Performance

Report

**1800 951 822**

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| Name of service: | St Charbel’s Care Centre |
| Service address: | 2 Waterloo Road Punchbowl NSW 2196 |
| Commission ID: | 0978 |
| Approved provider: | St Charbel’s Care Centre Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 16 February 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 St Charbel’s Care Centre (**the service**) has been prepared by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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.

# 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 so as 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 said the service respected them, and that they lived dignified lives. Staff interacted with and spoke about consumers respectfully. The service informed consumers of their rights on admission and thereafter, including their right to maintain their dignity and be treated with respect.

Consumers said staff were kind and respectful of their culture. Care planning documents captured information about consumers’ life histories, including their cultural and spiritual needs. Staff knew consumers’ cultural backgrounds well and their recollection was consistent with the information in consumers’ care plans.

Consumers said the service supported them to make decisions about their care and to involve family and friends in their decision-making process if they wished. Care documents showed a range of information pertinent to individual consumers’ care, including their decisions about their care, who was involved in their care, and how the service helped them to maintain relationships.

The service supported consumers to take risks that enabled them to live their best lives. Staff supported consumers to have choice and control over their care, including when risk was involved. One named consumer described being supported to eat the food they wanted, despite being recommended an easy-to-chew or thickened fluid diet. Consumers said they got to choose how they received their care, and that service staff respected their choices. The service conducted risk assessments for consumers who took on risks.

Consumers said the service communicated information to them clearly, in a way they understood and that the service supported them to choose how they wanted their care delivered. Consumers and representatives said management updated them on changes via emails, newsletters, notice boards, residents' meetings, and through conversations with lifestyle staff. The service displayed updates on notice boards throughout the facility.

Consumers said the service respected their privacy and that staff always knocked on their doors and sought permission before entering. Staff used various strategies to ensure the service maintained consumers’ privacy and confidentiality, including knocking before entering rooms, locking care information in secure cabinets, closing doors when providing care, and other strategies.

# 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

The service considered risks to each consumer’s health and well-being during its care planning. Consumers said they received the care and services they needed, and they were partners in the care planning process. Staff knew the care planning process well, and the service used the care planning process to inform its care. Care documents showed the service incorporated the analysis of specialists and allied health professionals into consumer risk assessments. The service’s policies and procedures supported consumers’ choices and right to take risks.

Consumers said the service’s assessment and planning processes addressed their needs, goals and preferences, including advance-care planning, if they wished. Staff knew consumers’ individual preferences for how they wanted their care delivered. Care plans were tailored, and reflected consumers’ individual needs. Advance care directives were in place for consumers who wanted them. The service included advance-care planning documents in its admission pack, to inform consumers and equip them to discuss advance-care planning during their tenure, if they chose to.

Consumers said the service actively involved them in assessing, planning and reviewing their care and that staff regularly communicated with them about changes to their care. Consumers said the service regularly involved allied health professionals in care planning, including clinical nurse consultants, dementia services, physiotherapists, podiatrists, speech pathologists and dietitians. The service had documented processes to ensure it partnered with consumers to assess, plan and review their care. Care documents showed the service’s planning was integrated and coordinated, involving relevant organisations, individuals, and service providers.

Consumers said staff explained their care plan to them and that the plan met their needs, goals, and preferences. The service partnered with consumers when developing and reviewing their care plans and it had dedicated processes for documenting assessment and planning outcomes. Care and services plans were accurate and reflected the outcomes of the most up-to-date assessments and reviews of consumers’ needs, goals, or preferences. Care plans contained enough detail to deliver appropriate and correct care and services for consumers.

Consumers said the service regularly communicated with them about their care and that it sought feedback and made changes to meet consumers’ changing needs, goals and preferences. Consumers said that when something went wrong, or things changed, staff communicated with them about it and sought their input to ensure their care was safe and effective. Within the service staff structure, management and clinical staff oversaw the review process, and care staff contributed to reviews. The organisation had policies, procedures and charting tools to guide assessments, and it reviewed care plans for effectiveness every three months, or when circumstances changed.

# 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 said the service’s care met their needs and optimised their health and well-being. Staff knew consumers’ personal and clinical care needs and care plans showed the service’s care was safe, effective and specific to each consumer. Where the service used restrictive practices, it had appropriate assessment and consent records on file. The service monitored its use of psychotropic medications, antimicrobials and polypharmacy. It assessed all consumers for potential pain using an appropriate assessment tool and, if they had pain, it developed an appropriate pain management strategy.

The service managed risks for each consumer effectively, including risks connected to pressure injuries, hydration, nutrition, medications, pain, restrictive practices, and others. Consumers were satisfied the service managed high impact, high prevalence risks. Care files showed the service had identified risk effectively and that it had recorded strategies to manage risks in assessment tools, care plans and progress notes.

Care plans showed that the service had assessed the needs, goals and preferences of consumers nearing end-of-life. Consumers said staff had spoken to them about advance-care planning and their end-of-life preferences and they were satisfied the service tailored end-of-life care to personal circumstances. Reviewed care plans showed advance-care planning information, including choices and end-of-life preferences. To prioritise comfort and dignity during end-of-life care, staff attended to mouth care, skin care, repositioning, and the consumers’ personal hygiene. The service encouraged families to be present throughout the end-of-life care.

The service responded to changes in consumers’ conditions and care needs promptly. Consumers said they were satisfied with their care, including that the service recognised and responded to changes in their condition. Staff could cite recent examples of when they responded to changes in a consumer’s condition and care staff said that the clinical team supported them when they identified changes. Care planning documents, progress notes and charting showed the service responded promptly to changes in a consumer’s health, capacity and function.

The service documented information about consumers’ care accurately, and communicated it effectively. Consumers said they were satisfied with the service’s care, including how the service communicated changes. Staff said they communicated with each other about consumers’ care through verbal and written handover processes, care plans and electronic notifications. Visiting medical officers and allied health professionals used the service’s electronic care management system to document the care they provided.

The service had a dedicated process for referring consumers to external providers, when appropriate. Consumers said they were satisfied with the service’s referral process. Care documents showed input from other providers, such as consumers’ doctors, wound specialists, podiatrists, physiotherapists, speech pathologists and dietitians, among others. The service had a wide network of referral agencies, which included clinical, medical, social and pathology providers, and the service reviewed its network regularly to ensure the constituents’ care remained safe and effective.

The service had policies for infection control, antibiotic management and antimicrobial stewardship. It regularly trained its staff to ensure they were competent in these areas. Consumers were satisfied the service had managed COVID-19 and other infection-related risks effectively. The service had an Infection Protection Control Lead, who oversaw its infection prevention and control efforts. The workforce was adept with methods to prevent and control infection, and methods to minimise the need for antibiotics. The service had a staff and consumer vaccination program and it maintained records for influenza and COVID-19 vaccinations. Staff registered consumer infections on the service’s electronic system and management analysed infection data at multiple levels of abstraction, including at the service level, and aggregated data at the level of its parent organisation. The service used this data to inform improvements to its infection prevention regimen. The service kept a range of infection-related tools and equipment on hand, including training documents, outbreak folders, staff and consumer vaccination records, spill kits, which are located in each wing, rapid antigen tests, personal protective equipment.

# 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 were satisfied the service’s care met their needs, goals, and preferences. Consumers said the service had helped to improve their independence, health, well-being and quality of life. Care documents clearly showed consumers’ needs, goals and preferences and staff referred to these documents often when they provided care.

Consumers said the service provided care that supported their emotional and spiritual well-being. Care documents reflected this, showing the service had recorded information about each consumer’s faith. Staff supported consumers’ emotional, spiritual and psychological well-being, for example by aiding consumers to attend mass, ensuring they had privacy during spiritual practices, and clearly documenting their faith and spiritual needs.

Consumers said the service enabled them to participate in the community within and outside the facility, and that it supported them to maintain their social relationships. Care planning documents showed information about consumers’ leisure preferences, and who was important to them. Staff knew consumers’ individual activity preferences and with whom they wanted to maintain personal and social relationships.

The service had effective systems for communicating about consumers’ needs and preferences, including communicating between staff and external providers; and recording consumers’ changing conditions, needs and preferences in care documents. The service ensured staff knew about consumers’ changing goals, conditions, and needs through handovers, progress notes, communication books and the service’s electronic care management system. Consumers said the service had sought their consent to share their information with others involved in their care.

The service referred consumers to other providers of care promptly and appropriately. Staff knew which consumers used external providers, and the service’s referral process for referring other consumers where appropriate. Consumers said the service involved them in referrals.

Consumers said the service’s meals were of good quality and sufficient quantity. The service alternated menu items according to the day of the week and staff ensured the service met food safety requirements. The service had a dedicated process for ordering, storing and preparing food, to help maintain food freshness and quality. It engaged consumers in developing its menu and encouraged feedback about food quality.

Consumers said they felt safe when using the services’ equipment. They said the equipment was suitable, easy to access and that they knew how to request equipment maintenance. Staff ensured equipment was safe and suitable by fulfilling their responsibilities to clean and maintain it. They had received training on how to use equipment safely, including how to identify equipment risks. Staff stored equipment appropriately, and the equipment was well maintained, suitable and clean.

# 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

The service environment was welcoming, clutter free, calm, and friendly. The facility layout included different communal and private areas for consumers and visitors, with well-maintained and suitable furniture. The service had good lighting throughout, and its corridors featured handrails to support consumer mobility. Consumers had personalised their rooms with their own decorations and furniture.

Consumers said the service was clean, safe, and well-maintained. Communal areas and outdoor spaces were tidy and free of hazards. Staff cleaned consumers’ rooms regularly and dealt with maintenance issues quickly. Consumers could move freely indoors and out, including leaving the premises through the main doors. Staff said they had access to enough equipment to do their jobs. Staff and consumers knew how to raise maintenance requests if required.

The service was clutter free and furniture in communal areas and consumers’ rooms was well maintained, safe and clean. Staff regularly cleaned communal equipment such as hoists, slings, and shower chairs. The service’s system for maintaining equipment included that staff tagged equipment to show it was faulty, after which they raised a request in the service’s maintenance request book.

# 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 said the service encouraged and supported them to provide feedback and make complaints and said they had no concerns talking with staff or management if they wanted to make a complaint. The service displayed information concerning available internal and external complaints systems on noticeboards, and in service publications. It had multiple channels for consumers to make complaints and provide feedback, including a formal feedback form, meetings, or by speaking directly with management.

Consumers said they felt comfortable raising complaints or providing feedback. The service had a dedicated complaints resolution process, which included providing information to consumers about advocacy services, language services and ways to raise complaints. The service gave consumers printed material about its complaints and advocacy services as part of its Resident Handbook, which consumers received on admission. The service reinforced information within the Resident Handbook using flyers, posters, and resident meetings. Staff had sound working knowledge of the service’s complaints and feedback channels, and of its advocacy services. The service supported consumers with cognitive impairment to raise a complaint, as required.

Staff received training on complaints management and open disclosure. When a complaint was raised, staff escalated it, apologised and acted to prevent recurrence. Consumers confirmed that when they raised a complaint or when an incident occurred, management promptly addressed their concerns and apologised.

The service analysed trends in feedback from consumers to inform its continuous improvement activities. Resident meeting minutes showed the service discussed proposed improvements with consumers at monthly meetings prior to implementing them. The service used this to evaluate its improvement activities and boost consumer satisfaction. Consumers said they had seen the service make changes in response to consumer feedback and complaints, and that they were confident the service used feedback to improve its care.

# 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 said the service had enough staff, and that staff gave them the care they needed. Care delivery was calm, professional and planned. The service developed and published a roster every month, and the roster contained a mix of staff subject to consumer need, including registered nurses, care workers, lifestyle staff, hospitality staff and maintenance staff. Allied health staff, including physiotherapists, podiatrists and others, delivered regular planned care for consumers. The service offered vacancies on the roster to its permanent staff before it sought staff from external agencies.

Consumers said they were confident staff were well-trained. Staff interacted with consumers in a kind, caring and respectful manner, including addressing consumers by their preferred names, speaking directly to consumers while delivering care and taking time to interact with them during care delivery. Staff knew consumers’ cultural and personal backgrounds and lifestyle staff said they schedule activities to acknowledge consumers’ cultural heritage.

Staff said the service trained and managed them to do their job well. Consumers echoed this, saying that staff were well trained, friendly and helpful. During the site audit, registered nurses were professional and gave care staff guidance and support. Records showed the service’s recruitment, selection, and induction program was comprehensive, and that the service trained its staff according to their roles and consumers’ needs. The service maintained an up-to-date register of staff qualifications and it reviewed the register annually.

The service recruited its staff using a formal recruitment process that included interviews, referee checks and qualification checks and has a dedicated training program and related processes, to identify staff training needs. The service delivered ongoing training and development for all staff and it logged staff participation. Staff said they received training during their induction, and regularly through the year. Staff also received informal training during handover meetings. Consumers said staff knew what they were doing, and that they were well-trained.

The service had a staff performance framework, which focused on developing staff skills and included performance appraisals and mandatory education. The service reviewed staff performance at three-month and six-month intervals after commencement, and then every twelve months thereafter. Staff were aware of the service’s performance development processes, including that their performance was monitored and appraised. The service’s records corroborated that it conducted performance appraisals, mandatory training and competency assessments annually.

# 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 said the service engaged them to provide ongoing input into how it delivered their care. They said the service sought their input in multiple ways, including through resident meetings, regular surveys and face-to-face discussions. They said they felt included in discussions around care planning and delivery. Management said that it recorded consumes’ feedback or suggestions in the service’s improvement register.

The organisation’s governing body promoted a culture of safe and inclusive care. The service’s governance committees used information from consolidated reports to monitor care quality, initiate improvements, and ensure the service complied with the Quality Standards. The service reported a range of information to its executive management team, including clinical governance reports and quality review summaries. It used this and other information to drive improvement and innovation. Management said the service strove to improve its care by making data-based decisions.

The service had effective governance systems in place, which guided its management team. The service’s systems included policies and procedures, guidelines and registers to record information such as improvement activities, the Serious Incidents Response Scheme (SIRS), staff certificates and vaccinations.

The service had effective risk management systems in place to address high impact and high prevalence risks, abuse and neglect, and incidents. All risk-management policies and procedures were up-to-date. Staff understood their responsibilities in relation to incident management, and how to manage risk while supporting consumers to live their best lives.

The service had a clinical governance framework that promoted quality clinical care, rigorous antimicrobial stewardship, minimal restrictive practices, an open disclosure process, falls minimisation, and appropriate handling of SIRS incidents. The framework required that staff notify management of all incidents at the service. Service documents, including complaints handling and feedback records showed that staff had used an open disclosure process in response to incidents. The service’s Care and Clinical Governance Committee met regularly to ensure that clinical care at the service was consistent with best practice and guided by the needs, goals and preferences of consumers. The service delivered care in partnership with consumers using a holistic and person-centred approach.

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)