Performance

Report

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| Name of service: | St Catherine’s Aged Care Services |
| Service address: | 162-166 Balaclava Road EASTWOOD NSW 2122 |
| Commission ID: | 1470 |
| Approved provider: | St Catherine’s Aged Care Services |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 6 October 2022 |
| Performance report date: | 31 October 2022 |

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 St Catherine’s Aged Care Services (**the service**) has been prepared by Ms D. McDonald 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

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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 and representatives said they felt respected, their identity and diversity were valued, and they were afforded dignity in the service. Staff spoke about, and to, consumers respectfully and were aware of consumers’ individual identity, culture and diversity. Policies and procedures set out the consumers’ right to dignity and respect and guided staff practice.

Management described how the service identified cultural needs and provided culturally safe care and services. Information about consumers’ life history, including their cultural and spiritual needs, was captured in care planning documentation. Staff could describe the cultural backgrounds and preferences of individual consumers in line with their care documentation. Most consumers described how the service valued their culture, values and diversity.

Consumers and representatives said they could make decisions about the people involved in their care and the way their care and services were delivered. Consumers reported they were supported to maintain their independence and personal relationships. Staff described strategies for supporting consumers to exercise choice and independence through care planning and on a day-to-day basis. Staff provided examples of how they helped consumers make choices, maintain important relationships and achieve their goals and preferences.

Consumers and representatives said they were supported to take risks in order to live their best lives with dignity. Staff were aware of the risks taken by individual consumers, and said they supported consumers to take risks, to live the life they chose. Records showed dignity of risk assessments had been completed and reviewed in line with the service’s risk management policies and procedures around informed consent.

Consumers and representatives expressed satisfaction with the way the service communicated up-to-date information about activities, meals and other events happening in the service. Consumers and representatives said they were involved in meetings and encouraged to ask questions about their care, so they could make informed decisions. Staff described different ways information was communicated to ensure it was easy to understand and accessible to all consumers, including those with poor cognition, sight or hearing. The monthly activity calendar, monthly menu and other information was displayed around the service.

Consumers said their privacy was respected and personal information kept confidential. Staff described strategies for respecting privacy and ensuring confidentiality of personal information in line with organisational policy and procedure. Staff were observed respecting the privacy of consumers by knocking on doors and awaiting a response before entering and closing doors when providing personal care.

# 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

Management described the assessment and care planning process which informed the delivery of safe and effective care and services, taking account of risks to consumers’ health and well-being. Consumers and representatives said they were involved and had a say, in the assessment and care planning process which meant they received the care and services they needed. Staff described the assessment and care planning process in detail and care documentation showed the service considered risks to consumers’ health when identifying their needs, goals, and preferences.

Consumers and representatives said assessment and planning identified and addressed their current needs, goals and preferences, including advance care planning and end of life (EOL) planning, if they wished. The service determined what was important to consumers through assessments and regular consultations, care reviews and staff observations. Care documentation identified and addressed the consumer's current needs, goals and preferences, including advance care planning and end of life (EOL), where applicable. Records showed all consumers except those on respite care had completed advance care directives.

Consumers and representatives said they felt they were partners in the assessment and planning of their care and they could include others they wished to involve. Care documentation showed regular case conferences occurred involving a diverse range of external care and service providers such as medical officers, physiotherapists, speech pathologists, podiatrists, dietitians and other specialists. Staff described the process for seeking the input of other health professionals in the assessment and planning process.

Consumers and representatives expressed satisfaction with the service’s communication of the outcomes of assessment and planning and confirmed they had received, or been offered, a copy of the care and services plan. Clinical staff described the processes for documenting and communicating assessment outcomes to consumers/representatives. Care documentation showed evidence of regular review and case conferences with consumers/representatives. Staff were observed using the electronic care management system to record all care information.

Consumers and representatives confirmed the service regularly communicated with them about their care and services, sought feedback, and made changes to meet their current needs, goals, and preferences. Clinical staff described the evaluation and review process for determining whether care was effective. Care plans were reviewed regularly and when circumstances changed, or when consumers/representatives wished. The service had policies and procedures to guide the review of care and service plans and a suite of assessment and charting tools.

# 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

Consumers and representatives said they were provided with safe and effective personal and clinical care that was tailored to their needs, reflected best practice, and optimised their health and well-being. Staff demonstrated detailed knowledge of consumers’ clinical care needs in relation to pain management, skin integrity and restrictive practices, particularly ‘environmental restraint’. Care documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer.

Management described effective processes and procedures for managing high impact and high prevalence risks through regular monitoring and trending of data and implementation of suitable risk mitigations strategies for individual consumers. Consumers and representatives with high impact or high prevalence risks expressed satisfaction with the care they received. Care documentation noted specific risks to consumers had been identified and effective treatment and risk mitigation strategies were in place.

Management and staff explained how the needs, goals and preferences of consumers nearing the end of life (EOL) were respected and how their dignity and comfort was preserved. Documentation for consumers nearing the end of life showed their needs, goals and preferences were recognised and their care delivered accordingly. Consumers and representatives said they were confident in the care provided to consumers nearing end of life.

Consumers and representatives expressed confidence the service would respond quickly and appropriately to a deterioration or change in condition. Clinical staff could describe different situations where a change in consumer’s condition, ability or health status were identified and responded in a timely manner. Care documentation supported deterioration in consumer condition had been identified and escalation to the medical officer or other health professionals had occurred.

Management explained how the service effectively documents and communicates current information about a consumer’s condition, needs and preferences. Management said information was documented in the electronic care management system and could be shared between staff, representatives and other health professionals involved in the consumer’s care. Consumers and representatives said the consumer’s care needs and preferences were effectively communicated within the service and they do not need to repeat themselves to multiple people. Care documentation showed adequate up to date information was recorded and communicated to support safe and effective care.

Consumers and representatives confirmed the service referred them to other appropriate providers of care and services promptly, when needed or requested. Care documentation confirmed referrals to other care services were made promptly when needed by the consumer. Records showed reviews or consultations with dietitians, physiotherapists, speech pathologists, dementia specialists, palliative carers and medical officers.

Management explained how the service was prepared in the event of an infectious outbreak, (including for a COVID-19 outbreak) and prescribed antibiotics in line with antimicrobial stewardship (AMS) guidelines. The service had an appointed infection prevention and control staff member, and documented policies and procedures. Consumers and representatives said the service was kept clean, and they saw staff using personal protective equipment and practicing safe hand hygiene techniques routinely. Consumers and representatives said they were satisfied with the service’s management of COVID-19 and other infection control practices. Hand sanitiser dispensers and hand washing basins were readily available.

# 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 and representatives considered the services and supports for daily living met their needs, goals and preferences and optimised their health and independence. Staff knew individual consumer’s assessed needs, goals and preferences and how they delivered them daily. Care planning documentation identified the individual services and supports consumers needed to do the things they wanted and live the life they chose. Care documentation confirmed the services and supports recorded were in line with the consumers’ stated needs, goals and preferences.

Consumers described how the service supported their emotional, spiritual and psychological well-being. They said the lifestyle program engaged them in satisfying activities that helped minimise the risk of stress, depression or anxiety. Staff gave examples of how they supported consumers emotional, spiritual and psychological well-being. Care documentation recorded consumers’ individual emotional support strategies and how these were to be implemented.

Consumers said the service fostered their interests and personal relationships and supported them to participate in the community. Staff described how they supported consumers to maintain personal relationships and participate in the internal and external community. Care documentation recorded each consumer’s interests and important social and personal connections.

Consumers said staff were aware of their needs and preferences and they didn’t have to repeat their preferences to multiple staff members. Representatives said they received regular and timely updates about the consumer’s health status and any change in condition. Staff could describe ways they shared current information within the service and with others involved in the care of consumers.

Consumers and representatives said they had timely access to appropriate external services and supports. Staff provided examples of consumers being referred promptly to external providers of care and services when needed. Care documentation and written policies confirmed the service collaborated with external providers of care and services to support the diverse needs of consumers.

Most consumers said the meals were varied and of suitable quality and quantity. Consumers said the food and the overall dining experience met their needs. The service had processes in place to include consumers in the development of the menu and to provide feedback on the quality and suitability of the meals provided. Consumers were offered other options where the daily menu was not to their liking. Staff described how individual consumer dietary needs and preferences were recorded and supported on a daily basis. Completed dietary assessment forms were sent to the kitchen in accordance with the policy and procedures and changes made by the dietitian or speech therapist were recorded on the dietary plan.

Equipment used for activities of daily living was observed to be clean, safe, suitable and well maintained. Consumers felt safe when using the service’s equipment and said staff were skilled in using the equipment, such as lifters. Staff said they had easy access to equipment that is regularly maintained and described processes for reporting faults and issues. Maintenance staff said lifters are serviced six-monthly as part of their preventative maintenance program.

# 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

Consumers and representatives said the service was welcoming and they felt at home in the service. Consumer’s rooms were personalised with their name and photograph displayed outside their room. Staff were observed greeting consumers around the service and welcoming visitors. Consumers were observed sitting and socialising together in different communal lounge areas.

Consumers and representatives said they felt safe, and the service was clean and in good condition. Consumers said they could move freely inside the building and into the internal courtyard which is unlocked. The service environment was observed to be safe, clean, and well maintained. Consumers were seen moving freely around the service (some using mobility aids) and enjoying various areas around the service. Cleaning staff showed the schedules they followed to ensure efficient and thorough cleaning of consumers’ rooms and communal areas. Maintenance staff demonstrated effective preventative and reactionary maintenance schedules and processes.

Consumers expressed satisfaction with the range, cleanliness and condition of the equipment, fittings and furnishings in the service. Consumers said they reported any maintenance issues to the staff. Staff said they had access to safe and well-maintained equipment and described how they raised maintenance concerns in relation to furniture, fittings and equipment. Documentation showed the service had reliable maintenance and cleaning processes to ensure the furniture, fittings and equipment were safe clean and well maintained.

# 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 said they were encouraged and supported to provide feedback regarding care and services and felt comfortable complaining, should the need arise. Staff and management described various avenues available for consumers and representatives to provide feedback or make a complaint. Documented policies and procedures provided guidance to staff in relation to the management of feedback, complaints and compliments. Printed feedback forms and brochures about the complaints and feedback process were placed around the service.

Consumers and representatives said they are aware of other avenues and supports for raising a complaint however, they were comfortable initially raising concerns with management and staff. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting them to complete feedback forms, as required. Information on advocacy and translation services was displayed on the noticeboards and brochures were available around the service in multiple different languages.

Consumers and representatives said management promptly addressed and resolved their concerns following a complaint, or after an incident had occurred. Staff and management were able to describe the open disclosure process followed for complaints which includes apologising and resolving. Management provided examples of recent responses to feedback and complaints which evidenced appropriate documenting, investigating and resolving promptly, in line with the service’s policies.

Consumers and representatives described how their feedback and complaints had led to improvements at the service. Management described how complaints and incidents were documented, assessed, and used to inform continuous improvement across the service. Consumer and staff meeting minutes and the continuous improvement plan demonstrated that consumer feedback and complaints informed improvements to the quality of care and services.

# 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, said staff were always busy, but they did answer the call bell quickly when they rang. Management explained staffing levels were adjusted to meet changing consumer needs and the master roster was changed accordingly. Management explained if they were unable to fill shifts with existing staff, they would use agency if it was appropriate. Call bell reports were discussed at staff meetings and were monitored and reported to the manager on a weekly basis. Call bell responses over 10 minutes were investigated.

Consumers and representatives consistently reported staff engaged with them in a respectful, kind, and caring manner, and were gentle when providing care. Staff were observed interacting with consumers and their family members in a respectful and kind manner. Management advised they monitored staff interactions with consumers and representatives through observations and other informal and formal feedback and complaints processes.

Consumers and representatives said staff were skilled in their roles and competent to meet their care needs. Management explained how they ensured the workforce had the skills, qualifications and knowledge they needed for their roles. Staff said they were well supported by management through induction and ongoing training. Position descriptions outlined the qualifications, registration, knowledge, skills and abilities required for various roles. The onboarding process included a suite of competencies and training which staff were required to complete.

Consumers and representatives said they were happy with the care provided and thought the staff were well trained. Management described the systems in place to ensure staff were recruited, trained and equipped to support and deliver care and services in line with the Quality Standards. Staff confirmed the service supported them during orientation and they received initial and ongoing training so they can deliver the care required by consumers. The education program was observed to include mandatory training, online education modules, toolbox talks, competency documentation and the orientation program.

Management explained how the service monitored and reviewed the performance of staff through regular performance reviews and management observations and other feedback processes. The organisation had a suite of documented policies and procedures to guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff, if performance issues were identified.

# 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 felt supported to be engaged in the development, delivery and evaluation of care and services. Consumers said the service was well run and management and staff were supportive. Management described how consumers and representatives were encouraged to participate in consumer meetings, feedback mechanisms and surveys to identify possible improvements. Staff explained the different processes for engaging with consumers and the minutes of consumer meetings indicated the involvement of consumers and representatives.

Management described how the organisation had implemented processes to ensure the Board was accountable for promoting a culture of safe, inclusive and quality care and services. The Board satisfied itself the Quality Standards were being met through detailed monthly reporting from the service, which included clinical indicators, financial indicators, complaints or feedback and incident management. The Board Chair attended the service monthly and met with the service manager to review key performance indicators, complaints and incidents.

Management and staff described how the organisation had robust, organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had a suite of organisational policies and procedures available to guide staff understanding and aid the implementation of good governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff knew which consumers were at risk and explained how they managed the risks in line with best practice. Consumer and representatives were satisfied they were supported to live their best life and the service responded well to risks and incidents. Staff said they were guided by the service’s policies, procedures and practices to minimise risks to consumers, prevent infections and report serious incidents.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, restrictive practices and open disclosure. Staff provided examples of these policies relevance to their work. Care plans, progress notes, and incident reports confirmed the policies were adhered to by the service.

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)