Performance

Report

**1800 951 822**

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| Name: | Mt St Vincent |
| Commission ID: | 8801 |
| Address: | 75 South Road, ULVERSTONE, Tasmania, 7315 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 September 2023 |
| Performance report date: | 25 October 2023 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 5077 Mt St Vincent |

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 Mt St Vincent (**the service**) has been prepared by N Eastwood, 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 Assessment contact (performance assessment) – 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 team’s report received 19 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers and representatives were satisfied with personal and clinical care provided. Staff described best practice principles in the management of wounds and skin integrity, pain, and changed behaviours as well as identifying how these are implemented to support consumer care. Pain documentation reflected appropriate assessment and effective management in consultation with consumers and other health professionals. The Assessment Team noted that while care documentation mostly demonstrated delivery of person-centred care, deficits were identified in the services understanding of legislative requirements for chemical restrictive practice. As a result of feedback from the Assessment Team the service carried out a full review of the psychotropic register and associated policy, completed outstanding documentation, added an action to the Plan for Continuous Improvement and provided further staff training.

A review of care file documentation demonstrated the use of validated pain and skin integrity assessments tools. Appropriately skilled staff administer medications to manage consumer pain and referrals are made for allied health input with incorporation of interventions. Wound charting documentation was current with relevant changes and pressure injury prevention measures in place.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(a).

# 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 |

Findings

Consumers are satisfied the services they receive are safe, effective and support them to optimise independence, health, well-being and quality of life. Management and lifestyle staff have knowledge of individual consumer preferences, choices and supports required to assist with doing things they enjoy. A review of care plan documentation included consumer interests and choices to maintain independence as well as reviews in consultation with the consumer. Referrals are made to external organisations to maintain connections or enjoy the activities of their choice.

The organisation has policies and procedures to guide lifestyle staff in the development of the lifestyle calendar, conduct risk assessments of activities and venues, and dignity of risk forms to ensure consumers remain as independent as possible whilst participating in the activities they enjoy. The effectiveness of the lifestyle program is monitored by internal quality auditors in addition to site level measures.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(a).

# 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 |

Findings

Consumers were satisfied with staffing numbers, confirming call bells are answered promptly and staff were available to assist them when required. Management described how they endeavour to ensure there is enough staff to provide safe and quality care, feedback is sought from staff during meetings and handover to establish whether allocations are effective. The service prefers to rely on casual and full-time staff to fill unplanned leave due to ensure continuity of care. Staff across the service said staffing levels were mostly sufficient to provide quality care for the consumers in their care. Allocation sheets for the month show all shifts were filled.

Call bell response times are analysed on a monthly basis with any areas over the benchmark of 8 minutes investigated. Management explained complaints relating to staffing, including call bell response times are rare, if one is received an investigation is conducted. Survey responses reflect consumers were happy with the level of staff and care they receive.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)