St Louis Nursing Home

Performance Report

21 Foster Street   
PARKSIDE SA 5063  
Phone number: 08 8272 3344

**Commission ID:** 6817

**Provider name:** St Louis Nursing Home Pty Ltd

**Assessment Contact - Site date:** 23 June 2022

**Date of Performance Report:** 14 July 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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; and
* the provider did not respond to the Assessment Contact - Site report.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service meets Requirement (3)(a) in Standard 2. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team was satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* Seven consumers and three representatives confirmed they are involved in assessment and planning processes and were satisfied with the care consumers receive.
* Staff demonstrated an understanding of assessment and planning processes and were able to describe sampled consumers’ care needs and associated risks.
* Care plans were individualised and reflective of each consumer’s care and service needs, including associated risks. Care plans demonstrated comprehensive assessment and planning, including use of risk assessment tools relating to multiple areas of clinical and personal care. Where risk was identified, strategies to manage the risk were documented to guide staff in providing safe and effective care.
* The organisation has policies and procedures to guide staff in undertaking care plan reviews and assessments.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service meets Requirement (3)(b) in Standard 3. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team was satisfied the service demonstrated high impact or high prevalence risks associated with the care of each consumer were effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives were satisfied with the care consumers receive and provided examples of how high impact or high prevalence risks, such as pain and mobility, have been effectively managed.
* Staff described how they provide support and manage risks associated with sampled consumers’ care, including falls and mobility, weight loss, choking, skin impairment, behaviours and pain.
* Documentation showed staff were responsive following identification of high impact or high prevalence risks, including undertaking care plan reviews, initiating referrals to a Medical officer and/or specialists, implementation of management strategies and undertaking ongoing monitoring. Files for sampled consumers showed effective management of weight loss, pain, pressure injuries and behaviours.
* High impact or high prevalence risks are monitored daily through handover and ‘leadership catch-up’ and are discussed at Clinical governance committee meetings.
* Policies and procedures are in place to guide staff in relation to high impact or high prevalence risks associated with the care of consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service meets Requirement (3)(a) in Standard 7. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team was satisfied the service demonstrated 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. The Assessment Team provided the following evidence relevant to my finding:

* Most consumers and representatives reported there are sufficient staffing numbers to meet consumers’ needs and preferences, and said staff respond to call bells in a timely manner, provide personal care at a time in line with consumers’ preferences and are attentive. Feedback from consumers and representatives was ‘the service has never put a step wrong’, they were ‘very impressed by the level of staffing’ and they were ‘very confident in the level of care provided’.
* Staff reported there are adequate numbers of staffing to ensure consumers’ needs are met, and while they occasionally feel time pressures due to unplanned absences or when an incident has occurred, there has been no impact to consumers.
* Management said the roster is reviewed daily and there is a system in place to cover absences and/or changing needs of consumers. Management explained that clinical indicators are analysed for trends, call bell response times are discussed monthly at governance meetings, and feedback is sought from consumers, representatives and staff to ensure staffing issues are identified and addressed.
* Throughout the duration of the Assessment Contact, staffing numbers appeared sufficient and staff were observed interacting with consumers in a respectful and kind manner.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.