Performance

Report

**1800 951 822**

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| Name: | St John's |
| Commission ID: | 4481 |
| Address: | 138 Williams Road, WANGARATTA, Victoria, 3677 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 26 August 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 2998 St John's |

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 John's (**the service**) has been prepared by N Eastwood, 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 26 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 4

* Requirement 4(3)(f) ensure consumers receive correctly modified meals and drinks and staff awareness of texture modifications and thickened fluids are consistent with best practice and individual requirements.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives are confident the service takes appropriate actions to minimise infection related risks and outbreak management procedures. Management explained the interventions in place to minimise the use of antibiotics. The service carries out daily infection prevention control (IPC) practice and personal protective equipment (PPE) spot checks. IPC related issues and antimicrobial stewardship (AMS) are tabled at the quarterly medication administration committee (MAC) meeting for consideration.

There was evidence of recording and monitoring of consumer vaccination rates as well as records reflecting staff vaccination compliance. Mandatory training is provided to staff in related to IPC, correct use of PPE and hand hygiene, including a practical competency assessment.

The service has visitor screening processes in place with signage throughout, encouraging social distancing. There are medical-grade high efficiency particulate air purifier filters in the communal areas and adequate supply at the noted PPE stations.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(g).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The service did not demonstrate service of correct texture modified meals to consumers according to their dietary requirements. Staff did not have a practical knowledge of food and fluid texture guidelines and while care documentation demonstrated current dietary assessments and recommendations, meals served did not reflect consumer assessed needs. Meals were not consistent with the daily menu on display and a variety of choices were not offered.

Care staff were unclear of guidelines for preparation of thickened fluids and did not recall training being provided. Catering staff were unaware of where to locate consumer dietary preferences and portion size preferences.

The Approved Provider submitted a response (the response) to the Assessment Team report, including evidence of significant work completed since the Assessment Teams attendance. The response acknowledged the identified issues and the supporting evidence demonstrated how the service has prioritised improvements. The response indicated that the service had identified area for improvement prior to the Assessment Contact on 30 July 2024 and has subsequently commenced actions to address these.

The response also indicates that the service has improved reporting and communication of consumer dietary needs, updates have been made to staff handover sheets reflecting care and dietary needs, weekly modified diet and drinks list reports are posted in kitchenette areas, with updates recorded as they occur. Training has been provided to staff relevant to dietary and drink modification as well as the dining experience. Additional training has also been scheduled soon to support ongoing improvement in practice and staff knowledge. A seasonal menu is in place which has been reviewed by a dietician with additional modifications to ensure variety and options are available. Identified individual consumer records have now been updated with additional referrals completed, as well as assessments reflecting current needs.

I acknowledge the Approved Provider’s comprehensive response and actions completed to date. I am reassured that the service is progressing toward addressing the identified deficits and understands the potentially significant impact to consumers where meals are not provided in accordance with individual needs. I consider additional time is required to ensure the improvements are effectively implemented and sustained in practice, as a result I consider Requirement 4(3)(f) is non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Management described how they determine staff competency and capability during the recruitment process and periodically throughout their service. Competency is assessed through interviews, pre-employment checks such as registrations, police checks, reference checks, ongoing training, performance review and regular PPE spot checks. Documentation demonstrated staff have relevant qualifications consistent with position descriptions and staff complete annual mandatory training modules.

Management described how staff complete mandatory training, regular toolbox training and how additional training was provided if skill gaps recognised incidents occurred. Workforce learning is supported by electronic learning platforms, staff are assigned courses at the commencement of employment, annually and as required to meet organisational or service requirements. Staff confirmed they were satisfied with training provided and were able to access additional training where required.

The Assessment Team report noted the opportunity to improve understanding and learning related to thickened fluids, textured and modified dietary requirements.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 7(3)(c) and 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

There are effective governance systems in place to support information management, continuous improvement, financial accountability, regulatory compliance, feedback and complaints. Information systems are supported by access to relevant information through care plan documentation and records, internal correspondence and meeting minutes, access to training, policies and procedures. Continuous improvement activities are informed by self-assessments, legislative change, identified gaps and incidents.

Management described how financial accountability occurs at site level with expenditure authorities in place. Workforce recruitment and education occur to meet workforce requirements through its executive team. Management confirmed the provision of position descriptions occurs on recruitment which outline the assignment of responsibilities and accountabilities. The service ensures its compliance with relevant legislation and regulatory requirements through the organisation’s legal and compliance team who continually review and filter down changes to the service. The is a feedback and complaints management system in place which is used to identify systemic issues which inform the services plan for continuous improvement.

There is an effective clinical governance framework in place. Management described the relevant clinical governance roles and responsibilities and confirmed regular meetings and opportunities to discuss clinical quality indicators and trends occur. There was evidence of appropriate antimicrobial stewardship measures, actions to identify and minimise restrictive practices and adequate knowledge and use of open disclosure principles.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 8(3)(c) and 8(3)(e).

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)