St Vincent's Care Services Haberfield

Performance Report

7 Tillock Street
HABERFIELD NSW 2045
Phone number: 02 9799 8753

**Commission ID:** 0302

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

**Assessment Contact - Site date:** 24 September 2020 to 25 September 2020

**Date of Performance Report:** 14 December 2020

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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; and
* the provider’s response to the Assessment Contact - Site report received 22 October 2020.

# STANDARD 2 NON-COMPLIANTOngoing 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

Some sampled consumers (and representatives on their behalf) did not consider that they feel like partners in the ongoing assessment and planning of their care and services. Some also said care planning was not effectively communicated to them and there was not enough consultation or clear agreement about care and services to be provided. Most consumers (and representatives on their behalf) sampled said they had not been shown a care plan, offered a copy of the plan, or were not aware that the plan is readily available to them.

The Assessment Team found that care and assessment plans are not always individualised relative to the risks to the consumer’s health and well-being and does not always inform the delivery of safe and effective care and services.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

Consumers (and representatives on their behalf) generally provided positive feedback they expressed concerns around consumer care and assessment as well as adequacy of staffing to minimise or manage identified risks.

The Assessment Team found that while aspects of risks are considered, other high impact or high prevalence risks are not always considered or do not always form part of the assessment and planning for each of the consumers sampled.

Care plans for the consumers sampled showed they are not always individualised relative to the risks to each consumer’s health and well-being. The Assessment Team also found that risk assessments were not always undertaken to guide the delivery of safe and effective care, and that risks including adverse reactions associated with the use of psychotropic medications are not reflected in the consumers’ care and planning records. Diagnoses involving high prevalence risks are not included in some consumer care assessment or diagnoses lists.

Although aspects of comprehensive assessment and planning are reflected in some care and assessment documents, deficits were consistently reviewed in the care plans of consumers identified with high impact or high prevalence risks.

Care staff could generally describe how they use assessment and planning to inform how they deliver safe and effective care. They have access to the service’s electronic clinical documentation and also paper based work instructions to guide them about the consumer’s individual care needs and preferences.

In response to the Assessment Team’s findings the provider outlined actions taken to address specific gaps in assessment and planning. Additionally the provider outlined further planned continuous improvements in relation to this requirement, though these were not in place at the time of the visit.

I find this requirement non-compliant.

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

Although most consumers (and representatives on their behalf) said they are involved in talking about their care and services, they had not been shown a care plan, offered a copy of the plan, or were unaware that the plan is readily available to them. The Assessment Team found that while the service has documented policies and procedures for care planning, there are no written procedures describing how care plans are made available to consumers.

Care planning documents for consumers sampled demonstrated there is a care plan, summary care plan, alerts and other important information available for each consumer that is readily accessible on the service’s electronic information system. The full care plan contains comprehensive information for each care and service domain which can be updated immediately when care and service information and interventions change.

Care plan conferencing notes for consumers sampled did not confirm that consumers and representatives reviewed the written care plan during the conference or were informed they can access a copy online or receive a hard copy care plan. Notes did confirm that consumers and representatives were involved in updating care and services and had agreed to these changes. Management advised that all consumers and representatives have undertaken a case conference since January 2020 to ensure consumers have been informed that care plans are readily available for them to view or that they can receive a written copy.

The provider acknowledged in its response to the Assessment Team’s findings that communication with consumers and their representatives around having access to their care plans may have been misunderstood. The provider advised that as part of the next review of consumer assessment and care plans, all consumers (or their representatives on their behalf) will be offered a copy of their plan in a format of their choice.

I find this requirement non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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

Most sampled consumers (and representatives on their behalf) considered that the consumer receive personal care and clinical care that is safe and right for them, but they also raised concerns about the adequacy of staffing to deliver care that is safe and effective. Review of care and other records indicates that each consumer does not always get care that is safe or effective.

High impact and high prevalence risks including falls, behaviour, skin integrity and choking are not always minimised or effectively managed for each consumer. Deficits were also identified in the service’s restraint minimisation process. Deterioration or change in consumers’ condition is not always or effectively identified or responded to enhance consumer’s health or wellbeing.

While the service promotes infection control and prevention practices as part of their COVID-19 infectious outbreak preparedness, other infection related risks are not minimised or effectively managed for some consumers. Antimicrobial stewardship is not always maintained to enable the appropriate use of antibiotics and reduce the risk of their resistance.

The Quality Standard is assessed as non-compliant as four of the seven specific requirements have been assessed as non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

### Review of care and other records by the Assessment Team indicates that each consumer does not always get care that is safe, effective, or tailored to the specific needs and preferences of the consumer. While feedback from consumers and representatives was generally positive some concerns about aspects consumer care and staffing was raised. Examples of care that does not always reflect best practice included in relation to medication management, choking, and skin integrity. The Assessment Team did identify some evidence of best practice in relation to weight management. While staff could describe the concepts of best practice, restraint minimisation and high impact or high prevalence risks, deficits around these aspects were identified and discussed with them across Standards 2 and 3.

In response to the Assessment Team’s findings the provider outlined actions taken to address specific areas for improvement to ensure that each consumer gets safe and effective personal and clinical care. They also outlined continuous improvements activities that have commenced to return to compliance.

I find this requirement non-compliant.

### Requirement 3(3)(b) Non-compliant

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

### Review of care and other records by the Assessment Team indicates that each consumer does not always get care that is safe, effective, or tailored to the specific needs and preferences of the consumer. While feedback from consumers and representatives was generally positive some concerns about aspects consumer care and staffing was raised. Examples of care that does not always reflect best practice included in relation to medication management, choking, and skin integrity. The Assessment Team did identify some evidence of best practice in relation to weight management. While staff could describe the concepts of best practice, restraint minimisation and high impact or high prevalence risks, deficits around these aspects were identified and discussed with them across Standards 2 and 3.

In response to the Assessment Team’s findings the provider outlined actions taken to address specific areas for improvement to ensure that each consumer gets safe and effective personal and clinical care. They also outlined continuous improvements activities that have commenced to return to compliance.

I find this requirement non-compliant.

### Requirement 3(3)(d) Non-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.*

The Assessment Team identified deficits in how staff identify and response to changes in the condition of sampled consumers. Care planning documents and progress notes for sampled consumers did not always reflect the identification of, and response to, deterioration or changes in function, capacity, or condition. While the Assessment Team did not seek direct feedback from consumers, some consumers and representatives raised concerns about staff not always or immediately available to respond to the consumer when incidents occur.

Staff interviewed did provide examples of when a deterioration or change in a consumer’s condition was recognised and responded to, including using non-verbal cues. The organisation has procedures and guides for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition.

The provider’s response to the Assessment Team’s findings indicates that they have taken action to address specific gaps identified for sampled consumers. The provider has also identified additional training and education for staff to support their ability to recognise and respond to deterioration or changes in consumers’ conditions. Although these actions appear reasonable, they were not in place at the time of the visit.

I find this requirement non-compliant.

### Requirement 3(3)(g) Non-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.*

While the service promotes infection control practices as part of its COVID-19 infectious outbreak preparedness, other infection related risks are not minimised or effectively managed for some consumers. Most consumers and representatives acknowledged the processes that are in place to minimise COVID-19 infection risks though they commented on impact of visitor restrictions on consumer health and wellbeing.

Care staff interviewed by the Assessment Team demonstrated an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately. They could also describe practical strategies such as promoting hydration, regular toileting and conducting frequent checks on consumers with specific continencde needs to minimise urinary tract infections. Care staff also articulated how they manage suspected COVID-19 and other respiratory infection risks for the consumers. Their practices include observing the five moments of handwashing, use of personal protective equipment, appropriate waste management and cleaning protocols. Despite this some staff were not immediately familiar with the sequence of donning and doffing personal protective equipment and were not always observed to conduct hand hygiene when required or to wipe down commonly used items.

While the organisation has policies and procedures relating to infection control and practices to reduce the risk of resistance to antibiotics, infection related risks and the use of antibiotics are not always minimised for all consumers.

In response to the Assessment Team’s findings the provider submitted a plan for continuous improvement outlining the actions being taken to address the areas for improvement identified by the team.

I find this requirement non-compliant.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Most sampled consumers (and representatives on their behalf) did not consider that they feel safe and comfortable in the service environment. Feedback about the physical environment was generally negative. This included that the outdoor decking areas were dangerous and dirty and it was found that consumers cannot move freely outdoors. This feedback was supported by the Assessment Team’s obsevations of cleanlinss and hazards outside.

The Quality Standard is assessed as non-compliant as one of the three specific requirements have been assessed as non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team’s observation of the service’s environment did not evidence it was safe, clean, well maintained and that consumers are able to move freely outdoors. Most outdoor areas were not clean, had significant leaf and branch litter and other hazards such as unrolled hoses lying on the decking. Outdoor furniture, was not clean and some decks are being used to store furniture and equipment.

Consumers and representatives confirmed that they do not use the outdoor areas because the areas and furniture are not clean or safe. A preventative maintenance schedule is not completed to ensure all required work has been completed and the reactive maintenance log has several tasks that have not been recorded as completed. Management said they were waiting for COVID-19 restrictions to be lifted to implement refurbishment activities including replacing floor coverings from carpet to vinyl and repainting marked walls.

Many consumer rooms were observed to have waste littered on the floor, though some rooms were observed to be very clean and tidy. Consumers with limited mobility were not observed to be assisted to access outdoor areas. Many consumers were observed sitting in the lounge areas mostly unsupervised and without meaningful engagement throughout the two day visit.

Although the service has a dedicated maintenance officer the Assessment Team found that were focusing on reactive maintenance log request and did not have time to conduct preventative maintenance or cleaning. Care staff interviewed explained appropriate incident reporting processes including making a manual log entry in the reactive maintenance log.

An environmental audit conducted by the provider in May 2020 did not record any issues with the outside environment or outdoor furniture. The preventative maintenance register does not include safety checks for outdoor furniture and equipment. There is no schedule for the maintenance officer to conduct safety checks for outdoor furniture and equipment.

The provider’s response shows that they have commenced work to address the gaps identified by the Assessment Team and indicates that progress is being made in these areas.

I find this requirement non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

Some sampled consumers and representative did not consider that they get quality care and services when they need them but they do consider staff to be knowledgeable, capable, and caring. They provided feedback that there is not enough staff, some call bell responses are too long, care staff do not have the time to provide safe quality personal care or person-centred care and that care staff do not have the time to engage and interact with consumers. There is no written policy or procedure for call bell response times, no process for formal regular analysis, or system to identify or address staff that are not responding to call bells in a timely manner.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

### Consumer and staff feedback provided to the Assessment Team shows that there are not enough staff to always provide safe, quality care and services. Some responses to call bells are too long and some consumers said they do not use it even in times of potential emergency. While there has been an increase in the recreation and activities officers’ hours on duty every week, there has been no increase in care staff or clinical staff since January 2020 and at the time of the visit the cleaning team was understaffed. Consumers (and representatives on their behalf) sampled raised concerns that care staff do not have the time to provide them with quality and safe personal care or person-centred care and that care staff do not have the time to meaningfully engage and interact with consumers.

### Management advised that there are adequate staff at the service and that staffing numbers are at benchmark levels. At times shifts may be adjusted or an increase in care staff hours is made to accommodate consumers that may require one to one supervision and monitoring. There is no written policy or procedure for call bell responses and formal monthly analysis. There is also no system to identify or address staff that are not responding to call bells in a timely manner. Call bell response data from 16 to 22 September 2020 recorded 94 occasions where staff took between 10 and 60 minutes to respond.

### Cleaning staff said they do not have enough time to complete their tasks and have to prioritise room cleaning to those that need it more. Cleaning staff were not increased to accommodate extra cleaning for COVID-19 preparedness. They know about the extra cleaning requirements for high frequency touch areas and prioritise communal areas first before consumer rooms.

### Care staff said they have time to complete their personal care tasks with consumers but frequently there are incidents and they do not have time to deliver quality care. Some did not know the additional cleaning duties they are responsible for such as wiping down frequently touched areas in consumer rooms when moving to the next room.

In response to the Assessment Team’s findings the provider has commenced reviewing call bell response reports and increased cleaning hours, and will liaise with consumers and staff about care staff hours.

I find this requirement non-compliant.

### 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.*

# STANDARD 8 NON-COMPLIANTOrganisational 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

Consumers and the representatives interviewed confirmed that the service is generally well run but also raised some concerns around the provision of care and services. There was some evidence that consumers and representatives are supported to drive decisions about consumer care and services.

The service has a risk management and clinical governance framework to support staff deliver safe and quality care and services to the consumers. While there is a documented risk management framework in place this has not always been effective to minimise high impact or high prevalence risks or significant harm to consumers.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(d) Non-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 Assessment Team found that although the service has a documented risk management frame work in place this has not always been effective to minimise high impact risks or significant harm to consumers. This is demonstrated through the Assessment Team’s findings across Standards 2, 3, 5 and 7. There is also some evidence that consumers are not adequately supported to live the best life they can.

While the service responds to neglect and abuse of consumers, they do not always or promptly identify when consumers are being exposed to harm. Similarly, while some adverse incidents are reported in the service’s discretionary (reportable assault/events) register, other incidents including multiple unexplained absences from the service do not form part of this register.

The organisation provided a documented risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed.
* The abuse and neglect of consumers is identified and responded to.
* Consumers are supported to live the best life they can.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work. Management also provided examples of continuous improvement actions the service has undertaken in response to incidents.

The provider’s response to the Assessment Team’s findings confirms that further work is needed to ensure that effective risk management systems and practices are in place at the service. Their response outlines key actions being undertaken to support this.

I find this requirement non-compliant.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 2(3)(a)**

*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.*

**Requirement 2(3)(d)**

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

In relation to Standard 2 to provider must:

* ensure that assessment and planning reflects the risks to health and well-being of each consumer
* demonstrate that assessment and planning is used to deliver the safe and effective care that consumers need, and
* Ensure that assessment and planning outcomes are communicated effectively and openly with consumers including through the provision of copies of their care and services plans.

**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.*

**Requirement 3(3)(b)**

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

**Requirement 3(3)(d)**

*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.*

**Requirement 3(3)(g)**

*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***.**

In relation to Standard 3 the provider must:

* demonstrate that it is prioritising the delivery of safe and effective personal and clinical care tailored to the needs of each consumer
* ensure that high impact or high prevalence risks are reviewed and that incidents inform continuous improvements to the management of risks, and
* Minimise infection related risks.

**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.*

In relation to this requirement the provider must establish a scheduled cleaning and maintenance system, including safety audits of outside areas and equipment, and demonstrate that consumers are supported to move and utilise both indoor and outdoor areas.

**Requirement 7(3)(a)**

*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.*

In relation to this requirement the provider must demonstrate that the workforce is delivering safe and quality care and services, which includes that staff have enough time to engage meaningfully with consumers.

**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.*

In relation to this requirement the provider must:

* demonstrate that it has implemented effective risk management systems and how these are used to manage high impact or high prevalence risks, and
* demonstrate that it is identifying and reviewal all instances of abuse or neglect.