Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Our Lady Of Consolation Home |
| Service address: | 32 Evans Road ROOTY HILL NSW 2766 |
| Commission ID: | 0146 |
| Approved provider: | Our Lady of Consolation Aged Care & Services Limited |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 9 June 2023 |
| Performance report date: | 13 July 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 Our Lady Of Consolation Home (**the service**) has been prepared by J. Miaris, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect. Management and staff described the diverse cultural backgrounds of consumers and strategies used to ensure consumers feel that their identity is valued, aligning with care planning documents. The service had policies and procedures in relation to the organisations commitment to respecting culture and identity of consumers.

Consumers said the service recognises and respects their cultural background providing care that is consistent with consumers’ cultural preferences. Staff identified consumers with diverse backgrounds and provided information relevant to ensuring that each consumer receives care that aligns with their care plan. Care planning documents included information on consumers’ background and culture.

Consumers said they are supported to exercise choice and independence. Staff described how they support consumers to make choices, maintain their independence and engage in relationships of their choice. The service had policies and procedures in place supporting consumer choice and decision making. Care planning documents highlighted what was important to consumers, including maintaining relationships that are important to them, and lifestyle choices.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff demonstrated knowledge of consumers who wish to partake in risk activities and described how consumers are supported, ensuring that appropriate strategies are in place to manage these risks. Care planning documents demonstrated risk assessments were completed in consultation with health professionals, consumers and representative in line with the service’s risk management policies and procedures.

Consumers and representatives said they received information that was timely and in a way they can understand, and they are involved in meetings, are provided ongoing information which include care plans, meeting minutes, monthly newsletters, menus, and activity calendars, which enables consumers to exercise choice. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers said their privacy and confidentiality is respected and described staff practices such as knocking on their door and asking permission to enter their room. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service’s electronic care management system was observed to be password protected and locked when unattended to ensure confidentiality of consumers’ personal information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Management said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they choose to and during regular conversations, reviews, or when there is a request and change to health status. The service had policies and procedures in place to assist with decision making and to support the end of life journey for consumers.

Care planning documents evidenced regular care planning and reviews in line with the service’s policies and procedures regarding partnership, and the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described processes for partnering with consumers and representatives in care planning, and the importance of regular communication to ensure quality of care is delivered.

Consumers and representatives said staff explain information about care and services and can access a copy of the consumer’s care and services plan if they want to. Management and staff described how they effectively communicate outcomes of assessment and planning to consumers and representatives.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Management advised care planning documents are reviewed every 4 months, or as required, which was reflected in care planning documentation. Consumers and representatives confirmed care and services were reviewed regularly or when a change occurs. The service had policies and procedures in place to guide staff in the assessment and planning process.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received care that is safe and right for them and meets their needs and preferences. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practice. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included informed consent, and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks such as falls prevention strategies, including the use of bed sensors, chair sensors, floor sensors, and hip protectors, to minimise the risk for those consumers who are at risk of falls. Consumers and representatives felt the service is adequately managing risks to consumers’ health and staff explained how they identify, assess, and manage risks.

Care planning documents included advance care plan directives for those consumers who choose to have one, with documented discussions with representatives regarding palliative care, to support consumers’ wishes and needs. Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences, with their comfort maximised, and their dignity preserved. The service had an end of life policy in place to enable consumers to access the end of life care they require.

Consumers and representatives said the service is responsive to consumers’ care needs and they would be informed of deterioration and planned management strategies. Staff described how they identify and respond to deterioration or change in consumers’ condition. Care planning documentation demonstrated that deterioration is recognised and responded to in a timely manner, and care plans were updated when changes occurred.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers’ needs, conditions, and preferences were documented and communicated within the organisation and with others where care is shared.

Consumers and representatives said referrals were timely, appropriate and consumers have access to a range of health professionals when required. Management and staff described processes to refer clinical matters to other providers. Care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and 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.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said they feel supported to pursue activities of interest to them and are supported to do so. Staff demonstrated knowledge of consumers’ needs and preferred activities and provided examples of how they support consumers to remain independent and explained what was important to consumers and how they support them to do the things they enjoy. Care planning documentation captured the consumers life story and identified consumers preferences and information in relation to supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life.

Consumers said their emotional, spiritual, and psychological needs were supported by the service. Care planning documentation included consumers’ individual emotional support strategies and how they were implemented by staff, which aligned with consumers expressed needs and preferences. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as spending time with them, engaging in one-on-one conversations, and providing comfort.

Consumers and representatives said consumers feel supported to participate in activities within and outside the service, maintain social and personal connections that are important to them and do the things of interest to them. Staff described how they support consumers to maintain relationships and their interests, both inside and outside the service. Care planning documents identified the people important to individual consumers and their activities of interest. Consumers were observed socialising with visitors and other consumers and participating in various activities.

Consumers and representatives said consumers’ needs and preferences are well communicated. Management and staff described how communication of consumers’ needs and preferences occurs via care plans, shift handover and dietary folders. Care planning documentation contained adequate information about consumers’ needs and preferences that are communicated with others included in the care delivery to support safe and effective care to consumers.

Care planning documents evidenced the service collaborates with external providers of other care and services and reflected the involvement of a range of services and timely referrals made to meet consumers’ needs and preferences. Consumers said they have accessed a range of services and supports to meet their care needs. Staff described how they engage other organisations and services to enhance consumers’ experience at the service.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food. The service had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences. The menu displayed in the dining room at the service offered a wide variety of meal options.

Equipment which supported consumers to mobilise and engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers reported having access to equipment, including mobility aids and shower chairs to assist them with their daily living activities. Staff said they ensure consumer mobility equipment is safe and suitable and described the process for ensuring equipment is kept cleaned and maintained. Maintenance documentation demonstrated regular and preventative maintenance servicing of equipment to support daily living for consumers.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand, which was observed. The service environment was observed to have wide well-lit corridors, railings to maximise independence for consumers with limited mobility, communal seating available indoors and outdoors, garden areas and signage to support navigation around the service. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and decorations.

Consumers and representatives said the service environment is safe, clean, well maintained and consumers are able to move freely both indoors and outdoors. Consumers were observed moving freely around the service and the service was observed to be clean and well maintained. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance schedules were in place and up to date, and maintenance logs were completed in a timely manner.

Furniture, fittings, and equipment throughout the service was observed to be safe and well-maintained. Consumers confirmed they have access to safe, clean, and well-maintained equipment. Maintenance documentation demonstrated maintenance checks are regularly conducted, with documented preventative schedules in place to ensure equipment is safe and fit for purpose.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable and safe to provide feedback or raise concerns with staff. Management and staff advised feedback and complaints were gathered through verbal and written communication, meetings, care plan review process and feedback forms. The service’s monthly consumer newsletters contained information on making complaints, feedback and food satisfaction forms and a secure feedback box were located throughout the service accessible to consumers.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy services if required. Staff were aware of the process to engage advocacy and language services should a consumer or representative require them. The service had feedback forms and brochures with advocacy and language services displayed on noticeboards throughout the service.

Consumers and representatives said the service responds to and resolves concerns when they are raised. Staff and management demonstrated that appropriate action is taken in response to feedback and complaints and an open disclosure process is used when things go wrong. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff explained processes taken in response to complaints received by consumers.

The service demonstrated the organisation had systems and procedures in place for receiving, monitoring, and actioning feedback from consumers, representatives, and staff. Staff and management described processes in place to escalate complaints, and how they are used to improve the care and services. Documentation reflected the various ways the service captured feedback and complaints and how data is used to inform improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Observations indicated that staff were available when consumers required staff assistance. Management and staff described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers reported that staff know them well and are kind and caring. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name and engaging in friendly and familiar conversations with them. Staff demonstrated awareness of consumers’ cultural and personal backgrounds.

Consumers and representatives said staff were skilled and know what they are doing when providing care to consumers. Staff said they were confident and sufficiently trained to provide quality care and services to consumers. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said the service provides training to support them in providing quality care to consumers. Management described and documentation evidenced how staff are provided training they need to perform their roles in relation to the Quality Standards. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training schedules in place to ensure all staff complete their mandatory training requirements and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Staff outlined how their performance is monitored through annual performance appraisals. Management described how the performance of staff is monitored through formal performance appraisals and informal monitoring and review processes. The service had policies and processes in place that inform the expected performance and behaviours for all staff.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service engaged with them in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives were engaged, including customer experience surveys, feedback, informal conversations, monthly consumer meetings and care planning reviews. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service and demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as regular meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to information management, the service's information management systems were demonstrated to be effective and fit for purpose. Staff confirmed they can easily access the information they need to perform their roles which includes care planning documentation, the risk management system for incident reports and access to policies and procedures.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Management said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Management explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. The service detailed training they have received and their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated knowledge and training in these areas and were able to provide examples of how it applied to their day-to-day work.

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)