Performance

Report

**1800 951 822**

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| Name of service: | St Joseph's Aged Care Facility Kensington |
| Service address: | 2 Kensington Road KENSINGTON NSW 2033 |
| Commission ID: | 0518 |
| Approved provider: | St Joseph's Aged Care Facility Kensington |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 15 August 2023 |

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 M.Wyborn, 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 - Site; the Assessment Contact - 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 11 August 2023.

# Assessment summary

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| 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 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 |

Findings

The service was found to be non-compliant following a Site Audit from 18 to 20 October 2022. At this time, the service was unable to demonstrate a consistent complaints and feedback process where analysis and trending of complaints was effectively completed. In addition, there was an unstructured continuous improvement mechanism to capture continuous improvement activities, and staff mandatory training documentation was inconsistent in the service’s learning management system. Records of staff performance appraisals were inconsistent and the service’s restrictive practices policy did not reflect current terminology.

During the Assessment Contact undertaken on 11 July 2023, the Assessment Team were unable to review the service’s quality management system to confirm if improvements have been completed, or whether the service has an effective continuous action plan and timeframe for their completion.

In their response to the Assessment Contact Report however, the Approved Provider supplied a copy of their plan for continuous improvement and highlighted that the organisation has implemented a streamline system to record the service’s quality management processes and to better measure compliance. The Approved Provider explained that documents such as their clinical policies & procedures, education materials, employment documents, enterprise agreement, environmental & WHS policies and procedures, staff memos, and staff meetings are shared with all staff via the organisation’s OneDrive platform. Policies and procedures are available in both hard and softcopy for the staff and hardcopy for the consumers, representatives, and other workers.

To ensure a robust feedback and complaints process, the organisation has created a formal feedback and complaints register and has actively promoted this process through staff and consumer education on how to use this system to provide feedback.

In their response to the Assessment Contact Report, the Approved Provider highlighted that the service’s plan for continuous improvement has been consolidated into one document in their quality portal, and the Approve Provider supplied a copy demonstrating appropriate identification and management of relevant actions.

The organisation demonstrated their effective implementation of an online learning management system to enhance the efficiency of staff training and records management. The organisation highlighted two main training programs - ‘Induction Training’ and ‘Annual Mandatory Training’, established to support both existing and newly recruited staff. For staff that face challenges accessing or navigating the online system the organisation has implemented face-to-face education sessions and printouts for individuals who require alternative training methods.

In their response, the Approved Provider also highlighted the organisation’s commitment to ensure regular staff performance appraisals are undertaken in order to foster a culture of continuous improvement and development among staff. The organisation is conducting a comprehensive review of each staff member's file to determine the date of their last appraisal, and the staff appraisal process will be integrated into the learning management system as a practical competency in the annual mandatory training plan. This will enable the system to automatically flag the due date for both managers and staff, ensuring timely completion of appraisals.

In relation to financial governance, management stated they have the financial resources required for effective delivery of care and services. Management seek authorisation for further spending as required and indicated financial approvals by the service’s governing body are facilitated in a timely manner. Staff advised that they have sufficient resources to perform their role(s), and management gave examples of recent approvals for equipment.

The organisation demonstrated effective workforce governance systems to ensure quality care and services are delivered to consumers. Management advised that agency staff are only occasionally utilised, as roster gaps are filled by the director of nursing. Clinical staff said management has been actively recruiting registered nursing staff and the workforce is stable.

The organisation demonstrated effective processes to maintain up to date information on legislative guidelines, industry standards, and information distributed by the Aged Care Quality and Safety Commission, NSW Health, and other peak bodies. This information is shared with staff and consumers primarily through noticeboards, through distribution of hard copies and in regular staff meetings.

The organisation supports feedback and complaint mechanisms to ensure systems and processes actively look to improve results for consumers. The organisation’s feedback and complaint system is relevant and proportionate to the range and complexity of care and services the organisation delivers, as well as its size and scale. The organisation supports a program of regular meetings for consumers and representatives, and consumers advised they can informally raise issues or concerns with management directly and regularly provide feedback directly to staff.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service compliant in Requirement 8(3)(c).

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)