Performance

Report

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| Name: | St Charbel's Care Centre |
| Commission ID: | 0978 |
| Address: | 2 Waterloo Road, Punchbowl, New South Wales, 2196 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 May 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 5231 St Charbel's Care Centre Ltd  Service: 19425 St Charbel's Care Centre |

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 St Charbel's Care Centre (**the service**) has been prepared by Katrina Platt, 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.
* the provider’s response to the assessment team’s report received on 14 May 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements assessed |
| **Standard 7** Human resources | **Not Applicable as not all Requirements assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all Requirements assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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

Consumers and consumer representatives provided positive feedback about care and services provision. Safe and effective restrictive practices management in accordance with best practice and legislative requirements was evidenced for chemical restraint and included consideration of non-pharmacological interventions before medication administration. Staff discussed potential triggers and individualised strategies to assist consumers with changed behaviours and confirmed chemical restraint was a last resort measure. An environment restraint review was being undertaken, with consumer and consumer representation consultation and care documentation being updated accordingly.

Falls management reflected a multi-disciplinary approach, with engagement of medical officers and physiotherapists and hospital transfer evidenced when required. Comprehensive post-fall assessments were completed, and an observation program supported consumers with mobility changes and increased falls risks. Staff discussed risk reduction strategies, which included appropriate footwear, scheduled personal care, mobility aids and clutter and obstacle removal, and were knowledgeable about post-fall management including care for consumers who experienced unwitnessed falls. The falls management policy and procedure referenced best practice guidelines and provided clear information for staff to follow.

Risk assessments for consumer skin integrity were completed and identified consumers at risk of pressure injuries, bruises and other skin conditions. Head-to-toe assessments were completed post hospital return and changes were identified and documented. Consumer treatment plans were tailored and individualised each wound, with consistent wound charting, regular photographs and use of a measuring device evidenced. Staff demonstrated a good understanding of pressure injuries, skin tears and management of complex wounds and were familiar with escalation protocols and wound specialist referral processes. Policies and procedures evidenced best clinical practice for wound management.

Effective pain management was demonstrated for consumers, which included individualised pain assessments, ongoing pain management review and use of non-pharmacological interventions which included heat and cold packs and exercise programs. Consumers with specialised care needs were monitored for fluid balances, vital sign observations, and pain management and staff were knowledgeable about consumer complex care needs and preferences. For diabetes, weight loss and nutrition and hydration management, policies and procedures guided staff in consumer care and professional practice. Individualised diabetes management plans evidenced regular blood-glucose monitoring and escalation protocols. Consumers were monitored for condition changes including unplanned weight loss and underwent medical officer, speech pathology, and dietitian review when required.

Consumers and consumer representatives were satisfied with the risk management of their care and services and described that incidents were reported promptly, and they were consulted and informed about risk prevention and reduction strategies. Staff described high-impact and high-prevalence risks and clinical care risks associated with individual consumers, their management and prevention strategies used which included engagement of specialists and others when required. Management discussed high-impact and high-prevalence risk analysis through clinical indicators and incidents and post-incident actions were evidenced in care documentation.

Falls prevention and management included exercise programs for high-risk consumers and incident review, investigation and trend analysis and assessment which was evidenced in consumer care documentation. Physiotherapist oversight contributed to risk prevention and reduction through utilisation of bed and chair exit sensors, hip protectors, crash mats, appropriate footwear, regular toilet schedules, and increased monitoring and welfare checks. Risk strategies and interventions were demonstrated for skin integrity and wound management. Care documentation evidenced appropriate and scheduled pressure area and continence care, use of moisturising agents and pressure relieving devices which included air mattresses, booties and pressure relieving cushions according to individual consumer care plans.

# Standard 7

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| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Consumers and consumer representatives considered there were adequate staff to meet their needs and preferences, staff were available when needed and call bells were attended promptly. Staff discussed there were sufficient staff to provide care and services in accordance with consumer needs and preferences and allocated tasks and responsibilities were completed, and the timely attendance to consumer by staff was observed. Management described strategies utilised to ensure effective staff planning and rostering to meet the changing needs of consumers and legislative requirements.

Consumers and consumer representatives said staff were kind and caring and respectful of individual consumer needs and preferences, their identity and culture. Staff were observed to be kind, respectful and patient and described how they delivered care and services which supported the consumer identity, for example learning relevant languages and phrases. Management discussed the informal and formal mechanisms used to monitor interactions with consumers and consumer representatives and policy and procedure documentation and staff training supported a commitment to diversity and inclusion.

# 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

Effective risk management systems and practices were demonstrated. Incidents were appropriately reported under the Serious Incident Response Scheme, and investigations were completed within legislative time periods. Root cause analysis was evidenced, and management discussed how incident trending contributed to service improvement. Oversight by the board and audit, risk and clinical governance committee was demonstrated, with improvements in pressure injury management evidenced through effective risk monitoring and review. Staff were knowledgeable about risk management and their reporting responsibilities and supporting consumers to live the best life they can. Several policy documents were evidenced for high-impact and high-prevalence risk management, consumer abuse, supporting consumers to live the best life they can and incident management and prevention.

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