Performance

Report

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| Name: | St Vincent Care Services Boondall |
| Commission ID: | 5751 |
| Address: | 2141 Sandgate Road, BOONDALL, Queensland, 4034 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 08 August 2024 |
| Performance report date: | 27 August 2024 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd  Service: 7348 St Vincent Care Services Boondall |

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 St Vincent Care Services Boondall (**the service**) has been prepared by Kimberley Reed, 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.
* 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 | Not applicable as not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all Requirements were 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 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

Consumers received accurate information in a timely manner and in a way consumers could understand. Information was communicated throughout the service in several different ways to ensure all consumers were aware of important information. Posters of upcoming activities were observed on noticeboards, and the daily menu was displayed in the dining area.

Pastoral care staff stated one-on-one time was spent with consumers to discuss and provide information, to support and encourage consumer choice, and offer available resources for spiritual guidance, general support, and end-of-life care. Consumers confirmed these discussions took place.

Management confirmed consumers and their representatives were provided a service handbook upon entry to the service, outlining pertinent information, including the complaint process and advocacy services. Consumers’ representatives were updated monthly during care planning review or more frequently as required, including email updates issued during periods of infectious outbreak to advise of visiting requirements.

Documentation evidenced the various ways information was communicated between the service, consumers, and their representatives, including conversations documented in progress notes, consumer handbook, consumer meeting minutes and communication issued via email to consumers and their families during the COVID-19 outbreak in June 2024. Staff were observed explaining to consumers menu choices and the role of the Assessment Team on site.

Based on the information recorded above, it is my decision consumers receive accurate information to guide their choices in care and services, therefore this Requirement is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Consumers and representatives confirmed staff knew the consumers and expressed confidence in the staff's ability to recognise a change in a consumer’s condition. Staff described the process for responding to deterioration or change in a consumer’s condition. Care documentation demonstrated changes in a consumer’s condition were identified and responded to in a timely manner. The service had policies and procedures to guide staff in recognising and responding to a change in a consumer’s condition.

For one named consumer who experienced deterioration including reduction in appetite and changed behaviours, documentation supported the consumer was referred to their medical officer and specialist services in a timely manner. Recommended actions were implemented for the consumer and the consumer’s representative confirmed their satisfaction with care provided to the consumer.

Based on the information recorded above, it is my decision consumers who deteriorate are recognised and responded to in a timely manner, and therefore this Requirement is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers confirmed they had an active social life, maintained personal relationships and could follow their interests. Staff supported consumers in participating in activities of interest by ensuring they were dressed and ready for outings and activities. Staff were aware of consumer relationships of importance, likes and dislikes, consistent with feedback from consumers and contained in care documentation.

Consumers provided examples of activities they participated in, which included shared dining experiences with loved ones, family pets visiting the service, accessing library books and attending religious services. Monthly activity schedules were available and included activities such as visiting musicians and bingo. Spiritual assessments were completed on entry for consumers to determine the level of support consumers wished to achieve, these assessments were completed every six months. Consumers were observed to be participating in a range of meaningful activities during the assessment contact visit.

Based on the information recorded above, it is my decision that consumers were supported to achieve a level of activity in line with their preferences, and therefore this Requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives expressed confidence in the service’s ability to act in response to a complaint. Management was aware of the complaint management process and provided examples of using open disclosure when things went wrong. The service’s complaints register demonstrated complaints were actioned in a timely manner and open disclosure was practiced. The service had procedures to guide staff in complaint management and the use of open disclosure.

For one named consumer, evidence was provided regarding the actioning of a complaint and confirmation the complaint was resolved satisfactorily.

Based on the information recorded above, it is my decision appropriate action was taken in response to complaints, including the use of open disclosure, therefore it is my decision this Requirement is Compliant.

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