Performance

Report

**1800 951 822**

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| Name: | St Raphaels Home For The Aged |
| Commission ID: | 6107 |
| Address: | 2 Franciscan Avenue, LOCKLEYS, South Australia, 5032 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 May 2024 |
| Performance report date: | 28 May 2024 |
| Service included in this assessment: | Provider: 983 Franciscan Sisters of the Heart of Jesus (South Australia) Inc  Service: 4124 St Raphaels Home For The Aged |

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 Raphaels Home For The Aged (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 20 December 2023 for an assessment contact (performance assessment) – site undertaken 2 November 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 5** Organisation’s service environment | **Not Applicable** |

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 in November 2023 as each consumer’s personal and clinical care was not safe and effective, and care and services were not in line with best practice or tailored to each individual consumer’s needs. The assessment team’s report outlines actions the provider has taken in response to the non-compliance, including, but not limited to, reviewing processes relating to management of diabetes, wounds, falls and restrictive practices; providing education to staff on understanding restrictive practices, diabetes and falls management; and reviewing antipsychotic medication use in conjunction with medical officers and pharmacists, with referrals for individual consumers made to specialists for further assessment and support, where required.

At the assessment contact in May 2024, consumers and representatives confirmed consumers receive personalised personal and clinical care that improves their health and well-being. Care files sampled include consumers’ individualised personal care needs and preferences, demonstrate provision of best practice clinical care, and evidence involvement of medical officers and allied health professionals in the assessment and planning of consumers’ clinical care needs where further support and guidance is required. For example, following each of a consumer’s three falls, neurological and vital signs have been monitored and assessment conducted to ascertain pain, review by a physiotherapist has undertaken to ensure tailored care provision, including assessment of falls risk, and fall incident causative factors and fall prevention strategies have been identified. For a consumer with a pressure injury, referrals to a wound specialist have been initiated to assist in the development of an individualised wound dressing regime and pressure relieving strategies to aid healing. For two consumers who experience changed behaviours and are subject to chemical restrictive practice, care files include initial monitoring of their behaviours to identify potential triggers and management or preventative strategies, and informed consent for the use of chemical restrictive practices by the consumers’ representatives. Behaviour support plans for these consumers are individualised to assist in the management of changed behaviours through non-pharmacological interventions.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in November 2023 as the service environment was not safe or consistently well maintained for consumers’ use. The assessment team’s report outlines actions the provider has taken in response to the non-compliance, including, but not limited to, undertaking a review of all areas, roles and responsibilities, cleaning rosters and duty statements; undertaking improvements in the outdoor areas, including installing ramps and rectifying uneven walkways; and completing an external review of the premises resulting in identification of numerous issues which have since been rectified.

At the assessment contact in May 2024, consumers and representatives are happy with the standard of cleanliness, and feel safe in the service environment which consumers find easy to navigate. All outdoor and communal indoor spaces are accessible to consumers and are clean and well maintained. Cleaning records show cleaning tasks include daily, weekly and monthly tasks encompassing consumer rooms and communal areas, and preventative and reactive maintenance processes are in place. All staff interviewed described how they maintain awareness of health and safety aspects of the service environment and how they can use the organisation’s reactive maintenance program to report hazards and get things fixed.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 5 Organisation’s service environment 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)