Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | St Nicholas Seniors Care Centre |
| Commission ID: | 9260 |
| Address: | 13-23 Henry Street, PUNCHBOWL, New South Wales, 2196 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 December 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 8944 Antiochian Care Limited  Service: 28075 St Nicholas Seniors Care Centre |

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 Nicholas Seniors Care Centre (**the service**) has been prepared by Therese Solomon, 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.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |

Findings

Consumers and/or representatives confirmed they feel supported to exercise choice and independence in how their care and services are delivered and who should be involved in their care. They felt enabled to communicate their decisions and make and maintain connections with others, including intimate relationships. Staff were knowledgeable of consumer preferences for care and relationships of choice and were able to identify preferred and legal representatives for consumers.

Care documentation confirmed consumer choices around who should be involved in their care and the Assessment Team observed staff respecting consumer choices when delivering care and services to consumers.

The service has policies and procedures in place to support and guide staff in understanding a consumer’s right to choose, including policies on Respecting the Privacy, Dignity and Diversity of the Resident and Meeting Consumer’s Cultural Needs. A detailed process is in place for admission of new consumers to ensure information is provided to consumers and/or representatives about advocacy, complaints, and the charter of aged care rights. Preferences around communication and contacts are documented during this process. Review of staff training documentation confirmed 100% of current staff had received relevant consumer focused training during orientation.

Based on the information provided by the Assessment Team Requirement 1(3)(c) is found Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

The service demonstrates that each consumer receives safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers and/or representatives provided positive feedback about their clinical and personal care and stated they are satisfied that staff are providing care that is safe and right for them.

A review of documentation reinforced that care is planned and provided in a way that is individualised and tailored to the specific needs of the consumer, and that staff practices relating to the monitoring and management of restraint, behaviours of concern, falls, pain, wound/skin integrity, and complex care are consistent with the service’s guidelines and are best practice.

Consumers and/or representatives spoke highly of the staff and the care they receive. They spoke of ways staff provide the care they need and the way they prefer it to be delivered. They said staff know what they are doing, and they are confident they are receiving the correct care.   
Consumers have care plans for personal care needs that are reflective of their choices, and staff are aware of their individual needs and preferences.

Staff described how they have access to clinical policies and guidelines and receive enough support to ensure they provide quality and safe clinical and personal care to consumers. Care staff report they use strategies to manage consumers’ needs according to their care plans or by asking the consumer and/or their representative.

The service has policies and procedures in place related to restrictive practices, falls management, skin integrity and wound management, and pain management which reflects best practice and includes information related to risk assessment, documented consideration of alternatives to restraint, ongoing monitoring and review, and escalation. Care conference records are documented in relation to discussions in the use of restraints, and restraint authorisation forms are signed, documented, and filed for consumers who are currently on restraints.

Based on the information provided by the Assessment Team Requirement 3(3)(a) is found Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |

Findings

The organisation’s governing body demonstrates that it has systems and processes in place to provide safe, inclusive, quality care and services. Consumers and/or representatives have expressed satisfaction with services being provided and say they feel safe and supported in their care and services.

Board members have been engaged in their roles and have been provided with corporate governance training specific to the Quality Standards. There are eight board members with a diverse range of skills including in clinical oversight, aged care, and property. The board receives monthly audit reports for review, including pain management, environment, managing high impact high prevalence risks, feedback, complaints, and open disclosure.

Whilst the organisation’s strategic plan is still in development, the Assessment Team reviewed its vision, mission and values statements which detailed key strategies including quality care delivery, consumer centred care, regulatory compliance, staffing, safety and emergency preparedness, financial sustainability, community partnership, technology integration, transparency and communication, and the organisation’s long-term vision.

Based on the information provided by the Assessment Team Requirement 8(3)(b) is found Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)