Auburn House

Performance Report

98 Camberwell Road
HAWTHORN EAST VIC 3123
Phone number: 03 9804 0410

**Commission ID:** 4491

**Provider name:** St Vincent's Hospital (Melbourne) Limited

**Assessment Contact - Site date:** 8 August 2022 to 9 August 2022

**Date of Performance Report:** 5 September 2022

# Performance report prepared by

Vanessa Stephens, 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 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)(d) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | 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.
* The provider’s response to the Assessment Contact - Site report received on 1 September 2022.

# 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

The purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

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

## 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 demonstrated improvements in consumer assessment and planning, including consideration of risk. Care planning documents included medical and psychosocial considerations, consumer goals, preferences and individualised interventions. Care planning documents demonstrated consultation with consumer representatives and where appropriate, included input from health practitioners. Care planning documents demonstrated consumer risks are identified. Staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care.

# 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 purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

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

### 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 demonstrated best practice management of restrictive practices in accordance with legislative requirements. Informed consent, regular review, monitoring and evaluation of restrictive practices was evident in file review and staff interviews. Behaviour support plans are in place and included relevant details.

### 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.*

The service demonstrated early recognition and prompt response to deterioration or changes in consumer health. Consumers, representatives and staff described how changes in consumer health are identified, responded to and communicated with regular monitoring also occurring. Care planning documents and progress notes reflected identification of, and response to, deterioration or changes in function, capacity or condition including physical and mental function.

# STANDARD 6 NON-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 purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team found the service did not demonstrate they have successfully implemented mechanisms to effectively capture or review feedback and complaints to improve the quality of care and services. The electronic feedback system reflected 5 entries between 28 April 2022 and 15 June 2022, however, none of the entries documented review or information relating to resolving the feedback.

The Assessment Team reviewed resident meeting minutes from May and July 2022 which demonstrated complaints and compliments were discussed, however, this information is not recorded on paper-based feedback forms or in the service’s electronic feedback system. In addition, the Assessment Team noted verbal feedback is not recorded. The Assessment Team did not observe any feedback boxes in areas of the service accessible to consumers.

The approved provider’s response to the Assessment Team report does not address this requirement. As such, having considered evidence presented by the Assessment Team, namely that feedback and complaints are not adequately captured and recorded by the service, I find the service does not comply with this requirement.

# 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 purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

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

## Assessment of Standard 7 Requirements

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

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

The service demonstrated staff have completed training on various topics regarding aged care legislative changes and current requirements. Staff advised they are equipped to deliver consumer outcomes. Management demonstrated the service’s monthly education calendar which reflects regular training has been offered since June 2022 and will continue to be offered.

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

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

Although the service provided evidence that staff performance appraisals have been introduced and most are completed, there is no documented process or guidance informing staff of HR processes should reviews not be completed by the due date.

# 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

The purpose of this site assessment was to assess the service’s performance against requirements which were previously found non-compliant.

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

## 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.*

The Assessment Team found the service has improved some aspects of consumer engagement processes, however the service was not able to demonstrate consumer and representative engagement in the development, delivery and evaluation of care and services. For example:

* Consumers and representatives interviewed said they have regular conversations about care and receive regular phone calls including the monthly ‘resident of the day’ review. However, not all representatives confirmed they are asked to be a part of the development of care and services.
* A consumer experience survey was conducted, however staff confirmed this was not confidential as they asked survey questions and entered consumer answers into an electronic device.
* Resident and relative meetings have occurred monthly since the performance assessment in March 2022, however meeting minutes mostly reflect statements by staff and management with limited consumer input.

In their response to the Assessment Team report, the approved provider states consumers are engaged in the clinical governance committee structure from the highest level and that there are a numerous committees which include consumer input. While it is unclear if these committees are at an organisation or service level, these committees review performance in a number of areas including incidents and clinical risks. In addition, the service utilises a visitor scheme offered by the Office of the Public Advocate (OPA) who provide a written report to management after every visit.

While the Assessment Team identified service level gaps in relation to this requirement, based on the stated involvement of consumers at a number of provider level committees, the number of services the provider is responsible for, consumer interview responses stating that they have regular conversations about care and delivery, and OPA advocacy, on balance, I find the service complies with this requirement.

# 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.

* Implement and maintain processes for capturing and recording feedback and complaints and ensure ongoing review of this information to inform continuous improvement at the service.