Performance

Report

**1800 951 822**

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| Name: | Prague House |
| Commission ID: | 3100 |
| Address: | 253 Cotham Road, KEW, Victoria, 3101 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 October 2023 |
| Performance report date: | 7 December 2023 |
| Service included in this assessment: | Provider: 3166 St Vincent's Hospital (Melbourne) Limited  Service: 1859 Prague House |

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 Prague House (**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 20 November 2023.

# Assessment summary

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| Standard 8 Organisational governance | 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 8

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| Organisational governance | |  |
| 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 |

Findings

The service was previously found non-compliant with this requirement following a site audit in November 2022. The Assessment Team noted several effective actions completed prior to their attendance on 23 October 2023 but identified ongoing deficits with effective governance system related to continuous improvement and regulatory compliance.

The organisation’s quality department is responsible for receiving updates to legislative requirements and updating policies and procedures accordingly. Information is then distributed to the broader staff group through meetings and email communication. Senior management described the reporting and monitoring of data and reporting to the governing body. However, the service did not demonstrate how they review, monitor, and report on clinical care.

At the time of the Assessment Contact clinical governance reporting and quality indicator data related to clinical care to support identification, analysis and trending of consumer risks and risks related to the use of restraints were not available to the Assessment Team. Proposed actions identified in the Plan for Continuous Improvement (PCI) related to weekly or monthly key performance reporting had not been commenced and senior management acknowledged internal auditing described in the organisation’s clinical governance policy and PCI had not occurred.

The Assessment Team noted effective systems in place to support workforce governance with evidence of ongoing recruitment and selection criteria, and consideration of feedback and complaints through quality improvement processes.

The Approved Provider submitted a response to the Assessment Teams recommendations regarding governance of continuous improvement and regulatory compliance. The response included a copy of the PCI, details of the audit schedule contained in the Personal and Clinical Care Guidelines, evidence of reporting by the Aged Care Board through St Vincent’s Hospital Melbourne to St Vincent’s Health Australia Board with the current status of restrictive practices at the service.

The response also indicated that subsequent to the Assessment Teams attendance, local compliance auditing took place identifying consumers with restrictive practises in place. All residents with behaviours that require personalised Behaviour Support Plans (BSP) were reviewed to ensure response strategies are evidence-based. A regular review process was implemented to evaluate the effectiveness and appropriateness of restrictive practices and reporting of restrictive practices will be reviewed at the St Vincent’s Residential Aged Care Clinical Quality and Safety Committee Meeting.

A hard copy of the PCI has been displayed for ease of staff access and for discussion at staff huddles. The leadership team now has access to the electronic PCI to and is able to update as required.

The Assessment recommended this requirement as non-compliant, however, with consideration to the additional information and the Approved Provider response, I have come to a different view. I note the Approved Provider’s acknowledgement that not all information was available to the Assessment Team at the time of the Assessment Contact. Following the Assessment Teams attendance, actions have been implemented as well as clarification of existing reporting mechanisms. There are continued areas for improvement to ensure the service maintains compliance with this requirement, and I acknowledge the Assessment Teams challenges to access appropriate information on attendance.

With consideration to the available information summarised above and the services ongoing commitment to ensure actions are sustained and embedded in practice, I find the service compliant with requirement 8(3)(c).

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)