Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Prague House |
| Service address: | 253 Cotham Road KEW VIC 3101 |
| Commission ID: | 3100 |
| Approved provider: | St Vincent’s Hospital (Melbourne) Limited |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 5 January 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 Prague 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 and others.
* the provider’s response to the assessment team’s report received on 21 December 2022.

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# 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.

* Requirement 7(3)(e) – The Approved Provider ensures regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Requirement 8(3)(c) - The Approved Provider ensures effective organisation wide governance systems relating to the following:

information management;

continuous improvement;

financial governance;

workforce governance, including the assignment of clear responsibilities and accountabilities;

regulatory compliance;

feedback and complaints.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 said staff treated them with dignity and respect and valued them as individuals. Staff described how they treated consumers with respect by acknowledging their choices, and investing time to understand their background, life history and needs. The service had diversity and inclusivity policies and care planning documents contained records of consumers' culture, diversity, and identity.

The service recognised and provided care consistent with consumers’ cultural backgrounds and preferences. Staff knew which consumers were from culturally diverse backgrounds, and how to provide care that aligned with their care plans. Culturally diverse consumers’ care plan documents identified their needs.

Staff knew how to support consumers to make choices and maintain their independence and relationships. Care planning documents identified consumers’ individual choices concerning their care, who provides it, and how the service supports them to maintain their relationships.

The service supported consumers to take risks, enabling them to live the life they chose. Management and staff were aware of consumers’ desired risks, and ensured strategies were in place to support consumers’ desire to live the way they chose. Consumers corroborated that the service supported them to take risks.

The service provided accurate, clear information to consumers, enabling them to make informed choices. Consumers said the information they received helped them exercise choices about their care and staff knew what information to provide to consumers, in line with their care needs.

The service respected consumers’ privacy and kept their personal information confidential. Staff demonstrated applied knowledge of how to protect consumers’ personal privacy. The Assessment Team observed the service has protocols in place to protect consumer privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The service’s assessment and planning considered risks to consumers’ health and well-being. Consumers said they received the care and services they needed, and that they were involved in the care planning processes. Staff had detailed knowledge of the planning process, and how it informed care and services.

Consumer care planning documents identified consumers’ current needs, goals and preferences, including advance care and, if the consumer wished, end-of-life planning. Consumers said the service had approached them regarding end-of-life planning, and they were happy with the way staff approached them. The Assessment Team reviewed documents that showed the service sought to understand consumers’ end-of-life care preferences.

The service partnered with consumers and others involved in consumers’ care. Care planning documents showed the service had conducted case conferences, and involved external providers in consumers’ care, including medical officers, physiotherapists, wound care specialists, speech pathologists, podiatrists, dietitians, and others. Staff knew who was involved in care planning and consumers said they were confident their care needs were met.

The service communicated the outcomes of assessment and planning effectively to consumers and documented the outcomes in a care and services plan that was available to consumers and others involved in their care. Consumers said the service communicates with them well, particularly around changes in care and medication. They said that staff explain things to them as needed.

The service had reviewed care planning documents regularly and when consumers’ circumstances changed, such as when a consumer deteriorated or when there was an incident. Management and clinical staff knew how and when to review and update consumer care plans. Consumers and representatives said staff regularly discussed consumers’ care needs with them, and that they responded efficiently to requests.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 received safe and effective personal and clinical care that was consistent with best practice, tailored to meet their individual needs and optimised their health and well-being. Consumer files reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer.

The service effectively managed high-impact, high-prevalence risks by monitoring incidents, and implementing suitable mitigation strategies for individual consumers. The Assessment Team observed appropriate behaviour management plans are in place for those consumer’s requiring one and staff were able to describe strategies individualised to consumers.

When a consumer at the service commenced end-of-life care, they have access to acute facilities, or a specialised palliative care unit. Staff within these facilities addressed the needs, goals and preferences of consumers nearing end-of-life, maximised their comfort, and preserved their dignity.

Care planning documents and progress notes showed the service identified and responded appropriately to changes in consumers’ conditions. Consumers confirmed this, saying the service responded to changes efficiently and appropriately. Clinical staff discussed consumers’ changes during handovers and staff meetings and changes triggered medical officer reviews, and subsequent reviews of care planning documents, with hospital transfers if needed.

The service documented information about consumers’ conditions, needs and preferences effectively, and communicated this information to those involved in the consumers’ care. Care planning documents, progress notes, and care and services plans contained adequate information. Consumers said their care needs and preferences were effectively communicated between staff and that they received the care they needed. However, documented evidence of informed consent and some care chart information was not able to be accessed easily, this is discussed further under Requirement 8(3)(c).

The service referred consumers to other care providers promptly, which was confirmed by feedback from consumers. Care planning documents and progress notes also corroborated this finding, showing the input of other providers, and referrals where needed. Staff knew which consumers used other providers and explained how the providers enhanced consumers’ care.

The service was prepared for infectious outbreaks, including for a coronavirus (COVID-19) outbreak, and it maintained a best-practice antibiotic policy. Consumers said they were satisfied with the service’s management of COVID-19 and other outbreaks, and with its antibiotic prescription practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed the service supported them to participate in activities they liked, and to optimise their independence and quality of life. Lifestyle staff conducted lifestyle assessments on admission, collecting consumers’ individual leisure preferences, likes, dislikes, interests, and social, emotional, cultural and spiritual needs. Staff knew what was important to consumers and what they liked to do. Staff information aligned with the information in consumers’ care plans.

Consumers reported that the service promoted their emotional, spiritual and psychological well-being. Care planning documents showed information on consumers' emotional, spiritual and psychological well-being, and their needs, goals and preferences. Staff knew how to support consumers’ emotional and spiritual needs.

Consumers said the service supported them to participate in their community within and outside the service, keep in touch with people who were important to them and do things that interested them. Consumers' care planning documents aligned with consumers’ information, and that of representatives and staff regarding their involvement in their community and personal relationships. Staff knew the specific activities of individual consumers.

Consumers said the service effectively communicated information about their condition, needs and preferences within the service, and with others responsible for care. Staff demonstrated applied knowledge of how to share information, and they kept themselves informed about the changing condition, needs and preferences of consumers. Care planning documents showed adequate information to support safe and effective care concerning services and supports for daily living.

Consumers considered that the service made timely and appropriate referrals to other providers of other care and services. Care planning documents showed evidence of referrals to other organisations and services. Staff knew the individuals, organisations and providers of other care and services, and which consumers utilised these services.

Most consumers were satisfied with the variety, quality and quantity of food at the service. Consumers said they typically have one meal option and were able to request alternatives such as sandwiches or salads if they did not like the menu on a given day. Some consumers expressed concerns over the quality of food, however hospitality staff were able to explain how they incorporate consumer preferences into the menu and how feedback was used to inform menu development.

All consumers said they had access to safe, clean and well-maintained equipment. Staff reported they had access to equipment when they needed it, and they demonstrated how equipment was kept safe, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team found the service environment was welcoming and allowed for easy access to the various areas of the service. Consumers said the layout of the service increases their sense of belonging. Management and staff described how the amenity of the service helped consumers feel welcomed and optimised their sense of belonging.

The service was safe and well maintained. Consumers could move freely both indoors and outdoors and said they were happy with the cleanliness of the service and staff knew cleaning responsibilities and duties. The Assessment Team sighted various documents that showed cleaning staff regularly maintained and cleaned the facility.

Furniture and equipment were safe and well maintained, the Assessment Team observed, that consumer’s equipment was checked, cleaned, and maintained regularly.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

While most consumers said they hadn’t made any complaints or provided feedback to the service, they said that if they did, they would be comfortable and confident raising their concerns with staff or management. Management and staff encouraged and supported consumers and their representatives to provide feedback and make complaints.

Consumers said they were comfortable raising their concerns with staff directly, but some reported they were not aware of advocacy services, language services, or other methods for raising and resolving complaints. The Assessment Team found the service did not actively promote advocacy services, language services or external complaints mechanisms. However, management and staff demonstrated sufficient knowledge of the supports available to consumers around advocacy, translation, and external support services, and demonstrated adequately that they were in a position to support consumers to access these services should the need arise.

The service was able to demonstrate it used an open disclosure process when things went wrong. Management and staff knew the open disclosure process and had responded appropriately concerning recent incidents. The service had a policy dictating the use of open disclosure in response to feedback, complaints and incidents.

Consumers said staff had been helpful in finding solutions to issues and that they were confident changes would be made in response to feedback or complaints, should there be a need to raise them. The service proactively sought feedback from consumers to improve the quality of their care and services. However, it was unable to evidence recent changes arising from consumer feedback because no recent feedback had been received.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied that the following Requirement is non-compliant:

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

The Assessment Team brought forward evidence that, while the service had an annual appraisal process, 100% of appraisals were outstanding for 2022. As at the time of the Site Audit, the service did not have a plan to address this finding and it could not provide an example of a completed performance appraisal.

Management advised the Assessment Team that the Facility Manager who ordinarily completes the appraisals could not do so for 2022 because they were on extended, unplanned leave. The service also advised it had recently moved to an online appraisal system that staff were unfamiliar with, further limiting its capacity to efficiently conduct appraisals. Notably, the Assessment Team did not identify consumer impact as a result of this finding, however, the finding had broad implications for the efficacy of the service’s management and staff.

The Approved Providers’ written response of 20 December 2022 advised that the service considered the Assessment Team report to constitute an appropriate summary of the circumstances at the service, the service had no additional feedback concerning the Assessment Team’s findings.

I have considered evidence within the Site Audit report, and the Approved Provider’s acceptance of these findings. Based on the evidence brought forward, I am of the view that, at the time of the Site Audit, the service did not demonstrate that it regularly assessed, monitored or reviewed the performance of each member of its workforce. I find the service non-compliant with Requirement 7(3)(e).

I am satisfied the remaining four requirements of Quality Standard 7 are compliant.

Staff and consumers raised some concerns about the number of staff within the service, however, did not report any negative effects or impact to care and services. Management reported that the service had adequate staff to meet consumer needs.

Workforce interactions with consumers were kind, caring and respectful of consumers’ identities, cultures, and diversity. Consumers said staff were kind, caring and gentle when delivering care. Staff greeted consumers by their preferred name and demonstrated that they were familiar with each consumer’s individual needs and identity.

Consumers said staff were competent and sufficiently skilled to meet their care needs. Staff reported they were confident their training had provided them with the knowledge to carry out care and services for consumers. The service had position description documents on file, which showed essential key competencies and qualifications for each role. Staff were required to have relevant qualifications according to their position.

Consumers believed staff had the skills and knowledge to deliver quality care and services. The service had annual mandatory training for all staff, delivered through an online training portal. The service also provided non-mandatory training, and training that could be delivered any point Staff confirmed the service provided mandatory and supplementary training to help them perform their roles effectively.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied that the following Requirement is non-compliant:

* 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.

The service demonstrated the processes and mechanisms in place for effective organisational-wide governance systems relating to financial governance, feedback and complaints and workforce governance. However, the Assessment Team brought forward evidence that the service was ineffective in key areas, including information management, continuous improvement and regulatory compliance related to restrictive practices. During the Site Audit, the service was unable to provide requested documents, or they were delayed in their provision, such as Restrictive Practices Policies, training registers and performance appraisal registers, further the Assessment Team observed that meeting minutes for consumer meetings had not been documented since May 2022.

The service could not show evidence that its continuous improvement plan facilitated improvement initiatives based on consumer feedback and management was unable to present any continuous improvement items commenced in response to consumer feedback and input. While consumers said that the service had discussed restrictive practices with them, or that they understood why the restrictive practice was in place the service could not provide evidence consumers had given informed consent concerning chemical and environmental restrictive practice.

The Approved Providers’ written response of 20 December 2022 advised that the service considered the Assessment Team report an appropriate summary of the circumstances at the service, and that the service had no additional feedback concerning the Assessment Team’s findings. I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response. Based on the evidence brought forward in relation to information management, continuous improvement and regulatory compliance, I am satisfied that Requirement is non-compliant 8(3)(c).

I am satisfied the remaining four Requirements of Quality Standard 8 are compliant.

The service had processes in place to engage consumers about developing and evaluating care and services. For example, the service runs consumer meetings on a once-per-month basis, which provide an opportunity for consumers to input into the service’s care. Meeting minutes showed that the service is responsive to the issues consumers raised.

The service has structures and processes in place to support a culture of safe, inclusive, and quality care and services. Management described meetings at all levels and how they support accountability and oversight to care, and services delivered.

The service had incident-management policies and procedures, and it demonstrated the practical implementation of these policies and procedures. Management and staff had applied knowledge of how the service managed risks.

The service had a clinical governance framework that included policies on anti-microbial stewardship, restrictive practice minimisation, open disclosure, and others. Staff understood these policies and their application.

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