Performance

Report

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| Name of service: | Performance report date: |
| St Catherine’s Hostel Wangaratta Inc | 14 September 2022 |
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| St Catherine’s Hostel Wangaratta Inc | 2 August 2022 to 4 August 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 Hostel Wangaratta Inc (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* other information and intelligence held by the Commission in relation to the service.

# 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.

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 | | Compliant |
| 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 considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

Staff demonstrated an in-depth knowledge of each consumer’s identity and were able to articulate how they meet the individual needs of these consumers. Staff were observed interacting respectfully with consumers and demonstrated an understanding of their care preferences. Consumers felt their culture and diversity is valued, and their personal privacy is respected.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent and make decisions about the care and services, including activities involving risk. Consumers felt supported to make and maintain connections and relationship, both within and outside of the service.

The service demonstrated that timely, current, and accurate information is provided to consumers and consumers and representatives were satisfied with the way the service communicated information about their care and services to them.

Consumers said that staff respect their privacy, including when with visitors. Staff also knock on the door before entering and seek permission to enter. A privacy policy outlines how the service maintains and respect the privacy of personal and health information for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed their involvement and consultation in the care planning and assessment process. The service consistently demonstrates assessments and care planning include risks to the consumer’s health and wellbeing and informs the delivery of safe and effective care and services. Registered and care staff, said assessment outcomes are documented in care plans and discussed with staff, which guides them in the delivery of care. Consumers and representatives were satisfied with the care they receive, and felt risks are identified and managed appropriately. Consumer documentation and care plans, identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours.

Consumers said staff involve them and others they want in their care as much as possible. Staff were able to describe what is important to consumers in terms of how their care is delivered. The service demonstrated assessment and planning reflected consumers goals, needs and preferences including advance care planning and end of life care wishes.

Registered and care staff, described the process of referring consumers to relevant allied health professionals such as physiotherapists and occupational therapists. Care planning reviews for consumers, identified consumers and their representatives are consulted in assessments and care planning and include input from other multi-disciplinary team members.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and they have a current copy of their care plan or know where to access one if they chose to. Care planning documents evidenced regular reviews occur or as a result of change of circumstances or condition of the consumer. Representatives confirmed they are kept informed of changes by the service and a review of care documents further evidence regular reviews.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 are satisfied the care delivered is tailored to their needs and optimises their health and well-being. Staff demonstrated they understand the individualised personal and clinical needs of consumers and care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies and procedures to support the delivery of care, such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention.

The service demonstrated risks for each consumer including, falls, swallowing and pain are effectively managed. Care planning documentation identified effective strategies to manage key risks including falls, pain, behaviour, skin integrity, nutrition/hydration, infection, and complex care needs, and were recorded in assessment tools such as the Falls Risk Assessment Tool, care plans and progress notes for consumers.

Consumers and representatives confirmed staff had spoken to them about advance care planning and staff explained how they attend to the needs and preferences of the consumer to prioritise comfort and dignity during end-of-life care. Care planning documents detailed advance care planning information, including choices and end of life preferences.

Consumers and representatives said they are satisfied with the delivery of care including the recognition of deterioration or changes in their condition. Staff provided examples of how deterioration or change in specific consumer’s conditions were recognised and responded to. Care planning documents, progress notes and charting demonstrate deterioration in a consumer’s health, capacity and function is identified and responded to.

Staff described how changes in consumers care and services are communicated through verbal handover processes, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications.

Consumers care planning documentation includes input from other services such as medical officers, podiatry services, physiotherapists and dieticians and staff described the process for referring consumers to external health professionals and allied health services.

Staff confirmed they had received training on infection minimising strategies including antimicrobial stewardship, hand hygiene, the use of appropriate personal protective equipment and outbreak management process.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 confirmed consumers receive safe and effective services that maintain their well-being, independence, and quality of life. Staff demonstrated knowledge of consumer’s individual needs, knew what was important to them and were able to describe how they work with the consumers to maintain a good quality of life. Consumers described how they engaged in meaningful activities that were satisfying to them and provided examples of how the service promoted their spiritual, emotional, and psychological well-being. Consumers stated the service helps them to stay in touch with family and friends for comfort and emotional support and described the various methods of staying connected with them**.** Staff were able to describe how they work with community groups to enable consumers to follow their interests and community connections.

Staff advised that information, changes, and other needs are shared internally at handovers and via their electronic care planning system. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences

# Care planning documentation contained information about external services that have been involved in supporting consumers. The service has an allied health assistant employed specifically to support consumers’ attendance at both internal and external appointments.

Consumers provided positive feedback on the quality and quantity of meals and described being involved in the design of the menu. Staff were able to describe how they meet individual consumer dietary needs and preferences on an ongoing basis. The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and that maintenance undertake ongoing monitoring that the equipment is fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 stated that the service environment is welcoming to their visitors, said they felt safe and comfortable, and it feels like their home. Consumers described how they access activities in different areas of the facility and can move around the service freely as they wish. All consumer rooms have ensuites and are personalised to their interests and hobbies. Activities were observed taking place in several common areas.

The service environment has signage throughout to support consumers navigate the service and the Assessment Team observed consumers moving freely indoors and out. Service areas such as the kitchen and laundry appeared clean and well maintained.

Consumers said the furniture fittings and equipment are clean, well maintained, and suitable for them. The Assessment team observed a range of equipment including walkers, wheelchairs, and lounge chairs throughout the service including equipment used to support personal care.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 and knew the channels to do so, such as anonymously, via consumer meetings, feedback forms, or speaking directly with staff. Staff were able to describe the avenues available for consumers if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly.

Information regarding internal and external complaints, feedback processes and advocacy services are provided via the consumer handbook, in brochures and on notice boards throughout the service. Consumers and representatives said follow up actions occurred in response to complaints and feedback and were satisfied the feedback will result in service improvements.

Staff demonstrated an understanding of the open disclosure process and described how the organisation records, reviews and acted on feedback and complaints to address concerns raised and improve care and services.

The feedback log for the service was reviewed which demonstrated that the service keeps a record of the feedback received and documents the outcomes or actions taken to resolve the issues identified including any continuous improvement results.

**Standard 7**

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| Human resources | | Compliant |
| 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 felt they receive quality care and services from staff who are knowledgeable, capable, and caring and said there were enough staff to available to maintain a high standard. Clinical and care staff were satisfied with the roster and said there was enough time and staff allocated on any given day.

Consumers and representatives were confident staff are trained appropriately and are sufficiently skilled to meet their care needs. The service has position descriptions for all staff roles, care and registered staff descriptions identify required qualifications and experience, a summary of the position, and an outline of the responsibilities and duties.

The organisation has recruitment and selection procedures to provide a structured approach to ensure staff have the required qualifications and credentials. Position descriptions are documented for each role and set out the qualifications and skills required and responsibilities of each role.

Training records indicate the service consistently orientates, trains and monitors staff training and competency to ensure the workforce has the skills to perform their roles effectively.

The organisation has a staff performance framework that includes annual performance appraisals and mandatory education. A review of relevant documentation identified that performance appraisals, mandatory training and competency assessments are conducted annually.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives said they provide ongoing input into how care and services are delivered and confirmed that the service has sought their input in a variety of ways. The governing body promotes a culture that is safe, inclusive with quality care and is accountable for its delivery. The Board satisfies itself that the Quality Standards are being met with the service through the monthly Chief Executive Officer and care manager reports that include a governance and quality component and outcomes from a variety of sources.

There are governance systems to support effective information management, compliance and regulation, complaints management and open disclosure and clinical care. Any updates to practice or legislative, are disseminated to staff through staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures.

The service’s risk management framework, includes policies describing how to manage high impact or high prevalence risks, identifying incidents and how they are responded to, and reported in accordance with legislation, including serious incident reporting. Management was able to describe how incidents are analysed, used to identify risks to consumers and inform improvement actions.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Registered staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to discourage unnecessary use of antibiotics.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)