SVCS Maroochydore

Performance Report

37 Baden Powell Street   
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**Commission ID:** 5418

**Provider name:** St Vincent's Care Services Ltd.

**Assessment Contact - Site date:** 6 December 2021 to 7 December 2021

**Date of Performance Report:** 21 December 2021

# Performance report prepared by

N.Grey, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all the requirements of this outcome and therefore an overall summary for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(g) Compliant

*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.*

Consumers expressed confidence in the service’s coordination and management of COVID-19 precautions, infection control practices and communication processes. They felt confident in the service’s abilities to manage infectious outbreaks including, but not limited to, COVID-19.

Staff had received training in relation to the management of antimicrobials and infection minimisation strategies. Staff had a shared understanding regarding practices to effectively minimise infection relation risks including, but not limited to, safe hand hygiene practices, the appropriate use of personal protective equipment and the encouragement of COVID-19 vaccinations for consumers and visitors to the service.

The service’s nominated infection prevention and control leads had shared understandings regarding their roles and responsibilities which included monitoring the infection prevention and control practices of staff.

Staff employed strategies to minimise antimicrobial usage at the service. These included the promotion and monitoring of hydration and hygiene practices, monitoring changes in behaviours and ensuring screening process including pathology results were obtained prior to the commencement of antibiotics.

Staff were observed applying personal protective equipment appropriately in accordance with current government residential aged care directions. Adequate supplies of personal protective equipment, hand sanitiser and hand washing stations were accessible in all areas of the service.

The service maintained a register to monitor staff and consumers vaccinations for Influenza and COVID-19. Health screening, temperature monitoring and Quick response code screenings were completed on entry for all staff, visitors and contractors.

The service has implemented actions to address deficiencies identified in the previous site audit. These included, the implementation of appropriate signage (including density signage) throughout the service, the inclusion of a site-specific outbreak management plan in each work area throughout the service and revised floor plans which identified the location of donning and doffing of personal protective equipment stations.

The service established an infection control committee, provided staff with additional training and appointed two infection prevention and control leads. Further to this, seven infection control champions have been appointed, the service’s electronic sign in system has been serviced and is scheduled for ongoing monitoring, the hand hygiene practices of staff are audited, a separate entrance for staff has been established with additional screening processes and the service has held infection control and antimicrobial stewardship awareness weeks in October and November 2021 to improve the safety and care for consumers.

I am satisfied the service has implemented appropriate actions which have effectively addressed the deficiencies identified in the previous site audit. The service has demonstrated it has effective infection control practices and preparedness to support the management and prevention of a potential COVID-19 outbreak and has implemented practices to promote appropriate antibiotic prescribing and use.

Therefore, it is my decision this Requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all the requirements of this outcome and therefore an overall summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Consumers said staff and management were knowledgeable, kind, experienced and professional.

Staff confirmed they participated in performance appraisals where their training needs and professional development was planned and discussed with management. Management monitored staff performance on an ongoing basis through daily observations, incident analysis and staff and consumer feedback.

Performance management plans were completed for staff and monitored by management. Experienced staff were allocated to mentor staff who required performance management and planned improvements in relation to their performance were reviewed and monitored each week.

Organisational policies and procedures were available to guide management in the appraisal and performance management processes. Performance appraisal review dates were monitored through the service’s electronic calendar and management processes.

Staff appraisals, annual reviews and quality improvements were discussed at staff meetings and communicated through electronic mail correspondence.

The service has implemented actions to address deficiencies identified in the previous site audit. These included the completion of performance appraisals for all staff, the introduction of a new graduate program in November 2021 and weekly workshops focusing on the Aged Care Quality Standards in October 2021, the appointment of infection control champions to monitor the compliance and competency of staff and scheduling staff to work in the same areas of the service to ensure continuity of care and a better understanding of the needs and preferences of consumers was achieved.

I am satisfied the service has implemented appropriate actions which have addressed the deficiencies identified in the previous site audit. The service has effectively demonstratedregular assessment, monitoring and review of the performance of each member was completed.

Therefore, it is my decision this Requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.