Vincent Court

Performance Report

88 Leith Street
West Kempsey NSW 2440
Phone number: 02 6686 5090

**Commission ID:** 0089

**Provider name:** The Trustees of the Roman Catholic Church for the Diocese of Lismore

**Site audit date:** 26 November 2019 – 29 November 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Non-compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the site audit report received 30 December 2019 and 31 December 2019.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team found that overall consumers are treated with dignity and respect, can maintain their identity and are supported to take risks.

For example:

* Consumers interviewed confirmed staff protect the privacy and confidentiality of consumers’ information, as well as the privacy of consumers when providing personal or clinical care
* Consumers interviewed confirmed staff and management respect their cultural and spiritual beliefs

The Assessment Team observed staff deliver personal care and other services in a way that respected and preserved the privacy and dignity of consumers. Staff conversations and interactions with consumers were observed to be respectful and positive.

Staff described to the Assessment Team the training they had received in consumer choice, dignity and privacy. Staff were knowledgeable about consumers’ identity, cultural and diversity needs, and preferences.

However, there were inconsistences in how consumers were supported to exercise choice and independence.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The majority of consumers are satisfied that staff treat them with respect.

The service gathers information on consumers at admission to determine each consumer’s identify, culture and diversity values, which the service uses to guide provision of care and services.

The Assessment Team observed staff delivering care and services in a way which respected the dignity and identity of consumers.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Non-compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

Consumers and consumer representatives generally felt they were supported to exercise choice and independence.

There were instances where consumers were not consulted and offered choice, or supported to make connections and maintain relationships.

The approved provider’s response showed the organisation has taken action to meet with consumers and consumer representatives, re-assess consumers, update care planning documentation and make changes to ensure consumers are supported to exercise choice and independence.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

The service was able to provide examples of how consumers are supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# 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

The Assessment Team found that consumers have had discussions with staff in relation to their care and services.

For example:

* Consumers and consumer representatives interviewed confirmed they have discussed assessment and planning of care for consumers.

Advance care planning is offered to all consumers and their choices are documented in clinical files.

Assessment and planning involves other organisations and professionals that the consumer wishes to have involved in assessment, planning and review.

While consumers and consumer representatives confirmed they have a say in daily activities, the service did not always have clear and consistent information recorded to inform the delivery of safe and effective care and services.

The organisation is in the process of introducing new assessments and mapping to ensure information on consumers is collected and available.

The Quality Standard is assessed as Non-compliant as one 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.

The care planning documentation reviewed during the site audit had gaps and inconsistencies. There was minimal to no social or life history information included in care planning documentation that would assist the service in the delivery of safe and effective services.

Assessment and care planning is conducted for consumers in the admission process to the service and an assessment checklist is used.

Some consumers had not had assessments completed that would inform delivery of care for example pain assessments. Some care plans had conflicting information about diet or mobility needs.

The organisation is reviewing care plans and assessments to ensure information is current to consumer needs.

### Requirement 2(3)(b) Compliant

Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

### Requirement 2(3)(c) Compliant

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

### Requirement 2(3)(d) 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.

### Requirement 2(3)(e) Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# 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

The Assessment Team found that overall most consumers and consumer representatives interviewed consider that consumers receive personal and clinical care that is safe and tailored to their needs.

For example:

* Most consumers said they receive the care they need and that staff are competent and caring.

The service has developed policies and procedures for clinical care. Registered nurses are on duty in the service and referrals occur to specialists as needed, such as specialist mental health services, geriatricians and a dietitian.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, reviewed their care plans and assessments and interviewed staff about how they ensure the delivery of safe and effective care for consumers. They also sampled other relevant documents.

Evidence to show use of alternative strategies prior to use of psychotropic medication is not consistently documented. Adequate monitoring and management of wounds and of pain, is not always evident. Escalation of a change in a consumer’s condition and deterioration of a consumer’s condition has not been responded to or followed up in a timely manner.

The Quality Standard is assessed as Non-compliant as two 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.

The approved provider’s response showed the organisation is reviewing consumers’ assessments and care plans to improve the management of psychotropic medication. The requirement for consistent documentation of alternative strategies used prior to the administration of psychotropic mediation has been communicated to staff. Wound care reassessment have occurred and pain assessment and monitoring have been implemented. Training and education has also been provided to staff.

Although the service is in the process of improving their current practices, at the time of the site audit the service could not demonstrate that each consumer got safe and effective clinical care that is best practice, tailored to their needs and optimises their health and wellbeing.

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

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

The service demonstrates an understanding of this requirement. The service has medication advisory committee meetings, and medication management reviews are undertaken by an external service. The service monitors high impact and high prevalence risk through their clinical governance framework.

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

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### 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 approved provider’s response includes a number of improvements that have been made.

* The service has consulted with consumers and their medical officers regarding consumer care needs
* Referral to other providers of specialist services has occurred
* Education has been provided to staff on clinical deterioration with further training planned.

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

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### 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.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team found that overall consumers get the services and supports for daily living that are important for their health and wellbeing and enable them to do the things they want.

For example:

* Consumers said they feel at home in the service.
* Consumers and consumer representatives stated the organisation has services and supports for daily living that promote consumer’s emotional, spiritual and psychological wellbeing.
* Consumers said they feel safe when they are using equipment in the service. Equipment provided is suitable, meets their needs, is clean, well maintained and is accessible.

Staff were able to describe the services and supports which assist consumers to participate in their community within and outside the organisation, and have social and personal relationships, and do things of interest to them.

The Assessment Team found deficiencies with documenting consumer condition, needs and preferences, and sharing information between management and staff.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Non-compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

The Assessment Team found deficiencies in assessment and planning in the social and life history of consumers resulting in information about the consumer not being available. The approved provider is introducing new assessments which are being completed for all consumers. All consumer care plans will be updated.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services 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

The Assessment Team found that overall consumers interviewed feel like they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed that the service is always clean and there are plenty of communal and private areas for use individually or with family and visitors.
* Consumers interviewed confirmed that cleaning, maintenance and laundry services are delivered appropriately.

The Assessment Team observed the layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have free access to clean outdoor areas with communal areas and benches. There are paths and handrails that enable free movement around the area.

The service has a system in place for cleaning and maintenance of equipment and furnishings, and how it identifies and manages environmental risks to consumers. Staff interviewed by the Assessment Team demonstrated an understanding of those systems and processes.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

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

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team found that overall consumers interviewed consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed said they were aware of the complaints process and how to make a complaint.
* Consumers and consumer representatives reported to feel encouraged and supported to give feedback and make complaints / raise any concerns they had with staff or management.
* Consumers and consumer representatives gave examples of issues they had raised with the service and how they were resolved.

Management take appropriate action in response to complaints and an open disclosure process is used when things go wrong. Staff could explain to the Assessment Team what they are required to do when feedback or complaints are made, and records indicate they have been provided with training to support consumers and consumer representatives to provide feedback.

A feedback and complaints register is maintained by the service and review by the Assessment Team showed complaints are actioned promptly and escalated when necessary. The service’s plan for continuous improvement demonstrated that feedback and complaints were used to improve the quality of care. Complaints are reviewed and trended and reported to the organisation's management for any follow up actions.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 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

The Assessment Team found that overall consumers confirmed they get quality care and services when they need them from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed confirmed that staff treat them with respect, are kind and caring, and gave examples of how this happens on a daily basis.
* All consumers interviewed said that staff know what they are doing.

The service has a workforce that is sufficient and is skilled to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service always maintains optimal numbers and mix of staff.

The workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes to consumers. The skills and capabilities of each member of the workforce is regularly assessed, monitored and reviewed.

The Assessment Team observed staff completing tasks and performing their duties in all areas of the service during the site audit. Staff were competent, professional and skilled. Staff interviewed reported they feel supported by management and other team members and feel comfortable with their skills to perform the allocated tasks.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### 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.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

# STANDARD 8 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

The Assessment Team found that overall consumers consider that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers interviewed were generally of the opinion the service is well run.
* Consumers and consumer representatives described avenues to provide feedback and suggestions, including surveys and resident meetings.

The organisation’s governing body meet regularly, set clear expectations for the organisation and regularly review risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework effectively addresses anti-microbial stewardship, open disclosure and minimising the use of restraint.

Management and staff interviewed understood these concepts and could explain how they were applied in practice.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

### 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.

### 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 1(3)(c)**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

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

The organisation demonstrates that 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 3(3)(a)**

The organisation demonstrates that 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)(d)**

The organisation demonstrates that 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 4(3)(d)**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.