Performance

Report

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| Name: | St Mary's Aged Care |
| Commission ID: | 5881 |
| Address: | 31 Verdon Street, PELICAN WATERS, Queensland, 4551 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 366 Tilburg Proprietary Limited  Service: 3812 St Mary's Aged 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 Mary's Aged Care (**the service**) has been prepared by P. Sherin, 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.
* 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 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)**

Sampled consumers and representatives expressed satisfaction with care provided to consumers and said they are confident appropriate risk management strategies are implemented.

Review of care planning documentation identified risks to individual consumers such as falls, pressure injuries, and changed behaviours are managed effectively.

Staff demonstrated knowledge of risks to individual consumers and strategies in place to manage and mitigate these risks. Registered staff undertake weekly review of all consumers with pressure injuries to ensure effective oversight and management of wounds. The service seeks the input of allied health professionals, medical officers, and other health specialists and providers as required to inform risk mitigation strategies. Where a restrictive practice is used, appropriate consent documentation, authorisations, and behaviour support plans are in place.

The service regularly reviews, trends, and analyses clinical incident and quality indicator data. This information is discussed in clinical management meetings and reported within the organisation. Monthly clinical governance meetings are held to discuss management of high-risk consumers.

Review of clinical meeting minutes identified a decrease in falls reported in September 2024, following improvement actions implemented in response to an increase in falls in the months of July and August 2024.

Based on the information above, I find this Requirement is compliant.

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

Sampled consumers and representatives said staff are responsive to any changes in a consumer’s health and well-being.

Review of care documentation identified staff recognise, report, and respond to any deterioration or changes in consumers’ health in a timely and appropriate way.

Staff have access to information to guide practice in recognising and responding to deterioration in consumers’ health and condition.

Registered staff described various actions taken in response to deterioration in consumers, including but not limited to assessment of the consumer, discussion with the consumer/representative, referral to a medical officer or allied health professionals, and transfer to hospital as necessary.

Care staff demonstrated knowledge of signs and symptoms that may indicate decline in a consumer’s health and described how they escalate any changes to registered staff by notifying them immediately.

The service has established processes for staff to communicate, discuss, and escalate changes and deterioration in consumers such as via handover and messaging on the service’s electronic care management system and handheld devices.

Based on the information above, I find 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 service demonstrated effective risk management systems and processes to manage high impact and high prevalence risks to consumers, and to manage and prevent incidents.

The service has an incident management system in place. Staff are provided training on incident identification, reporting, and management. Sampled staff demonstrated knowledge of reporting processes and requirements as relevant to their roles.

Policies and procedures are available to guide staff practice regarding the management of high impact and high prevalence risks and incidents. Various clinical meetings and reporting mechanisms are established to ensure the oversight and management of clinical risks and incidents.

Review of the service’s serious incident reporting for the previous 6 months identified timely reporting in line with regulatory requirements.

Monthly clinical governance meetings are held which include a discussion on risk, clinical indicator trends, and incidents. The organisation’s Board reviews clinical governance reports, monitors risk and approves implementation of strategies to reduce risk to consumers.

Review of recent clinical governance and Board meeting minutes identified discussion on an increase in falls and medication incidents in previous months, and subsequent reduction in these incident trends following implementation of staff training.

Based on the information above, I find 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)