Performance

Report

**1800 951 822**

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| Name: | Little Sisters of the Poor St Joseph's Home |
| Commission ID: | 3415 |
| Address: | 112B St Georges Road, NORTHCOTE, Victoria, 3070 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 February 2024 |
| Performance report date: | 20 March 2024 |
| Service included in this assessment: | Provider: 3086 Little Sisters of the Poor Aged Care Ltd  Service: 2169 Little Sisters of the Poor St Joseph's Home |

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 Little Sisters of the Poor St Joseph's Home (**the service**) has been prepared by M Waniczek, 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.

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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

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| 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 |

Findings

Consumers and representatives expressed satisfaction with the assessment and care planning process. There is an ongoing review of care planning, and consumers are informed of any changes to the plan every 3 months, when they are the ‘Resident of the Day’ (ROD).

Clinical and care staff demonstrated knowledge of the care plan development and review processes, including risk assessment. Consumer choices that may pose a risk to their safety, health and well-being are discussed and documented. This process occurs during consumer admission, ROD meetings, and when there are changes to the consumers’ care needs. Care planning documents provided evidence of ongoing reviews.

The organisation has policies and procedures to guide staff in care plan assessment and review, including risk management. Clinical staff meeting minutes included discussion regarding the importance of capturing consumers’ goals and completing the assessment checklist.

The Assessment Team observed a white board in the kitchen highlighting individual nutritional needs and requirements, including allergens. The kitchen staff confirmed this board is maintained using updated information received from clinical staff, which is stored in a dedicated folder.

As a result, I am satisfied that based on the Assessment Team’s observations and recommendation, that the service complies with the Requirement as outlined in the table above and therefore complies with this Standard.

# Standard 3

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| 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 |

Findings

Consumers and representatives confirmed they were satisfied personal and clinical care received is safe, effective, and timely. Staff described care needs for individual consumers and care planning demonstrated interventions and strategies with regular reviews.

The Assessment Team observed pain monitoring was regularly included following incidents such as skin tears and falls, or responsive behaviours. There was evidence of wound monitoring and supporting documentation in progress notes and wound charts. Care plans describe the nature, onset, and intensity of pain. Pain charting demonstrated monitoring and responses to interventions, and informed consent discussions with a medical practitioner in relation to prescribed medications.

The service identified consumers subject to chemical and mechanical restrictive practices. Documentation reviewed demonstrated individual consumer-specific behaviours and triggers, as well as monitoring and reviews, including the psychotropic medication register, risk assessments and informed consent in progress notes.

Consumers and representatives explained they felt the service effectively manages high impact and high prevalence risks. Staff demonstrated an understanding of risks to individual consumers including nutritional requirements such as the management of safe swallowing, food allergies and weight loss, management and prevention of falls, behaviour management and skin integrity.

Documentation including incident reporting, consumer assessments, care planning and staff notices in the kitchen demonstrated risks are identified and mitigation strategies are implemented to manage high impact and high prevalence risks.

Kitchen staff demonstrated how dietary needs are communicated by clinical staff through individual consumer files and notes on a whiteboard. This was corroborated by the Assessment Team who reviewed and cross referenced the documentation and the whiteboard. Staff provided examples of updated documentation reflecting changes to consumer needs following reviews by speech pathology or dietitian, including new consumers to the service. The Assessment Team observed staff in the dining area during mealtimes monitoring the meals consumers receive and assisting and encouraging them to eat.

The service has policies to guide staff in relation to pain, skin integrity and wounds, medications, restrictive practices, nutrition, mobility and falls management and prevention, and behaviour management.

As a result, I am satisfied that based on the Assessment Team’s observations and recommendation, that the service complies with the Requirements as outlined in the table above and therefore complies with this Standard.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Consumers were satisfied their choices that may pose a risk to their safety, health and well-being are supported.

The service has frameworks, policies, and procedures to support the management of high impact high prevalence risks. This includes responding to incidents, identifying, and responding to abuse and neglect of consumers, and supporting consumers in making choices that may pose a risk to them.

Management described the process for identifying and overseeing high impact high prevalent risk and how these are recorded, monitored, and reported. Management confirmed all incidents are investigated, and any gaps identified are used as an opportunity for continuous improvement. The risk register, Serious Incident Response Scheme (SIRS) and incident registers demonstrated the service maintains records that comply with the requirements. Resident and representative meeting minutes recorded discussions related to identified risks such as falls and actions and strategies to reduce the risks of re-occurrence.

Staff confirmed they had completed training in relation to incident reporting, consumer neglect and abuse, and mandatory reporting. Training records confirmed all staff have completed mandatory training in incident identification, recording, investigation, and reporting.

As a result, I am satisfied that based on the Assessment Team’s observations and recommendation, that the service complies with the Requirement as outlined in the table above and therefore complies with this Standard.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)