Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Sister Mary Glowrey Residential Care |
| Commission ID: | 7107 |
| Address: | 12 Lapage Street, BELMONT, Western Australia, 6104 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 26 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Provider: 776 Catholic Homes Incorporated  Service: 4635 Sister Mary Glowrey Residential Care |

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 Sister Mary Glowrey Residential Care (**the service**) has been prepared by M Glenn, 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.

# 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 management; and
* the provider’s response to the assessment team’s report received 24 October 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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 7** Human resources | **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

|  |  |  |
| --- | --- | --- |
| 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

The assessment team recommended requirement (3)(a) in this Standard not met as they were not satisfied assessment and care planning consistently considered risks to consumers to ensure safe and effective care. The assessment team’s report provided the following evidence relevant to my finding:

* Similar information was recorded in consumers’ authority and consent forms which did not include personalised risks to consumers’ health and well-being. Similar triggers were also recorded.
* Care plans did not document environmental restrictive practices, information on how to monitor potential side effects, or strategies to mitigate or prevent risks for consumers subject to environmental restrictive practices.
* An oxygen therapy care plan did not include care directives and frequency of changing and cleaning of related equipment.
* Some wound charts were lacking information, including wound measurements, repair stage, wound colour, or exudate, and incorrect classification was identified for two wounds.

The provider submitted a response to the assessment team’s report acknowledging the assessment team’s recommendations and provided the following information and initiatives taken to address deficiencies identified, including, but not limited to:

* Implemented weekly training and education sessions for all clinical leaders to enhance understanding and skills in relation to quality care principles for effective care planning, assessment, and practice.
* Weekly quality and multidisciplinary meetings are conducted to review all areas of clinical, social, emotional, and spiritual well-being, with a comprehensive care review template to be completed by a registered nurse.
* Comprehensive training session relating to complex care, oxygen management and clinical deterioration for all nurses.
* Staff have completed toolbox training sessions to ensure a clear understanding of oxygen management and requirements, general practitioner directives, individualised care needs and cleaning of associated equipment.
* Wound care management training and education has been scheduled for all clinical team members.
* Implemented a new clinical care auditing and benchmarking information system to assist in tracking clinical care benchmarks through trending and analysis of clinical indicators.

Based on the information in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered while some gaps were identified in the assessment and planning process, the service has only recently opened, and management have acknowledged the gaps in wound and oxygen management documentation. I have placed weight on the evidence demonstrating the service has rectified the deficits identified and that all consumers had not yet completed their initial assessment and planning process, with comprehensive assessments being conducted on the day of the assessment contact. In coming to my finding, I have noted documentation submitted by the provider showing updated care plans, policies, and procedures to improve the identified gaps in care and the training provided to staff in wound and oxygen management, complex care and clinical deterioration.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

Effective processes are in place to ensure each consumer gets safe and effective personal and clinical care that is best practice and tailored to their needs. Staff described how they ensure consumers receive care by capturing information related to their preferences, previous daily routines, and other important factors that contribute to their overall health and well-being. Documentation showed assessments and planning is used to ensure delivery of care is achieved in line with consumers’ preferences, needs and goals. Consumers and representatives were satisfied with the personal and clinical care provided to consumers.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

Processes ensure the skill mix of employees is considered in addition to staffing levels based on the needs of consumers. The service has a roster plan with the staffing levels increasing as the number of admissions is increased. Staff confirmed they had enough time to undertake their duties and observations showed consumers were being attended to in an unrushed manner. Consumers and representatives confirmed the service is adequately staffed.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 organisation has sound governance systems to support the management of high impact or high prevalence risks associated with the care of consumers. Staff and management described what to do if there was an allegation of consumer abuse or neglect. The organisation has an incident management system which provides information for analysis and trending, and to identify areas for continuous improvement. A risk register is not currently maintained; however, staff regularly communicate consumer risks verbally at handovers and huddles. Documentation showed the system being implemented to monitor consumer risk, and management advised each consumer, including risk, will be discussed at monthly multidisciplinary team meetings. Consumers and representatives feel consumers are supported to make their own choices and be independent.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

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)