Performance

Report

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| Name: | St Joseph's Aged Care Facility Kensington |
| Commission ID: | 0518 |
| Address: | 2 Kensington Road, KENSINGTON, New South Wales, 2033 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 September 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 2972 St Joseph's Aged Care Facility Kensington  Service: 531 St Joseph's Aged Care Facility Kensington |

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 Joseph's Aged Care Facility Kensington (**the service**) has been prepared by Kimberley Reed, 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 Food, Nutrition and Dining monitoring Assessment contact record dated 10 September 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated high-impact, high-prevalence risks associated with the care of each consumer had been considered and managed to the best of their ability. Management demonstrated strategies utilised to ensure risks were minimised for each consumer. Clinical and care staff identified risks associated with each consumer and their needs in relation to these risks and the strategies to manage those risks. Consumers provided positive feedback regarding management of risks and staff conduct. Identification of risks for each consumer and management strategies for each consumer was documented accordingly.

The high-impact, high-prevalence risks impacting consumers at the time of the Assessment Contact were identified by management as falls management, skin integrity and wound management.

Documentation for consumers with a high falls risk or a history of falls evidenced each consumer had a falls risk score and risk assessment documented within their consumer care file. The service had a falls management plan which provided guidance to staff when a consumer had a fall. Staff appropriately assessed, managed and escalated incidents according to the service’s policy and procedures. Assessments after a consumer experienced a fall were appropriate and timely. Consumers who have had a fall were escalated appropriately and referred to their medical officer and physiotherapist for review and reassessment. Further prevention strategies were documented. Consumer representatives were updated when an incident occurred or when a change in care was deemed necessary to aid in the prevention of falls.

Management confirmed each fall that occurred had appropriate reviews and fall management plans in place including for consumers who had consecutive falls. Strategies suggested by the physiotherapist were used to prevent falls or reduce the risk of falls which included the use of injury prevention mats, sensor equipment, pendant alarms, appropriate footwear, regular toilet schedules and increased monitoring and welfare checks. Cameras in hallways and within public areas of the service were placed to ensure staff were able to monitor consumers while mobilising. The effectiveness or ineffectiveness of these strategies was recorded and evident in consumer documentation. Within the service’s memory support unit an extra staff member was placed in the dining room area, where they remained throughout their shift to observe consumers for their safety.

In relation to skin integrity, risk assessments were completed in a timely manner to identify consumers who were at risk of pressure injuries, bruises and other skin conditions. Head to toe skin assessments were conducted regularly for each consumer with any changes including bruises, pressure injuries or skin tears identified and documented. Interventions such as the use of pressure relieving devices, skin moisturisation and pressure area care were recorded within consumer care files and progress notes. Management have trialled prevention strategies to ensure optimum skin integrity for each consumer. Successful strategies included regular monitoring rounds, regular moisturisation for each consumer, and consistent head to toe assessments to identify changes in skin conditions. Staff were educated on the topics of skin integrity and the prevention of wounds. Each wound that was identified, had ongoing oversight of wound management strategies, wound charts and external referrals took place, as required.

Feedback from consumers was positive regarding skin care practices and management of their wounds.

Based on the above information, it is my decision this Requirement is compliant.

# 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 organisation had a documented risk management framework that defined the process to follow in identifying, assessing and managing risks and the expectation set by the organisation for consumers’ delivery of care and services. Management and staff interviewed demonstrated knowledge of their responsibilities and the accompanying legislative reporting requirements. Consumers expressed satisfaction with the way risks and incidents were managed at the service.

While policies were in draft form pending approval by the Board, staff used these as guidance in delivering care and services. There was a policy and guidance in place to manage high-impact, high-prevalence risks evidenced through incident reports, risk register records and communication systems for risk escalation. Management confirmed there were clear escalation processes, and the Director of Nursing and Senior Nurse had oversight on risk management across the service.

The incident management system indicated the service was following their policy and accompanying legislation. Management advised while they were confident in their knowledge of Serious Incident Reporting Scheme requirements, they would increase their capability by using the online tool to confirm their reporting decisions. All serious incidents reports were reported through the correct channel, documented in the electronic care system and reported to the Board through the Director of Nursing report at monthly meetings. Analysed data and trends from incidents and accident were reported, discussed and managed at the clinical advisory committee meetings.

Based on the above information, it is my decision this Requirement is compliant.

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)