Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | The Maronite Sisters of the Holy Family Village |
| Service address: | 28 Marrickville Ave MARRICKVILLE NSW 2204 |
| Commission ID: | 2082 |
| Approved provider: | The Trustees of the Maronite Sisters of The Holy Family |
| Activity type: | Site Audit |
| Activity date: | 9 January 2023 to 13 January 2023 |
| Performance report date: | 17 March 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 The Maronite Sisters of the Holy Family Village (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others; and
* the provider’s response received 27 January 2023 acknowledging the Assessment Team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff consistently spoke about consumers in a way that demonstrated respect and an understanding of their personal circumstances and life experience. Care files sampled reflected what was important to consumers to maintain their identity, including information on their life story, cultural background, social/leisure pursuits, family relationships, activities of interest, who is important to them and individual personal preferences.

Consumers’ cultural safety needs are identified on entry and on an ongoing basis, with information gathered used to develop care plans which reflect consumers’ cultural needs and preferences. Staff were able to identify consumers from culturally diverse backgrounds and described how they ensure each consumer receives the care required. Consumers sampled said they feel safe, and staff make them feel respected by being courteous, providing gentle care and treating them as individuals.

Consumers and representatives stated consumers are supported to make choices regarding their care and the way services are delivered, whom they want to be involved in their care, to communicate their decisions, make connections, and maintain relationships of choice. Care files sampled included designated contact information for consumers’ representative, Enduring power of attorney, family and friends, as well as their preferred contact method.

Consumers and representatives said consumers are supported to take risks, if they so choose, to enable them to live the best life they can. Staff described areas in which consumers want to take risks and how they support them to understand the benefits, and possible harm, when they make decisions about taking them. Care files sampled articulated related risks and consultation with consumers relating to the activity, strategies to mitigate risks, as well as directives for staff to support consumers in their risk-taking.

Information is provided to consumers through a range of avenues, including newsletters, meeting forums, noticeboards, menus and activity calendars. Staff described how information is provided to consumers with vision or hearing impairments, including provision of written material in large print. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. Representatives sampled said they are involved in the care planning process and consumers are receiving the care and services they need.

Care files confirmed assessment and planning processes identify and address consumers’ current needs, goals and preferences, including advance care planning and end of life planning. Representatives confirmed the service involves them in the assessment and planning of consumers’ care through regular conversations, including case conferences and staff speak to consumers and representatives regularly about consumers’ care needs and end of life wishes in detail if they wish.

Care files sampled confirmed consumers and representatives are involved in assessment and planning of care and services on entry and on an ongoing basis and demonstrated involvement of General practitioners and Allied health professionals in consumers’ care. Representatives said the service consistently involves them in the assessment, planning and review of consumers’ care and services.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers and/or representatives. Care plans had been updated following three-monthly review processes and in response to incidents and changes in consumers’ health and condition and representatives confirmed they are informed about changes in consumers’ care.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Representatives said consumers receive safe and effective care which is tailored to their needs and optimises their health and well-being. Care files sampled reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of consumers and demonstrated appropriate management of specific aspects of personal and clinical care, including in relation to restrictive practices, skin integrity and pressure injuries. Staff said they are guided by organisational policies and procedures to direct personal and clinical care that is best practice. Management described how they approach care in a multi-disciplinary perspective, by pursuing best practice guidelines from different health care professionals, specialists and through their own quality improvement initiatives.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to specialised nursing care needs, restrictive practices, pressure injuries and weight management. Staff described the high impact or high prevalence risks for consumers, including mitigating strategies to support consumer risks. Consumers and representatives felt the care provided is safe and right for consumers.

There are processes to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Staff described how they support consumers who are approaching end of the life, including provision of personal care needs to maintain comfort and dignity. General practitioners and specialist palliative care services contribute to consumers’ care at the end phase of life. Consumers and representatives confirmed awareness of palliative services and were satisfied consumers are supported to be as free as possible from pain.

Care files sampled demonstrated consumers are regularly monitored by registered staff and where deterioration or change in mental, cognitive, or physical function, capacity or condition occurs, this is recognised and responded to in a timely manner, including initiating additional clinical monitoring processes, referral to General practitioners and/or Allied health professionals, as required, and notification to representatives. Staff said they are guided by policy and procedure documents to support them to recognise and respond to deterioration or changes in consumers’ condition. Consumers and representatives stated the service recognises and responds to changes in consumers’ condition in a suitable and timely manner, and they are provided with regular updates.

Infection related risks are minimised through implementation of effective infection control methods. The service has an appointed Infection prevention and control lead, who has completed the relevant training, and there are outbreak folders and outbreak kits. Staff confirmed they have received training in infection minimisation strategies, including infection control and COVID-19, and demonstrated an understanding of precautions to prevent and control infections and strategies to minimise the need for antibiotics. Policies and procedures are available to assist and guide staff practices, including in relation to antimicrobial stewardship, infection control management and COVID-19 outbreaks. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied services and supports for daily living meet consumers’ needs, goals, and preferences and they receive the emotional, spiritual, and psychological support they need to promote, maintain and sustain their mental well-being. Care files included what is important to consumers, what they like to do and information about services and supports required to optimise their quality of life, health, independence and emotional, spiritual and psychological well-being.

Consumers sampled stated they can participate in activities of interest to them within or outside of the service with the assistance of staff, family and friends where required and have social and personal relationships. Care files sampled were reflective of what was important to consumers and included their personal interests.

Information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care files included sufficient information to support and guide staff in the delivery of effective and safe care and staff said they are kept informed of updates to consumer care and services, including through handover processes. Consumers said changes in their needs, preferences and condition are communicated within the service and with others where responsibility is shared.

Overall, consumers and representatives said consumers enjoy the meals, treats and refreshments provided, and there is always plenty of food and various choices if they don’t like the meal offered on the menu. Meals are prepared on-site daily and the menu planning considers consumer and representative feedback and consumers’ dietary needs, and preferences. Consumers were observed to be enjoying their meals and were being provided with assistance, in line with their assessed care needs and care plan delivery requirements.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Reactive and preventative maintenance and cleaning processes ensure equipment is clean and well maintained. Consumers and representatives were satisfied equipment is safe, fit for purpose, clean and well-maintained.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

All consumers and representatives said consumers feel at home at the service, and most consumers were observed to have personalised their rooms with photos and mementos. The Village is situated across two locations, each with a mix of single or twin rooms with ensuites and garden views. Both locations have separate sitting rooms and chapels, as well as indoor and outdoor courtyards and gardens for consumers to enjoy. A dementia-specific unit is located in one of the locations which has been reviewed by a dementia specialist and all colours, furniture, and equipment have been chosen to suit consumers living with dementia.

The service environment was safe, clean, and well maintained with consumers able to move freely both indoors and outdoors. Cleaning is undertaken in line with a schedule and reactive and preventative maintenance processes, supported by contracted services, are in place and staff described how they report maintenance issues and hazards. Consumers and representatives were satisfied the service environment is clean, well maintained and comfortable, and said consumers can move freely both indoors and outdoors.

All furniture, fittings and equipment was observed to be safe, clean, and well maintained. Furniture, fittings and equipment are assessed for suitability prior to purchase to ensure it meets consumers’ personal and clinical needs. Consumers and representatives felt furniture, fittings, and equipment are safe, clean, well-maintained, and suitable for consumers.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives understood how to give feedback or make a complaint, and felt comfortable doing so, especially when contacting management. Management maintain an open-door policy and meet with consumers and representatives to provide additional pathways for capturing feedback or receiving and resolving complaints. Consumer meeting minutes, newsletters and surveys demonstrated consumers are actively encouraged and supported to provide feedback and make complaints, and there are avenues to enable consumers to provide feedback and complaints anonymously. Staff described how they support consumers who wish to raise a concern, including by completing a feedback form on their behalf or by notifying relevant staff/management.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Information relating to advocacy services, language services and internal and external complaint processes was observed on display within the service. Consumers and representatives sampled were aware of external avenues to make complaints, however, stated the felt most comfortable raising any issues with management and staff directly.

Policy and procedure documents are available to guide organisational and staff practice with regard to complaints management processes, including open disclosure. Management oversee all complaints, ensure actions are taken, as required, and escalate these when necessary. All complaints are investigated and immediately followed up with notification to consumers and/or representatives once the complaint is received. Consumers, representatives and staff provided examples of when things had gone wrong, how open disclosure principles had been applied and how the service had responded in a timely manner and always kept constant communication.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. Feedback and complaints are analysed and reviewed at an organisational level. Where service improvement opportunities are identified, these are added to the Plan for continuous improvement for monitoring and action. Consumers and representatives stated they had seen feedback and complaints used to improve care and services.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Roster documentation demonstrated adequate staffing levels across the service are maintained and there are contingencies for planned and unplanned leave to maintain quality care and services. Staff sampled were satisfied there are sufficient staff, and said if staff are on leave, shifts are replaced. Most consumers and representatives said there is enough staff and consumers do not have to wait long for their care.

The service demonstrated workforce interactions with consumers are kind and caring and staff are respectful of each consumer’s identity, culture and diversity. Most consumers and representatives said staff are gentle and caring when providing care.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Position descriptions include key competencies and registrations that are desired or required for each role. Management ensures new staff are comfortable to commence independent practice once buddy shifts have been completed. Staff said they are well supported by management to undertake orientation training when they commence employment, and ongoing training is provided. All consumers and representatives said staff, particularly longer-term experienced staff, are capable and have the knowledge to provide care and support.

The service demonstrated processes to ensure outcomes required by the Quality Standards are delivered and how the workforce is recruited, trained and supported to deliver care to meet consumer’s needs. Staff complete training relevant to their role, including mandatory modules. A training calendar is maintained and there are processes to monitor staff completion. Staff said they receive prompts when training is available online to be completed and consumers and representatives felt permanent staff have the appropriate skills and knowledge to deliver safe and quality care.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Performance review processes are undertaken with staff annually and assist to confirm tasks described in position descriptions are being managed satisfactorily. The process also assists to identify skill gaps or opportunities for advancement. Staff described the performance appraisal process and confirmed they are conducted regularly.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# Standard 8

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

Findings

Consumers are engaged in the development, delivery and evaluation of care and services through feedback processes, care plan review process and surveys. Consumers and representatives considered the service to be well run, and confirmed they are aware of engagement opportunities to inform the design, delivery, and evaluation of services.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board who meet monthly. Critical indicators, quality initiatives and incidents are discussed at relevant meetings and the Board is made aware of all aspects of the service through management and frontline staff reports.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

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)