



Performance Report

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Name of service:	Catholic Healthcare Vincentian Aged Care Service
Service address:	41-43 Stanley Street EAST SYDNEY NSW 2010
Commission ID:	0160
Approved provider:	Catholic Healthcare Limited
Activity type:	Site Audit
Activity date:	2 May 2023 to 4 May 2023
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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 Vincentian Aged Care Service (**the service**) has been prepared by M Kalra, 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.

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.

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

	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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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 they were treated with dignity and respect, and staff valued their identity, culture and diversity. Staff respected and recognised consumers' individual needs and choices including addressing them in their preferred manner and speaking politely during conversations in communal areas. Consumers expressed they felt safe at the service and staff respected culture and religion they identified with. Care planning documents reflected consumers' backgrounds and included cultural activities of choice.

Consumers said they were supported to maintain their independent lifestyle choices and preferences. They could make decisions about when family, friends and others should be involved in their care, and maintain relationships of significance to them. Staff helped consumers maintain contact with people important to them.

Consumers said they were supported to take risks which enabled them to live the best life they could. Staff described how risk assessments were conducted based on consumers' goals and desired life choices. Information provided was current, accurate, and timely, and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Staff described how information was provided in various forms.



Consumers said their privacy and confidentiality was respected and described staff practices, including knocking on doors prior to entry and closing the door during provision of personal care. The service's privacy policy guided staff with maintaining and respecting the privacy of personal and health information for consumers.

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)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> (i) 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 (ii) 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

Staff described the assessment and care planning process including initial and ongoing risk assessments, and how this informed the delivery of care and services. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers.

Consumers and representatives said staff involved them in the assessment and planning of the consumer's care, including advance care and end of life planning if the consumer wished. Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process and included the consumers' end of life needs and preferences.

Consumers said staff explained information about care and services, they could access a copy of their care and service plan when they wanted to and knew how to do so. Care planning documents were reviewed every 4 months, or earlier if any changes to a consumer's condition was recognised or any incidents occurred.

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) 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 they received personal and clinical care that was right for them and met their needs and preferences. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. Restrictive practices were managed in line with legislative requirements, and skin integrity and pain management care were effectively delivered.

The service had policies and guidelines to effectively manage high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk were communicated and implemented by staff, and representatives were informed of circumstances such as infections related to continence management. Clinical data showed the service monitored and analysed trends in weight loss, falls management, infections, diabetes and skin integrity.

Care planning documentation for consumers who were nearing end of life showed their needs, goals and preferences were recognised, and their comfort maximised. Staff described the way



care delivery changed for consumers nearing end of life. Care planning documents and progress notes reflected timely identification of, and response to, deterioration and changes in functions of consumers. Staff were guided by policies and procedures, and described signs and symptoms of deterioration, such as weight changes, abnormalities in vital observations, lethargy, and less communicative than normal.

Consumers and representatives said staff worked together and effectively communicated consumers' care needs and preferences. Care documentation, including care plan summaries and progress notes, provided comprehensive information to support effective and share sharing of consumers' condition, preferences, and care needs.

The service had a network of approved individuals, organisations and/or providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the service's management of infection control practices especially during COVID-19. The service's Infection Prevention Control (IPC) leads monitored staff adherence to infection prevention control practices. Staff understood infection minimising strategies, including hand hygiene and outlined the service's approach to minimising use of antibiotics.

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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

Services and supports for daily living met consumers' needs, goals and preferences and optimised their independence and quality of life. Care planning documents included information about what was important to consumers and supports needed to do the things they liked to do. Consumers were observed participating in exercise classes with a range of standing and seated exercises to enable all consumers to participate.

Consumers stated their emotional, spiritual and psychological needs were supported. Staff understood the importance of culturally tailored, emotional, psychological, and spiritual support for consumers. A review of the service's plan for continuous improvement (PCI) detailed an emotional, spiritual and psychological wellbeing audit identified the provision of pet therapy as an improvement opportunity. The planned actions noted the lifestyle coordinator had contacted an external provider to offer consumers pet therapy services.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.



Information about consumer's condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers felt information was adequately communicated and were confident staff work well together to meet consumers' care needs and preferences.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers' lifestyle and emotional needs. Lifestyle staff confirmed they used a community bus scheme to hire bus services for their outings. Consumers confirmed they were supported by other organisations, support services and providers.

Consumers were happy with the quantity, quality and variety of food provided. Kitchen and care staff knew consumers' dietary requirements and preferences and discussed how they assisted consumers during mealtimes to provide a positive dining experience. The service's PCI identified steps to move the food preparation services in-house. Actions included appointing a full-time chef, ordering a new combination oven, and obtaining feedback from consumers for the new onsite menu.

Equipment provided was observed to be safe, suitable, clean and well maintained. Maintenance staff completed ongoing monitoring to ensure equipment was fit for purpose. Consumers said they felt safe when using equipment and they knew how to report any concerns they had about the safety of equipment.

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 felt at home at the service and were supported to personalise their rooms and had access to various areas of the service to socialise and relax in throughout the day. The service was spread across 7 levels with an outdoor rooftop area with shade, seating, and multiple gardens beds. While the lift only reached Level 4, staff assisted consumers to mobilise the 2 sets of stairs to reach the outdoor rooftop area. Maintenance staff advised handrails had been installed on the staircases to help consumers to access different service levels with minimal assistance.

Consumers said the service environment and their rooms were kept cleaned, well maintained, and staff supported consumers to move freely both indoors and outdoors. Management said and consumers confirmed they had been provided with key cards to enable them access to outside, with the exception of 3 consumers who were unable to access outside due to cognitive and safety concerns. For those consumers, staff assisted them to access the communal and outdoors areas when they wished.

Consumers said, and observations confirmed furniture, fittings, and equipment to be suitable, clean, and well maintained. A review of the preventative maintenance schedule evidenced completion of scheduled maintenance, including air-conditioners quarterly, and kitchen and dishwasher equipment biannually.

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

Overall, consumers and representatives said they were comfortable raising concerns or making suggestions. Feedback forms and suggestion boxes were available, and staff assisted consumers to document their complaints and suggestions.

Though no consumers required language or advocacy services at the time of the Site Audit to resolve complaints, consumers and representatives were aware of the channels available to them for feedback and complaints. Staff supported consumers to provide feedback, which included providing additional assistance to consumers with cognitive impairment or communication difficulties.

The service had processes to follow when feedback or a complaint was received including the use of open disclosure and an apology when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied.

Feedback and complaints were logged and used to improve the quality of care and services provided, including through items being added to the service's plan for continuous improvement. Trends in complaints were analysed and discussed at staff and consumer meetings.

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

Consumers and representatives considered staffing levels were adequate and call bells were answered quickly. The service had effective rostering processes to deploy sufficient staff and replace absences. Consumer feedback, clinical indicator and incident analysis, and call bell data were used to evaluate staffing needs.

Consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. The Assessment Team observed kind and respectful interactions between staff and consumers. The service had documented policies and procedures to guide staff practice and had implemented the Aged Care Code of Conduct.

Consumers and representatives considered staff were skilled, performed their duties effectively, and were trained appropriately to meet consumers' care needs. Position descriptions set out the expectations for each role, and recruitment processes included verification of minimum qualification and registration requirements.

Staff were recruited, trained, equipped, and supported to deliver safe and effective care. Competence of staff was monitored through consumer and representative feedback, and completion of mandatory training. The service's learning and development manager established targeted learning modules in response to incidents, audit results and feedback. This was evident with an action item registered on the service's PCI for best practice protocols to manage the risk of choking.

Management outlined how the performance of staff is monitored through formal performance appraisals and informal monitoring and review. Staff described the performance appraisal process and confirmed they occur annually.


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: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints.	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: (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
Requirement 8(3)(e)	Where clinical care is provided—a clinical governance framework, including but not limited to the following: (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure.	Compliant

Findings

Consumers partnered in improving the delivery of care and services by participating in meetings, surveys, and care plan reviews. Feedback and suggestions made by consumers and representatives were included in the service's PCI for action.

Consumers and representatives felt the service was run well and spoke highly of the organisation's management team. The service demonstrated accountability and promoted a safe culture of quality and inclusivity through proactively monitoring their own performance, seeking external advice, and acting on recommendations. During the Site Audit, 2 board members were observed visiting the service and engaging with consumers.



The service had effective governance systems relating to financial and workforce governance, regulatory compliance, and continuous improvement. Management utilised the service's PCI to drive improvement initiatives, which were identified through feedback and complaints and analysis of incidents.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The Assessment Team found risks were reported, escalated, and reviewed at service level. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff said they had been educated in these areas and provided examples of how it applied to their work.