VincentCare Victoria

Performance Report

197 Flemington Road   
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**Commission ID:** 300172

**Provider name:** VincentCare Victoria

**Assessment Contact - Desk date:** 1 October 2020

**Date of Performance Report:** 24 October 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The service was found to be Non-Compliant in two of the seven requirements, Requirements 3(3)(a) and 3(3)(b), under this Standard at the Assessment Contact on 29 October 2019.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and, conducted interviews with staff, consumers/representatives and management. The Assessment Team found:

New assessment and care plan documentation was introduced in May 2020 that capture care information in greater detail. Clinical and allied health assessment and review processes are clearly set out and staff have been provided with relevant training.

Care staff interviewed stated they are provided given clear directives in care planning and task list documentation, and described how they monitor for changes in consumer needs and report incidents such as falls and heath deterioration.

Clinical staff discussed, and demonstrated through a sample of documentation, the assessment, management and referral of consumer wounds.

Consumers/representatives interviewed are satisfied care plans and goals are documented and there are directives for care available to staff are available in the consumer’s home.

The Requirements 3(3)(a) and 3(3)(b) are assessed as Compliant.

### 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.*

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

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

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The service was found to be Non-Compliant in one of the five requirements, Requirement 8(3)(d), under this Standard at the Assessment Contact on 29 October 2019.

In the assessment of this Standard, the Assessment Team reviewed documentation relevant to the requirement, and conducted interviews with staff/management. The Assessment Team found that:

Management has implemented a clinical governance committee that includes a clinical staff, and meets monthly or more often if required. Reports of trends and issues are discussed at the forum. Minutes are tabled at board meetings. Minutes reviewed provide evidence of open disclosure.

A clinical risk policy has been implemented and the electronic risk management database is being updated. Incidents are recorded in the database are accessible to all staff. Risk management systems include mandatory reporting of abuse.

Two new staff roles, systems quality and innovation and quality systems improvement, have been created to support the clinical team and identify organisational risks. The service is implementing a peer auditing program to provide support across all organisational programs.

The Requirement 8(3)(d) is assessed as Compliant.

## 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.*

# 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.