is easily accessible. The service identifies opportunity for continuous improvement through various mechanisms such as feedback and complaints, consumer meetings, staff feedback, incident information, informal conversations and day-to-day observations. The governing body supports purchases to improve the service environment, such as air-conditioning units and digital displays for menus.

The service demonstrated a system for encouraging, organising, and actioning feedback and complaints from consumers, their representatives, and staff. The service’s workforce is governed and managed to ensure the workforce is sufficient and skilled to provide safe and quality care and services such as through mandatory training and other requested training.

The incident management system is effective in managing, preventing and responding to incidents, including those involving potential abuse of consumers. Management explained they continually monitor high-impact high-prevalence risks such as wounds and falls via clinical data and weekly governance meetings.

The clinical governance system ensures the provision of quality and safe clinical care, including antimicrobial stewardship, minimising the use of restrictive practice, and by practicing open disclosure.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with this standard.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)