Performance

Report

**1800 951 822**

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| Name of service: | SummitCare St Marys |
| Service address: | 57 Saddington Street ST MARYS NSW 2760 |
| Commission ID: | 0527 |
| Approved provider: | St Marys Gardens Aged Care Centre Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 November 2022 |
| Performance report date: | 29 November 2022 |

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 SummitCare St Marys (**the service**) has been prepared by E Woodley, 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.
* the Performance Report dated 8 June 2021 following the Site Audit undertaken from 4 May 2021 to 6 May 2021.

# 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 |
| **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 3(3)(b) following a Site Audit conducted 4 May 2021 to 6 May 2021. For consumers sampled by the Assessment Team at this Site Audit, behaviour management was not effective to minimise associated risks.

At the Assessment Contact conducted 3 November 2022, the Assessment Team found high impact or high prevalence risks associated with the care of consumers were being effectively managed. These included risks associated with falls, wounds and behaviours requiring support. Consumers and representatives interviewed provided positive feedback about their clinical care, and staff knowledge around high impact and high prevalence risks and effective strategies to mitigate those risks. The Assessment Team found that consumer behaviours requiring support are assessed, documented and monitored by the service, behaviour support plans are in place for those who require them, and the service utilises recommendations from specialist services to effectively manage behaviours.

I find Requirement 3(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 7(3)(d) following a Site Audit conducted 4 May 2021 to 6 May 2021. Feedback from consumers and representatives, and documentation reviewed by the Assessment Team during this Site Audit, indicated that staff were not trained to deliver the outcomes required by the Quality Standards.

At the Assessment Contact conducted 3 November 2022, consumers and representatives interviewed confirmed consumers receive the care they need, and staff generally know what they are doing. The service has implemented training on incident reporting and behaviour management, and demonstrated monitoring of mandatory training and competencies for staff. Staff interviewed demonstrated they are trained and have the knowledge to deliver the outcomes required by the Quality Standards.

I find Requirement 7(3)(d) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 8(3)(d) following a Site Audit conducted 4 May 2021 to 6 May 2021. The Assessment Team at this Site Audit found that the service did not consistently investigate incidents to establish the cause and interventions to minimise the risk of the incident reoccurring.

At the Assessment Contact conducted 3 November 2022, the service demonstrated effective risk management, including incident prevention and management. The service has implemented a new risk management system to ensure risks are effectively identified, assessed, investigated, analysed and managed. The service demonstrated effective assessment and monitoring of the high impact or high prevalence risks for consumers at the service, and effective incident assessment, investigation and implementation of action to prevent further incidents.

I find Requirement 8(3)(d) is 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)