St Joseph's House

Performance Report

22 Norman Street
PORT PIRIE SA 5540
Phone number: 08 8632 1450

**Commission ID:** 6961

**Provider name:** The Catholic Diocese of Port Pirie Inc

**Assessment Contact - Site date:** 16 February 2021

**Date of Performance Report:** 21 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the Performance Report dated 1 September 2020 for the Assessment Contact – Site conducted 22 July 2020.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

### The Assessment Team assessed Requirements (3)(b) and (3)(d) in relation to Standard 3 and have recommended these Requirements met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact – Site conducted 22 July 2020. The Assessment Team’s report for the Assessment Contact provided evidence of actions taken to address deficiencies which are detailed in the specific Requirement below.

### I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(b) and (3)(d) and find the service Compliant with Requirements (3)(b) and (3)(d). The reasons for the finding are detailed in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact – Site conducted 22 July 2020 where it was found the service did not effectively manage high impact or high prevalence risks, specifically in relation to diabetes, pain, choking, falls and behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Documented Diabetes management plans for consumers with a diagnosis of diabetes.
* Completed an audit review of all consumers with a diabetes diagnosis.
* Diabetes management training provided by staff.
* Skill competencies in diabetes management undertaken by clinical staff.
* Consumers with a diabetes diagnosis are reviewed weekly through high risk residents’ meetings.

In relation to Standard 3 Requirement (3)(b), information provided to the Assessment Team by consumers and staff through interviews, and documentation sampled demonstrated:

Overall, most consumers sampled were satisfied staff deliver care and services in line with their care needs.

Assessment processes assist the service to identify consumers’ high impact or high prevalence risks. Consumer files sampled demonstrated risks relating to weight loss, falls, health deterioration and alterations in behaviour had been identified and appropriate strategies to minimise impact of risks implemented. Additionally, referrals to allied health specialists are initiated where additional expertise and support is required. Staff sampled demonstrated an understanding of risks related to consumer care and described management strategies to minimise risks.

The Assessment Team found, for one consumer, pressure area care was not being consistently documented in line with the service’s process or the consumer’s assessed needs. Wound charting indicates the consumer has a ‘small break’ on the buttock. The Assessment Team’s report does not indicate the wound has deteriorated as a result. Management stated they would provide additional support and training to staff to ensure documentation is completed.

Staff interviewed could explain the actions taken if a consumer’s blood glucose level is outside of their acceptable parameters, including contacting the consumer’s Medical officer and providing management strategies in line with the service’s process.

In relation to diabetes management, two consumer files sampled included completed Diabetic management plans outlining individualised acceptable parameters and actions to be taken where blood glucose levels are outside of the parameters. Documentation sampled for both consumers demonstrates staff are responding to and initiating actions in line with Diabetic management plans where levels are outside of acceptable parameters. Staff sampled demonstrated awareness of actions to initiate where a consumer’s blood glucose level is out of range, including contacting the Medical officer and initiating management strategies in line with the service’s process.

The service has processes to monitor consumers’ high impact or high prevalence risks, including regular ‘high risk’ meeting forums. Clinical indicators are reported and trended on a monthly basis and data, including strategies and interventions for individual consumers, is discussed at monthly meeting forums.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(b) in Standard 3.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team were satisfied the service demonstrated 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.

Overall, most consumers sampled felt confident staff would identify and respond to changes to their health and/or well-being. Care staff sampled described how they raise concerns with clinical staff and confirmed review of the consumer occurs.

Clinical staff identify and effectively manage deterioration to consumers’ health and/or well-being in a timely manner. Two consumer files sampled demonstrated appropriate interventions were commenced where staff identified a change in the consumers’ health and/or well-being. Interventions included referrals to Medical officers and/or allied health professionals in response to weight loss and change in physical condition.

Documentation sampled demonstrated care and clinical staff have received training in relation to Recognition and action of deterioration and health changes. Staff sampled confirmed they had attended the training.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(d) in Standard 3.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 and have recommended the Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team were satisfied the service demonstrated 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.

Overall, most consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Additionally, whilst consumers stated staff are busy, and they sometimes have to wait, they stated this had not impacted on the care they received. However, one representative was not satisfied with sufficiency of staff to attend to a consumer’s continence, skin and mobility needs.

A base roster is maintained and whilst there are processes to manage staffing shortfalls, including extending shifts, this is not consistently possible. Management stated the service has not been at full occupancy and each vacant shift would not necessarily be filled.

Eight staff sampled indicated they do not have enough time to complete their work and will handover tasks, such as pressure area care, continence care and some documentation. The Assessment Team’s report does not indicate direct impacts to consumers’ care and service needs as a result.

Call bell responses are monitored on a monthly basis and documentation sampled demonstrated where issues are identified, staff are notified and actions implemented. Additionally, calls bell data is monitored and discussed at various meeting forums.

Based on the information detailed above, I find The Catholic Diocese of Port Pirie Inc, in relation to St Joseph’s House, Compliant with Requirement (3)(a) in Standard 7.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.