SummitCare Penrith

Performance Report

366 Jamison St   
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**Commission ID:** 0522

**Provider name:** St Marys Gardens Aged Care Centre Pty Limited

**Assessment Contact - Site date:** 7 July 2020

**Date of Performance Report: 10 September 2020**

# 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)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 staff, consumers/representatives and others.

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team provided information that based on evidence found through feedback from consumers and their representatives that consumers get safe and effective clinical and personal care that is right for them. Care planning documents reviewed reflect individualised care that is safe, effective and tailored to the specific needs and preferences of each consumer. All consumers and their representatives interviewed provided positive feedback regarding the clinical and personal care provided. Staff interviewed could describe sampled consumers personal and clinical and personal care needs including what is safe and important to each consumer. Staff have access to current policies and procedures relating to aspects of personal and clinical care.

I have considered the information presented by the Assessment Team and I find this requirement is compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team provided information that consumer and representative feedback was positive about the environment and they felt that it was safe, clean and well maintained. Consumers confirmed they can move freely about the service including outdoor areas. Management provided evidence of several significant environmental improvements in the dementia specific unit to enable most consumers to move more freely, both indoors and outdoors. The Assessment Team observed the environment to be generally safe, clean and well maintained and observed consumers moving freely about service.

I have considered the information presented by the Assessment Team and I find this requirement is compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team provided information that consumer and representative feedback was positive in relation to complaints resolution and open disclosure processes followed at the service. Staff have received relevant training in and articulated how they implement the principles of open disclosure when required. Management confirmed how policies and procedures are applied to ensure appropriate action is proactively taken when complaints are received. The complaints register, and other complaints documentation demonstrated relevant records are completed and the feedback management framework achieves complainant satisfaction including written confirmation when required.

I have considered the information presented by the Assessment Team and I find this requirement is compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team provided information that consumer and representative feedback was positive, and they provided examples of how feedback and complaints have resulted in improvements to the service. The plan for continuous improvement is comprehensive and records detail of issues identified and the source of improvement for every planned action including from consumer feedback and complaints. The feedback management framework provides specific instructions for how consumer feedback and complaints links to continuous improvement activities.

I have considered the information presented by the Assessment Team and I find this requirement is compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team provided information that the site audit performance assessment findings and evidence report 10 - 13 December 2019 outlines effective organisation wide governance systems relating to information systems, continuous improvement, financial governance, workforce governance and regulatory compliance. For the purpose of this audit the Assessment Team reviewed organisation wide governance relating to feedback and complaints.

Management explained the operational report contains details of any high-risk complaints which is a new initiative that commenced in January 2020.

Additionally, the organisation has introduced a program of ‘transition into care’ where each new consumer is given details of a corporate staff member to contact if needed. The staff member contacts the consumer 7 – 9 weeks after they enter the service to make a connection and provide an avenue for consumers to give feedback.

The organisation provides consumers with a dedicated email address called ‘complaints at SummitCare’ which goes directly to goes to Chief Operations officer. The service reports reduced complaints over the past five months.

I have considered the information presented by the Assessment Team, as well as improvements noted under Standard 6 and I find this requirement is compliant.

# 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.