Performance

Report

**1800 951 822**

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| Name: | St Paul's Hostel For The Elderly |
| Commission ID: | 3330 |
| Address: | 15-17 Strettle Street, THORNBURY, Victoria, 3071 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 8922 Antonine Sisters Aged Care Services Ltd  Service: 2088 St Paul's Hostel for the Elderly |

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 Paul's Hostel For The Elderly (**the service**) has been prepared by M Murray, 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 performance report dated 8 December 2023 in relation to the Assessment contact undertaken on 6 October 2023.

# Assessment summary Compliant

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| Standard 3 Personal care and clinical care | 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 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

Requirement (3)(a) was found non-compliant following an Assessment contact undertaken on 6 October 2023, as the service did not demonstrate each consumer was receiving safe and effective clinical care. Specifically, staff did not demonstrate an understanding of their accountabilities when identifying consumers subject to restrictive practices, in particular the use chemical restraint and the management / monitoring of consumers prescribed psychotropic medications to manage behaviours.

The Assessment Team’s report for the Assessment contact undertaken on 11 July 2024 includes evidence of the actions taken by the service in response to the non-compliance.

The Assessment Team’s report outlines, medical officers have reviewed the use of psychotropic medications at the service. Where a consumer is prescribed a psychotropic medication, medical officers have documented the reasoning/diagnosis and the consumer’s legal representative has been consulted and has signed an authorisation.

Care plan documentation review outlined behaviour support plans are in place and a ‘behaviour template’ is being applied to inform consumers’ behaviour related triggers, non-pharmacological strategies and medication use / effect.

Consumers with complex behaviours have been supported through reviews by geriatricians and specialist dementia support organisations.

Staff discussed with the Assessment Team how they instigate non-pharmacological strategies in line with each consumer’s behaviour support plan prior to any medication administration and demonstrated for various consumers a reduction in psychotropic medication usage.

Ongoing monitoring and review is occurring through monthly ‘resident of the day’, three monthly care plan and medical officer reviews, and when a change or an incident occurs.

The Assessment Team was satisfied these improvements are effective and recommended Requirement (3)(a) is met.

Consumers and representatives provided positive feedback on the personal and clinical care they receive, particularly in relation wound and pain management. Representatives are satisfied with the consultation process in relation to the use of psychotropic medications and confirmed that non-pharmacological strategies are being used by the staff.

Based on the information summarised above, I find the provider compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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)