Performance

Report

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| Name: | St Luke's Green Residential Care |
| Commission ID: | 5794 |
| Address: | 43 Taylor Street, Woolloongabba, Queensland, 4102 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 10 October 2024 |
| Service included in this assessment: | Provider: 3274 Greengate Care Pty Ltd  Service: 8012 St Luke's Green Residential Care |

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 Luke's Green Residential Care (**the service**) has been prepared by E Blance, 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 1 October 2024
* other information known by the Commission.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

**Requirement 3(3)(b)**

The assessment team report brought forward information that high impact high prevalence risks associated with the care of each consumer, in particular relating to wound care and pain management, was ineffective.

The assessment team report brought forward information that documentation related to wound care and pain management for one of 8 consumers interviewed was not in line with policies and procedures. The consumer expressed some discomfort in relation to experiencing an area of redness to their skin. Managements response at the time of the Assessment contact included several immediate strategies to mitigate risk to the consumer.

I am not satisfied the deficiencies identified within the assessment team report demonstrate a systemic deficiency across the Service in relation to the effective management of high impact high prevalence risks. I note the consumer informed the assessment team of their care needs, was satisfied with the care they receive, and felt staff knew what their needs were.

I have placed weight on the Provider’s response that appropriate and effective strategies have been actioned and evaluated to ensure the comfort of the consumer identified within the Assessment team report. The Provider’s response has demonstrated further broader improvements to systems and processes have been planned and implemented to proactively strengthen the effective management of high risk high prevalence risks associated with the care of each consumer. These include but are not limited to, further training for staff, implementation of communications systems to strengthen documentation, and auditing processes to monitor care delivery. I find Requirement 3(3)(b) compliant.

**Requirement 3(3)(d)**

Consumers said they were confident staff knew them and could identify changes to their condition and how to respond. Staff recognised, reported, and responded to changes in consumers’ conditions in a timely manner which included assessment of the consumer, discussion with the consumer/representative, referral to the medical officer or other allied health professionals, and transfer to hospital where necessary. Care staff appropriately escalated to registered staff where they held concerns about a consumer’s condition. I find Requirement 3(3)(d) 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 assessment team report brought forward information the organisational governance for risk management in relation to high impact high prevalence risks associated with the care of consumers was ineffective.

The assessment team report identifies while the organisation has systems and procedures in place, gaps were identified in the implementation of procedures specifically, care planning, skin assessments and wound charting were not being attended to for one of 8 consumers identified in the report.

The assessment team report advises management had identified some deficiencies in care management processes and had taken strategic actions to mitigate risks to consumers which included review of incident and progress notes, identifying high risk consumers, increasing staffing, specific assessments of care upon entry to the service, referral of consumers to the wound consultant, monitoring of quality indicators and increasing education to staff.

While I acknowledge the service identified some deficiencies in care management processes, I do not consider that the information brought forward in the assessment team report has effectively demonstrated a systematic failure of effective risk management of high impact high prevalence risks associated with the care to consumers in reference to the information in Requirement 3(3)(b).

I have placed weight on the information that the service were aware of gaps within the organisational system, had already taken actions to mitigate risk and improve systems, and that the Provider’s response demonstrates broader strategies implemented to proactively strengthen the effective governance of high risk high prevalence risks associated with the care of each consumer. These include but are not limited to, implementation of a new electronic care management system, 100% assessment and care plan review, improvements to quality board reporting, monitoring of compliance to care plan reviews, introduction of new auditing tools, and the appointment of senior staff. I find Requirement 8(3)(d) 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)