St Vincent's Aged Care

Performance Report

224 Swan Street West   
GUILDFORD WA 6055  
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**Commission ID:** 7797

**Provider name:** Catholic Homes Incorporated

**Assessment Contact - Site date:** 8 April 2021 to 9 April 2021

**Date of Performance Report:** 2 June 2021

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service has a comprehensive assessment schedule to inform safe and effective care delivery, including consumers’ choice in consideration to risk. Registered staff complete assessment of consumers’ needs and preferences on entry to the service, and whenever required due to changes including consumers’ clinical and safety needs. Care management plans are developed from assessment information to direct staff in effective care delivery. Choice agreements and risk partnerships inform care management plans related to risk, and consumers reported they assist in development of their care plan.

# 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 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The service undertakes assessment of consumers’ care needs to develop a care management plan that is tailored to their clinical needs and well-being. Policies, procedures and flow charts direct staff in best practice guidelines in areas including pain and restraint management. Care plans direct staff in specialised care needs including wound care, diabetes monitoring and management of clinical equipment. Care plans inform staff of consumers’ health choices and staff demonstrated an understanding of consumers’ day-to-day care preferences. Consumers reported they feel safe at the service and staff assist and support them in their care needs.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

For high impact or high prevalent risks related to the personal and clinical care of each consumer, the service uses risk assessments to find ways to reduce these risks. The service monitors high impact and high prevalence risk through the incident/accident reporting system.

The service manages falls risks related to the care of each consumer in line with the consumer’s care plan, supporting them to safely maintain their best possible level of independence and function.

Relevant allied health professionals have input to prevent and manage high impact or high prevalence risks for consumers, and new or changed practices to assess and manage high impact or high prevalence risks to consumers’ safety, health and well-being are communicated. Consumer accidents/incidents are also recorded, and actions taken to address risks are generally documented.

The service also delivers personal or clinical care and manages risk in a way that balances the consumer’s rights and preferences with their safety and the safety of others. This includes managing challenging behaviours in ways that involve the consumer and respects their rights, dignity and independence.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# 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 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service was found Non-compliant in this requirement as a result of a Site Audit conducted from 9 to 11 September 2020. Feedback and documentation reviews identified that consumers and representatives believed staff were not responding to call bells in a timely manner and that the quality of care provided to consumers had declined due to the service’s reliance on using agency staff. The service has since implemented improvements surrounding agency staff usage and further, call bell response times have improved since the Site Audit. Consumers provided positive feedback about staff and their quick response to call bells.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service was found Non-compliant in this requirement as a result of a Site Audit conducted from 9 to 11 September 2020. The Assessment Team found that the service did not have effective systems in place to ensure all staff are competent and have the knowledge to perform their roles, specifically surrounding catheter, pain and medication management. The service has since implemented improvements to ensure staff are competent in their roles relating to the above. Feedback from staff, consumers and representatives was consistent, confirming that improvements in these areas are evident.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The service was found Non-compliant in this requirement as a result of a Site Audit conducted from 9 to 11 September 2020. It was identified that the service’s risk management practices were not effective in the management of high impact and high prevalent risks surrounding consumer care, specifically in relation to catheter, pain and medication management. The service is now able to demonstrate it has effective risk management systems and practices in place to manage the abovementioned risks in line with best practice.

# 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.