



Performance Report

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Name:	Catholic Healthcare Gertrude Abbott Aged Care
Commission ID:	2710
Address:	188 Albion Street, Surry Hills, New South Wales, 2010
Activity type:	Assessment contact (performance assessment) – site
Activity date:	on 11 February 2025
Performance report date:	24 February 2025
Service included in this assessment:	Provider: 1191 Catholic Healthcare Limited Service: 1067 Catholic Healthcare Gertrude Abbott Aged Care

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 Catholic Healthcare Gertrude Abbott Aged Care (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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 assessment contact (performance assessment) – site, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
- an email from the provider received 21 February 2025 acknowledging the assessment contact report and acceptance of the Assessment Team's findings. The provider's response also highlights a date discrepancy in the Assessment Team's report which has been noted.
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¹ The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018.



Assessment summary

	Not applicable
Standard 3 Personal care and clinical care	Not applicable
Standard 7 Human resources	Not applicable
Standard 8 Organisational governance	Not applicable

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 2

Ongoing assessment and planning with consumers		
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

Findings

The Assessment Team assessed requirement 2(3)(b) and provided the following information gathered through interviews, document review and observations.

Care files sampled evidence assessment and planning processes which reflect consumers' current needs, goals and preferences, including advance care and end of life planning. Care plans include detailed, personalised strategies and directives for consumers' personal, clinical and lifestyle aspects of care, and show consumers are supported to meet their needs, goals and preferences through involvement of medical officers and allied health professionals. For example, for a consumer whose goal is to lose weight, a dietician review has been undertaken and a weight loss program devised; the chef has consulted with the consumer to provide meals to support their goal; and a dietary care plan has been developed. End of life discussions with consumers and representatives to determine consumers' wishes, including cultural and religious preferences are conducted shortly after consumers enter the service and on an ongoing basis, with a focus of documenting an advance care directive.

Based on the Assessment Team's report, I find requirement 2(3)(b) 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: (i) is best practice; and (ii) is tailored to their needs; and (iii) optimises their health and well-being.	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

Findings

The Assessment Team assessed requirements 3(3)(a) and 3(3)(c) and provided the following information gathered through interviews, document review and observations.

Consumers said they receive the clinical care they need to manage their complex care needs. Care files evidence provision of tailored, best practice care relating to skin integrity, continence, pain, dysphagia, complex care requirements and deteriorating co-morbidities. Care files also evidence involvement of medical officers, allied health professionals and specialist services in the management of consumers' clinical care needs. However, one consumer's time sensitive medications have not been administered in line with best practice. The medication has not been identified as a time sensitive medication and is not being closely monitored. In response, management described actions they plan to implement, including at an organisational level, such as providing training to registered staff on the risks and importance of consistent dosages of time sensitive medications.

Assessments and care plans sampled reflect consumers' end of life needs and wishes and care files show care in line with these needs and wishes is provided during end-of-life care. When consumer deterioration occurs, an end-of-life pathway is commenced. The pathway records comfort care charts for symptom management, pain and agitation, routine comfort measures, repositioning, oral and eye care and psychosocial measures, such as identified spiritual, religious and cultural needs. End of life care planning is updated in response to consumer



deterioration to reflect their current needs and guide provision of care. Care files for 3 consumers shows their condition, including comfort levels were monitored and managed, and consultation with consumer representatives and medical officers, and involvement of palliative and pastoral care services is evidenced. All staff interviewed described how they would maintain the consumer's comfort and dignity when they are nearing the end of their lives, and management said they feel supported by the palliative care nurse practitioner who makes themselves available to consumers when required.

Based on the Assessment Team's report, I find requirements 3(3)(a) and 3(3)(c) compliant.



Standard 7

Human resources		
Requirement 7(3)(d)	The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.	Compliant

Findings

The Assessment Team assessed requirement 7(3)(d) and provided the following information gathered through interviews, document review and observations.

Consumers and representatives interviewed said due to the training staff receive, they are confident in the workforces' ability to provide quality care. Staff interviewed said induction, orientation, mandatory training, buddy shifts and various competency assessments prepare them for their role. They said they receive ongoing mentoring, regular updates from management and required training modules relevant to their role. Staff have access to online and face-to-face training, with training needs identified on an ongoing basis through auditing processes, feedback and complaints data, incidents and performance reviews. The organisation has a clinical educator and engages subject matter experts to provide training sessions and staff can nominate topics of interest, or where they feel they require improvement. Documentation evidenced and staff confirmed, training relating to palliative care and pain management. These topics are also included in mandatory training on staff commencement at the service. Staff compliance with mandatory training is monitored with mandatory training records showing a 93.4% completion rate.

Based on the Assessment Team's report, I find requirement 7(3)(d) compliant.



Standard 8

Organisational governance		
Requirement 8(3)(d)	<p>Effective risk management systems and practices, including but not limited to the following:</p> <ul style="list-style-type: none">(i) managing high impact or high prevalence risks associated with the care of consumers;(ii) identifying and responding to abuse and neglect of consumers;(iii) supporting consumers to live the best life they can(iv) managing and preventing incidents, including the use of an incident management system.	Compliant

Findings

The Assessment Team assessed requirement 8(3)(d) and provided the following information gathered through interviews, document review and observations.

The organisation has an effective risk management framework. Documented procedures and a clinical care pathway guide staff in the management of high impact or high prevalence risks. Data, including incidents and quality indicators, is reviewed and analysed and reported through various site and organisational meetings, including governing body meetings. Consumers are supported to take risks to live the best life they can, and care files evidence consultation with consumers and representatives relating to risk activities consumers wish to take. Incidents are reported through an electronic system and automatically assigned to management. An incident escalation matrix directs staff to involve management and the board immediately if the risk is assessed as potentially resulting in moderate, significant or critical harm. The clinical team conducts root cause analysis for incidents with a view to preventing future occurrences and identifying areas for continuous improvement. Staff understand the serious incident response scheme requirements, incident reporting responsibilities and escalation processes, and an established clinical governance framework, including policies and procedures guides staff in relation to abuse and neglect.

Based on the Assessment Team's report, I find requirement 8(3)(d) compliant.