Performance

Report

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| Name: | Sacred Heart Community |
| Commission ID: | 3153 |
| Address: | 101 Grey Street, ST KILDA, Victoria, 3182 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 February 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 1052 Sacred Heart Mission Inc  Service: 1912 Sacred Heart Community |

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 Sacred Heart Community (**the service**) has been prepared by L Glass, 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 3 Personal care and clinical care | Not applicable as not all areas have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all areas 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 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

In relation to requirement 3(3)(a) consumers and representatives said consumers receive care that reflects their individual needs and preferences. Clinical staff demonstrated they implement the service’s clinical policies and procedures to provide effective care, including the safe administration of medication, comprehensive wound care, pain care and diabetes management. Management showed how continuous improvement actions have improved the delivery of clinical care, including in relation to medication administration.

For example, the service maintains a current psychotropic register which identifies consumers prescribed psychotropic medications for a range of appropriately indicated conditions. A general practitioner has reviewed most prescriptions within the past 3 months, and clinical management have scheduled outstanding reviews. There are processes in place to ensure consumers receive safe doses of medication, and protocols are in place for the oversight and cross checking of drug administration. Staff demonstrated and file review confirmed diabetes management and care are in line with each consumer’s individualised diabetes care plan and diabetic directive. Documentation shows a general practitioner regularly reviews each consumer’s diabetes care at least annually or when changes are required.

Care documentation reviewed demonstrated wound care, skin integrity and pain management are undertaken regularly. Registered nurses have assessed and regularly reviewed consumer’s wounds. When a wound is not healing, staff refer the consumer to the general practitioner or a wound specialist. The Assessment Team observed the completion of wound care documentation to be consistent with the service’s wound care protocol. Pain assessments are reviewed with the regular review of care. A consumer’s pain is consistently monitored after any fall, following a skin incident or change in a consumer’s condition.

In relation to requirement 3(3)(b) the high impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and preventative strategies are documented in care plans. Care files demonstrated appropriate assessment and management of risks associated with falls and medication administration. Staff demonstrated awareness of these risks, and the impact on consumers. Staff described strategies to mitigate the risks. Consumers and/or representatives said staff provide care that is safe and right for them.

Staff are guided by policies and procedures to assist them in the assessment and monitoring of falls incidents. This ensures best practice guidelines are observed in relation to falls. A review of consumer files found processes and procedures were followed in line with the service’s falls management policy. Falls incidents are discussed at weekly clinical meeting and the whole clinical team, including allied health, are involved in reviewing incidents and care plans for consumers that have fall.

Medications are administered in accordance with medical practitioner directives. Any missed medications are identified, and incident reports are completed. The service has a medication management policy and procedure that outlines the safe use of medications, including when to report medication incidents.

# 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

The service demonstrated it has risk and incident management systems in place to manage high-impact and high prevalence risks and incidents. Risks are reported, escalated, and reviewed by management at the service and organisational level to ensure action is taken and consumers are supported to live their best lives. Feedback is communicated through service and organisation meetings with outcomes leading to improvements to care and services for consumers.

High-impact, high-prevalence risks are identified through observations, quality indicators of clinical data, meetings, monitoring and implementing risk mitigation strategies for individual consumers. Clinical staff monthly undertake a monthly review of incidents, and the collated information is trended, analysed and improvement actions are planned. For example, the service has commenced assigning weight and falls management portfolios to two of the senior clinical staff to improve the service’s management and prevention of related incidents. The service provides regular reports to the organisation’s Board suggesting changes to improve incident management.

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)