Performance

Report

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| Name of service: | St Patrick's Green |
| Service address: | 40 Chapel St Kogarah NSW 2217 |
| Commission ID: | 1063 |
| Approved provider: | Greengate Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 July 2023 |
| Performance report date: | 23 August 2023 |

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 G Cherry, 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 - 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
* Performance Report dated 8 April 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | 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)(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 Quality Standard was not fully assessed; one of seven requirements was assessed and found compliant.

A decision was made on 8 April 2023 the service was non-compliant in requirement 3(3)(a) after an assessment contact visit 2 March 2023 as the service did not demonstrate effective pain, wound, and falls management, and that restrictive practices relating to medications is practically understood by all staff. In response, improvements have been made in relation to wound, pain, falls management, restrictive practices, and incident management to provide clinical care aligned with principles of best practice. These include, offering care consultation discussion with all consumers, provision of staff education/reminder communication relating to organisational expectations/mentoring for registered nurses, monitoring processes and review of incidents, review of consumer’s files to ensure documentation of prevention/management strategies.

During this assessment contact information was gathered through interviews, observations, and document review. The service demonstrated methods to ensure each consumer receives safe/effective care aligned with best practice and tailored to individual needs relating to pain/wound/incident management, skin integrity, diabetes management, falls management (including appropriate neurological observations) and appropriate manual handling practices. Wound deterioration is recognised and referrals to appropriate health professionals occur. Evidence of effective care was demonstrated for several consumers. Document review for several sampled consumers detail appropriate management of psychotropic medication, informed consent and policies/procedures guide staff in organisational expectations including regular review. Increased clinical supervision between senior clinicians, registered nurses and allied health specialists occurs via regular meetings and improved relationships with key health professionals to support timely review/advice is noted for several consumers. Review of clinical indicators occurs, and demonstration of responsive strategies/management processes noted in relation to an increase in falls, including a physiotherapist led restorative/reablement/wellness program. Sampled consumers/representatives consider consumer’s pain is appropriately managed and documentation detail regular monitoring and interventions when required for several consumers. Interviewed care staff demonstrate knowledge of when to escalate clinical concerns to registered nurses.

I find requirement 3(3)(a) is compliant.

# 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 |

Findings

The Quality Standard was not fully assessed; one of five requirements was assessed and found compliant.

A decision was made on 8 April 2023 the service was non-compliant in requirement 7(3)(a) after an assessment contact visit 2 March 2023 as the service did not demonstrate a system to ensure availability of sufficient staff to respond to consumers in a timely manner including registered nurse availability to respond to consumer’s need for pain review. In response, the organisation has undertaken work to improve staffing and oversight of call bell response times. Improvements include appointment of a new management team, an additional registered nurse, increase in staff relating to lifestyle, administration and catering teams, reallocation of tasks/allocating staff to specific areas for continuity, changes to shift times, amended hours for 2 senior care partners to coordinate care delivery, management alerts to ensure shifts are filled, registered nurses monitor staff break times to ensure adequate staff coverage and purchase of additional laptops/portable work stations to enable staff visibility/availability.

During this assessment contact information was gathered through interviews, observations, and document review. Sampled consumers/representatives generally consider staff respond to consumers requests for assistance in a timely manner and gave positive feedback relating to improved room cleanliness. The general manager explained methods for ensuring adequate staffing levels include monitoring feedback and response times to ensure satisfaction and review of quality reporting data as an indicator of appropriate staffing levels. Interviewed staff note management endeavour to replace unplanned leave and consider in general they are able to complete required tasks. An organisational learning and development team ensure provision of staff education relating to clinical indicator data to meet current consumer cohort specialised care needs and topics relating to the Quality Standards.

I find requirement 7(3)(a) 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)