Performance

Report

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| Name: | St Patrick's Green |
| Commission ID: | 1063 |
| Address: | 40 Chapel St, Kogarah, New South Wales, 2217 |
| Activity type: | Site Audit |
| Activity date: | 8 July 2024 to 10 July 2024 |
| Performance report date: | 16 August 2024 |
| Service included in this assessment: | Provider: 3274 Greengate Care Pty Ltd  Service: 19314 St Patrick's Green |

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 Patrick's Green (**the service**) has been prepared by Denise McDonald, 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 Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said staff treated them with respect and dignity, and value them as individuals. Staff demonstrated knowledge of consumers’ identities, needs and preferences. Staff were observed interacting and speaking respectfully with consumers.

Consumers and representatives said staff were aware of consumers’ diverse cultures, backgrounds and provided consumers with safe, respectful care. Staff described consumers’ cultural backgrounds, and demonstrated consumers’ individual care needs were known. Care documentation recorded consumers’ care preferences to ensure staff provided culturally safe care.

Consumers and representatives identified consumers were supported to maintain their independence and make choices about their care, daily lives and who was involved in their care decisions. Staff confirmed consumers were supported to be their own decision maker and to choose who is involved in their care. Care documentation contained details of consumer choices around personal care, lifestyle, and key relationships.

Consumers and representatives said consumers were supported to live life as they chose and to make informed decisions, including when these involve risks. Staff knew their roles in supporting consumers to engage with and manage risks. Care documentation evidenced consumers were supported to not be disturbed at night and to not be reviewed in hospital following a fall unless clinically indicated.

Consumers said they were provided with up-to-date information in a manner they can understand, which supports them to make choices in their daily life. Staff described various ways information was conveyed to consumers and representatives to ensure it was timely and appropriate. Information displayed was observed to be up to date and accurate.

Consumers and representatives felt their privacy was respected. Staff described how they respect consumers’ privacy when providing care, and how they handle personal information appropriately. Staff were observed demonstrating practices which aligned with privacy policies and procedures.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described the assessment and care planning process, including how assessments identified risks associated with the consumer’s care, which informed the development of the care plan. Care documentation evidenced care plans were individualised and contained information regarding the risks and care needs of consumers. Policies and procedures guided staff practice in assessment and care planning processes.

Consumers and representatives confirmed having advance care planning conversations with staff. Staff knew consumer’s care preferences and said advance care and end of life wishes were discussed with consumers and their representatives. Care documentation contained consumer’s current needs, goals and preferences.

Consumers and representatives said they were actively involved in assessment and care planning processes which also included medical and health professionals as required. Staff confirmed assessment, planning and review of care was done in partnership with the consumers and their nominated representatives. Care documentation evidenced care consultations were held with consumers and representatives and medical officers, specialists and allied health professionals contributed to assessment and care planning.

Consumers and representatives said staff talked to them about the consumer’s care and they had received or been offered a copy of the consumer’s care plan. Staff advised outcomes of assessment and planning were communicated to consumers and their representatives and knew to provide a copy of the consumer’s summary care plan at regular intervals. Consumers care plans were observed to be readily accessible via the electronic care management system (ECMS).

Consumers and representatives said consumer’s care was reviewed regularly including when there was an incident or change in the consumers condition. Staff described care plan reviews were scheduled every 3 months or a fall or change in behaviours would trigger reassessment. Care documentation evidenced reviews occurred when scheduled and care strategies were updated when assessed as no longer effective.

# Standard 3

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| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said staff were providing consumers with personal and clinical care which met their needs and preferences. Staff demonstrated knowledge of what care each consumer required and confirmed their practice was guided by policies and procedures informed by best practice resources. Care documentation evidenced provision of tailored care in accordance with each consumers assessed needs and preferences.

Consumers and representatives gave positive feedback on how high impact risks associated with consumers care was managed. Staff knew the high impact, high prevalence risks and demonstrated knowledge of the care required of them to minimise those risks for consumers. Care documentation evidenced falls prevention strategies were in place, staff followed post fall management procedures and clinical care was adapted when trends in clinical incidents were identified.

Care documentation for a consumer who had recently passed away, evidenced end of life care was provided in accordance with the consumer’s wishes and they were kept comfortable through regular comfort cares. Staff described how they adjusted their care approach to meet the needs of consumers receiving palliative and end-of-life care. Policies and procedures guided staff practice on providing end-of-life care.

Consumers and representatives said staff were quick to recognise and respond to deterioration or changes in consumer condition. Staff confirmed when signs or symptoms indicating deterioration were identified they escalated their concerns to ensure the consumer was reviewed. Care documentation evidenced when consumers condition deteriorated staff responded appropriately with the consumer being monitored and reviewed by outreach services, their medical officer and they were transferred to hospital as needed.

Consumers and representatives felt consumers information was being shared amongst staff as staff knew the consumer, their care needs and preferences. Staff described how they receive information about changes in the consumer’s condition through verbal and written handover. Care documentation evidenced information was added regularly, ensuring staff had access to up to date information.

Consumers and representatives said consumers were referred to other health professionals and providers of care when they needed it. Staff demonstrated knowledge of referral processes and confirmed monitoring processes were in place to ensure the consumer was reviewed in a timely manner. Care documentation evidenced consumers were quickly referred to allied health professionals when required.

Consumers and representatives said they observed staff using practices to prevent and control infection transmission and confirmed consumer vaccinations were kept up to date. Staff knew how to minimise the use of antibiotics, when prescribed they are used correctly and confirmed consumers are regularly screened to monitor for infection. Policies, procedures and guidelines guided staff on practicing infection control measures and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback regarding daily living supports including the laundry services and the lifestyle program. Staff advised different activity programs are delivered to cater to the varying capacity of consumers to participate and includes such things as cooking classes. Care documentation evidenced consumers interests were known and consumers were observed participating in a variety of activities which were well attended.

Consumers advised their emotional, spiritual and psychological wellbeing was supported through access to religious services and staff spend time with them when they felt low. Staff demonstrated knowledge of how to support consumers who required emotional support, including providing reassurance. Staff confirmed various religious services are held to support consumers spiritual needs.

Consumers said they were assisted to participate in their community, maintain relationships and to do things in which they were interested. Staff knew what supports were required for consumers to do the things they enjoyed and to maintain relationships that are important to them. Consumers were observed engaged in a range of self-guided and group activities and spending time with their visitors.

Consumers and representatives said staff knew consumers well and felt information about their needs and preferences was appropriately communicated between staff. Staff from care and service departments gave consistent information regarding consumers needs and preferences. Staff were observed to communicate information between each other staff, including when changing shifts, to ensure changes to consumers condition, needs and preferences were transferred.

Consumers and representatives said they were referred to external services to support their overall wellbeing. Staff advised they had access to a range of external service providers to support consumers daily living needs and preferences. Care documentation evidenced consumers were referred to other organisations and service providers in a timely manner to ensure their wellbeing.

Consumers and representatives reported the food provided to consumers was of good quality and met consumers nutritional and dietary needs. Staff described processes to ensure consumers specific dietary and texture modifications needs were met when meals were provided to them. Staff advised a seasonal menu ensures ongoing variety, consumers had input into menu development and a dietitian review was conducted to assess its nutritional value.

Consumers said equipment they were provided was safe, clean and suitable for their use. Staff knew to monitor equipment for suitability and safety prior to consumer use. Equipment was observed to be clean and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said consumers felt safe and at home as they were supported to personalise their room with their own belongings. A home-like and welcoming environment was observed with consumers rooms decorated as they wished and multiple common areas available for consumers to spend time in. Navigational signage was installed, and staff were available to assist consumers to move around including to access the library and activity rooms to interact with other consumers as they wished.

Consumers and representatives gave positive feedback regarding the cleanliness of consumer’s rooms and common areas, while also confirming consumers, who were assessed as able could access indoors, outdoors and the community, without restriction. Staff confirmed cleaning was undertaken by a contractor, and audits were completed to monitor the standard and completion of cleaning tasks. Consumers were observed moving around as they wished, and the environment was clean, tidy and free from hazards.

Consumers advised the furniture, fittings and equipment were checked regularly and kept in good working order. Staff confirmed a safety check of equipment was completed prior to use and it was cleaned between uses. Staff described preventative and reactive maintenance processes, with documentation evidencing fittings and equipment were inspected and serviced as scheduled, and repairs were attended promptly.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide and identified various options available to them to make a complaint. Staff confirmed feedback and complaints were able to be provided directly with staff, at meetings, email or through feedback forms. Posters displayed encouraged consumers to give feedback and feedback forms were readily accessible and supported them to do so.

Consumers and representatives were aware of advocacy services and language supports. Staff gave practical examples of how consumers were made aware of advocacy supports and external complaints options. Posters and brochures displayed promoted consumer and representative access to external complaint options, advocacy services, and language resources.

Consumers said their complaints were resolved in a timely and appropriate manner and confirmed they were advised of resolution outcomes. Staff were knowledgeable of complaints processes, and the use of open disclosure when handling complaints. Policies and procedures guided staff on how to respond appropriately when feedback was given and when complaints were made.

Consumers and representatives said their feedback on management of consumers changed behaviours had prompted improvements. Staff described how feedback was trended to identify where improvements were needed, and processes were in place to communicate improvement actions to staff. Policies and procedures guided staff in identifying opportunities for improvement and a continuous improvement plan was used to monitor completion of responsive actions.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers reported there were sufficient staff to provide quality care, and staff attended promptly when they called for assistance. Management described workforce planning processes to ensure the appropriate number and mix of staff were available, including when unplanned leave was taken. Rostering documentation evidenced all shifts were filled, registered staff were continuously onsite and care minute targets were being met.

Consumers and representatives said staff were kind, caring and respectful, and knew what was important to consumers. Staff were observed interacting with consumers and representatives throughout in a kind and respectful manner. Education records evidenced staff were required to complete training in cultural safety and diversity upon employment commencement.

Consumers and representatives said staff were competent in their roles. Management said qualification was assured through recruitment processes which included compliance and reference checks to understand suitability to work in the role. Personnel records evidenced currency of qualifications and adherence to security clearance procedures was monitored.

Consumers and representatives reported staff were adequately trained to meet consumer needs and equipped to do their jobs. Management advised staff were required to complete an induction and orientation program which ensured each staff member had the right training for their role. Staff confirmed the requirement for them to participate in various aspects of the Quality Standards including infection control, elder abuse and incident management.

Management advised staff performance was regularly assessed, monitored, and reviewed through formal and informal processes. Staff confirmed their performance was appraised annually and additional training was supported, if requested. Personnel records evidenced all staff performance reviews had been completed as scheduled and performance improvement plans were implemented when poor performance was identified.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| 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 |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives reported they were engaged in the development, delivery and evaluation of care and services. Management advised input derived from consumer meetings, feedback and complaints, care conferences and daily interactions between staff and consumers was used to inform service operations. Meeting minutes evidenced consumer views were sought on proposed upgrades to lounge areas and purchase of equipment.

Management described a hierarchical structure with the governing body (the Board) accountable for the safety and quality of care and services. Management advised regular reports were submitted to the Board to inform their decision making and communication mechanisms were in place to ensure implementation of any changes. Meeting reports evidenced the Board monitors the performance of the service through receipt of incident data, complaints feedback, identified risks and the continuous improvement plan.

Effective governance systems were in place which supported information management, workforce governance, continuous improvement, financial governance, regulatory compliance, and feedback and complaints. Staff were clear on their roles and responsibilities, funding was available to support continuous improvement actions and changes to legislative requirements was monitored to ensure compliance was maintained. Policies were accessible, and documentation evidenced procedures had translated into practice.

A risk management framework was in place, supported by an incident management system. Staff demonstrated knowledge of their role in identifying and managing high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management. Policies and procedures guided staff to support consumers to live life as they chose, while identifying and managing any potential risks.

A clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Staff described how antimicrobial stewardship, restrictive practices and open disclosure were applied in care delivery. Clinical documentation evidenced the clinical governance framework was understood and followed by staff.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)