Performance

Report

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| Name of service: | mecwacare Vincent House |
| Service address: | 125 -135 Kenny Street WESTMEADOWS VIC 3049 |
| Commission ID: | 3151 |
| Approved provider: | MECWA |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 8 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for mecwacare Vincent House (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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.
* the provider’s response to the Assessment Team’s report received 20 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect and they are valued as individuals. Staff described how they treat consumers with respect by acknowledging their choices, building rapport and taking time to understand their background, life history and needs. Care planning documentation evidenced that consumers' culture, diversity and identity is acknowledged through the recording of their background and personal references. The service has policies on creating a diverse and inclusive culture at the service.

Consumers and representatives confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural preferences. Staff identified consumers from a culturally diverse background and were familiar with their care needs. Care planning documentation reflected the consumer’s cultural background, linguistic abilities and activities that the consumer would like to maintain.

Consumers and representatives said consumers are given choice about how and when care is provided, and their choices are considered and respected by staff. Staff described how they support consumers to make choices, maintain independence and relationships of choice. Care planning documentation identified consumers’ individual choices around how and when care is delivered, who is involved in their care and how the service supports them in maintaining relationships that are important to them.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks, and they ensure strategies are in place for risk mitigation. Consumers described how the service supports them to take risks such as the consumer who chose not to use a pressure relieving mattress. The service has a dignity of risk policy outlining the service's support of independence, including exercising choice when participating in activities that are risky.

Consumers and representatives described the information they get to help them make decisions such as how lifestyle staff visit each consumer to ask if they would like to attend an activity. Staff described ways in which information is provided to consumers, in line with their needs and preferences including for culturally and linguistically diverse consumers or those with cognitive impairments, such as accessing interpreter services, using cue cards, body language, and using family members and staff who speak that language to assist with communication where required. Information including menus, activity schedules, complaints processes, advocacy support and upcoming consumer meetings were displayed on noticeboards throughout the service.

Consumers and representatives said staff respect their privacy and ensure personal consumer information is stored securely. Staff said they do not discuss personal information about consumers with their family and friends or with other staff in communal areas at the service, they always knock and introduce themselves before entering consumers' rooms and doors and blinds are kept closed when providing personal care to consumers. Nurse's stations were observed to be consistently locked to ensure confidentiality of information and staff were seen knocking before entering consumers’ rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they are involved in the care and planning process. Staff described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documentation detailed the individual consumer risks that have been assessed and the strategies to reduce or eliminate those risks.

Staff described how they approach conversations with consumers and/or their representatives about end-of-life and advance care planning. Consumers and representatives said assessment and planning identifies and addresses the consumers current preferences and end-of-life wishes. The service has advance care planning and end-of-life guidelines and procedures to guide staff practice to ensure consumers receive end of life care and support as per their wishes.

Consumers and representatives said they participate in the care planning process and provide feedback to the service. Staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided. Care planning documentation showed evidence of involvement of a range of external providers and services such as medical officers, physiotherapists, speech pathologists, dietitians and geriatricians.

Consumers and representatives said they feel the service maintains good communication with them and staff explain things clearly and clarify clinical matters if needed; consumers can access a copy of their care plan. Staff said sudden changes in condition of a consumer is communicated to the representatives immediately, usually via telephone. The service maintains detailed assessments within the electronic care management system from which a summary care plan can easily be generated for consumers, if requested.

Care planning documentation identified evidence of review on a regular basis and when circumstances change. Staff described how and when consumer care plans are reviewed on a 2 monthly basis or after any change is identified. Consumers and representatives said staff talk with them when something happens which changes their health circumstances, goals or preferences and implement changes to their care accordingly.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

Consumers and representatives said consumers receive safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs and optimises their health and well-being. Care planning documentation including assessments, care and services plans, progress notes, medication charts and other care charts reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. The service has policies, procedures and work instructions for key areas of care including but not limited to, restrictive practices, pressure injury and wound management and pain management.

Staff described how high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives said the service is adequately managing risks to consumers' health. Clinical indicator data identified those high-impact and high-prevalent risks at the service with care planning documentation for relevant consumers, contained strategies such as ensuring their call bell is always within reach.

Consumers said their medical goals and end-of-life wishes have been detailed in their care plan and completed by themselves and/or the representative. Consumers and representatives expressed satisfaction about how the service provides care to consumers' nearing end-of-life care. Staff described how they provide palliative care and maximise the comfort of consumers towards the end-of-life.

Care planning documentation and/or progress notes reflected the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service is responsive to consumer’s care needs and informs them of any deterioration to their health, including management strategies. Staff explained how deterioration in consumers is monitored and discussed during handovers and staff meetings, and would trigger a medical officer review, hospital transfer if needed and a subsequent review of care planning documentation.

Care planning and handover documentation detailed information to support effective and appropriate sharing of the consumer’s information to support care. Consumers and representatives said consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Staff were familiar with specific care needs and preferences of consumers, which aligned with care planning documentation.

Care planning documentation confirmed the input of others and referrals where needed, to dietitians, physiotherapists, speech pathologists, geriatricians and medical officers. Consumers and representatives said referrals are timely, appropriate and occur when needed and consumers have access to relevant health professionals, such as medical officers and allied health care providers. Staff knew of other providers who supplement care services to consumers.

Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. Staff were observed following all infection control procedures, the COVID-19 screening procedure in place at the service was strictly adhered to and the service has an appointed infection prevention control lead who has completed the required competency training. Staff were observed wearing appropriate personal protective equipment, the service environment was clean and tidy, and hand sanitation bottles were observed at various locations throughout the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed they are supported to participate in activities they like and are supported to optimise their independence and quality of life. Staff explained how they partner with the consumer and representatives to collect the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural and spiritual needs and traditions. Staff explained what is important to consumers and what they like to do; this aligned with information recorded in care planning documentation.

Consumers described how the service promotes their emotional, spiritual and psychological well-being and care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences. Staff described how they support consumers to stay emotionally connected by facilitating contact with people important to them through technology or in-person. The activity schedule evidenced activities to support the emotional, spiritual and psychological well-being of consumers, including church services and one-on-one visits.

Consumers and representatives indicated consumers are supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff described how they support consumers to participate in the community or engage in activities of interest to them and could describe specific consumers who undertake individual activities outside the service. Consumers' care planning documentation aligned with the information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described how information is shared when changes occur through staff meetings and handover, in progress notes and communicated within the electronic care management system. Care planning documentation provided adequate information to support safe and effective care.

Consumers said they are supported by other organisations, support services and providers of other care and services. Care planning documentation identified referrals to other organisations and services. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service. Consumers said they are given a choice for daily meals and can request alternatives to meals offered on the menu such as sandwiches or salads. Staff explained how consumer preferences are incorporated into the seasonal menu and feedback used to inform the development of the menu.

Consumers reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff advised they have access to the equipment and resources needed to support consumers and care staff are responsible for cleaning of personal care items such as wheelchairs, standing machines and hoists. The preventative maintenance schedule demonstrated regular and up to date servicing of equipment including wheelchairs, walkers and manual handling equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was welcoming and easy to understand. Staff described features of the service designed to help consumers feel welcome and optimised their sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, with adequate natural lighting, accessibility aids for consumers to move freely such as handrails, and clear signage throughout the service.

Consumers and representatives said the service environment was safe, clean, well maintained and allowed them to move freely. Staff described how the service environment is cleaned and maintained following a schedule. The cleaning schedule demonstrated that regular cleaning of the service takes place.

The service demonstrated furniture, fittings and equipment were safe, clean, and well maintained. Staff described the process for cleaning and maintaining personal equipment, and of furniture and fittings in the service. Furniture, fittings, and equipment were observed to be clean, well maintained, and suitable for use. The preventative maintenance schedule evidenced that all equipment maintenance is completed as per the schedule on regular basis.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they understood how to provide feedback or make a complaint and are comfortable filling out the service’s feedback forms or approaching staff and/or management directly. Staff described complaints and feedback processes in place to encourage and support feedback and complaints. Information regarding how to make complaints including external support organisations were observed displayed throughout the service.

Consumers and representatives said they are aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Management described information and brochures available in different languages for consumers with linguistically diverse backgrounds and regarding external advocacy organisations. Information promoting advocacy services was observed to be easily accessible to consumers and representatives throughout the service.

Consumers and representatives said the service responds to, and resolves, their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure and how to apologise to a consumer in the event of something going wrong. Complaint’s data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers and representatives reported that their feedback is used to improve services. Management described complaints and actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said staff come quickly when they use their call bells and attend to their needs promptly. Staff described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. The roster evidenced that unplanned leave is well managed, and all shifts were fully allocated.

Consumers and representatives said staff engage with consumers in a kind, caring and respectful manner and know what they are doing and how to care for them. Staff interactions with consumers were observed to be kind, caring and respectful of each consumer's privacy, identity and culture. Staff said they know how to care for a consumer who is distressed or confused such as providing reassurance and redirecting in a gentle manner.

Consumers and representatives said they feel staff are competent, and skilled to meet their care needs. Management described how position descriptions provide key competencies and qualifications desired or essential for each role and the induction process ensures new staff receive the necessary information and training to conduct their role, including discussion of position descriptions, duty lists and allocation of a buddy.

Consumers and representatives said they feel staff are competent and qualified to do their job. Staff said the service provides mandatory and supplementary training to support them to provide quality care. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. Staff training records showed all staff have completed mandatory training and are up to date.

Management described how the performance of staff is monitored through formal performance appraisal and informal monitoring and review. The service has a suite of policies and procedures that informs expected performance and behaviour for staff. The service has a performance framework which outlined the service’s commitment to conduct regular staff performance reviews which are used for continuous improvement. Staff described the performance appraisal system and confirmed their participation.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they are engaged in various ways in the development and review of care and services through regular meetings, ongoing verbal discussions, and surveys. Relevant documentation, such as meetings minutes and the continuous improvement plan demonstrated how consumer responses and suggestions are used to drive improvement and design services that are suitable for consumers. Staff said consumer feedback confirmed that consumers and representatives are engaged in a variety of ways including monthly consumer meetings and 2-monthly care planning consultations.

The service demonstrated it has central policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management described a robust organisational structure and governance to ensure the delivery of quality care and services. The Board has visibility of the service's clinical data through a monthly report which includes all clinical data, any performance issues are escalated to the executive.

Staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice.

The service has frameworks, policies, guidelines and tools to support the management of various risks. Staff demonstrated an understanding of consumers with high-impact or high-prevalence risk and identified risks currently highly prevalent at the service, and how to mitigate these risks. The service has policies and tools to support identification, reporting, recording and reviewing of serious incidents.

The service has frameworks, policies and guidelines in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated an understanding of these policies by describing how they apply them in their day-to-day work such as the importance of being open, transparent, apologising and learning from the experience to drive improvement.

1. The preparation of the performance report is in accordance with Section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)