Performance

Report

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| Name of service: | Performance report date: |
| St Vincent Care Services Boondall | 4 August 2022 |
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| Approved provider: | Activity date: |
| St Vincent’s Care Services Carseldine Ltd | 28 June 2022 to 30 June 2022 |

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 considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* 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 | | Compliant |
| 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 make them feel valued as an individual, and treat them with dignity and respect. Care planning documents reflect the diversity and individuality of consumers. Staff were familiar with consumers’ care plans, and understood their personal needs. The service encourages a person-centred care approach that encompasses consumers’ diverse needs.

Consumers said their culture is respected. Staff described how care and services are aligned to consumers’ cultural and religious preferences. Care planning documents demonstrated consumers’ specific cultural needs are recorded and considered. The service works with religious organisations and hosts cultural days and celebrations.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain connections and relationships. Staff assist consumers to maintain contact with people important to them, encourage consumers to make choices, and involve representatives in decisions in line with consumers’ wishes.

Consumers are supported to take risks to enable them to live the best life they can. The service applies dignity of risk assessments, which guides staff practices on risk minimisation strategies as agreed to with each consumer.

Consumers and their representatives said timely and accurate information is provided, which is communicated clearly, easy to understand and enables consumers to exercise choice. Staff offer consumers choices and apply interventions to support consumers with barriers to communication. Lifestyle calendars, newsletters and posters were observed and included pictures and large font to assist consumers’ understanding.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely and handover is conducted in a secure area where confidentiality and privacy is maintained.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 demonstrated effective assessment and planning processes. Assessments are completed on entry to the service that identify consumers’ goals, needs and preferences, to inform staff on how to plan and deliver care.

Care planning documentation was individualised and included identified risks to consumers’ health and well-being. Advance care and end of life planning was included, where the consumer wishes. Care planning documents reflected reviews occur monthly, or more frequently as consumers’ condition or needs change.

Assessment and planning is completed with consumers, representatives and other providers as relevant. Consumers can obtain a copy of care plans. Staff described how the outcomes of care planning are communicated, and how recommendations or directives from other providers are incorporated.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care plans reflected consumers get individualised care that is safe and tailored to optimise their health and well-being. The service demonstrated effective care delivery regarding skin integrity and pain management. Consumers and their representatives said consumers receive care that meets their individual needs and preferences. Staff said they provide care to consumers according to instructions and directives from care planning documentation.

Care planning documents identified that high impact and high prevalence risks are effectively managed, and staff implement relevant strategies to minimise risks. Consumers and their representatives said they were satisfied with the management of risks, and representatives are informed of circumstances such as falls.

Consumers and representatives considered the service meets consumers’ needs regarding end of life care. Care planning documents and staff feedback reflected consumers’ families were kept informed of consumers’ condition and supported to spend time together. Staff described the way care delivery changes for consumers nearing end of life and practical ways consumers’ comfort is maximised.

Staff said they recognise and respond to deterioration or changes in consumers’ conditions. Care planning documents reflected changes are identified, strategies are implemented to address consumers’ needs and consumers are referred to other providers when relevant.

Adequate information about consumers’ condition, needs and preferences are documented and communicated within and outside the service, as reflected in care planning documents. Staff described how information is shared at handover and documented when changes occur.

Care planning documentation evidenced a referral process to other health care providers as needed. Consumers said they have access to relevant health supports and are satisfied timely and appropriate referrals occur. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak. Staff described how infection related risks are minimised, and have been trained on antimicrobial stewardship and infection control.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they feel supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Staff explained what is important to consumers and what they like to do, aligned with the information in consumers’ care plans.

Consumers gave examples of how their emotional, spiritual and psychological well-being is supported. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who are feeling low. Staff were observed interacting with consumers and engaging with them in a supportive and caring way.

Consumers and their representatives said consumers participate in the community and maintain relationships. Staff described activities that support consumers to participate in the community and how they facilitate communication between consumers and their friends and families.

Staff described how communication of consumers’ needs and preferences occurs via care plans, shift handover and dietary requirements listed in the kitchen. Staff are aware of consumers’ lifestyle preferences and communicate with consumers regarding these. Referrals are made to other individuals, organisations, and providers of care to optimise consumers’ health and well-being.

Consumers and representatives expressed satisfaction with the variety, quality and quantity of meals provided by the service. Consumers are provided with meal choices and can give feedback regarding the menu. Care planning documents reflect dietary needs or preferences, and staff described how they are kept informed of these. The kitchen was observed to be clean and tidy, with staff adhering to food safety practices.

Equipment supporting consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Staff described cleaning and maintenance referral processes, and said sufficient equipment is available.

Standard 5

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| Organisation’s service environment | | Compliant |
| 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 considered they feel at home at the service and find it an enjoyable place to live. The service environment was observed to be welcoming, reflecting dementia enabling principles of design and allowing freedom of movement both indoors and outdoors.

The service environment was clean, tidy and well organised. Consumers said they access outdoor areas freely, and considered the environment was safe, clean and well maintained. Any maintenance issues are addressed quickly, evidenced by the service’s maintenance records, and routine maintenance occurs in accordance with schedules.

Furniture, fittings, and equipment were observed to be clean, well-maintained, and suitable. Consumers said they feel safe when equipment is used. Consumer and staff feedback reflected there is enough shared equipment to meet consumers’ needs. Allied health staff are involved in partnership with consumers regarding the assessment and choice of suitable equipment. There are systems in place to ensure regular maintenance of equipment and furnishings is performed in a timely manner.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives said they knew how to raise complaints, and felt safe doing so, though there were generally no concerns to raise. They were aware of external supports in place if they felt uncomfortable raising concerns with staff. Staff described how they respond if a consumer raises an issue or concern, and how they support consumers to make complaints or utilise external services. Staff said information and support can be provided for consumers requiring language services. The service has written materials about how to make complaints, including details for advocacy and language services, which were observed throughout the service.

Consumers said if they had concerns they were followed up quickly, though they did not often have concerns, and staff apologise where something goes wrong. Staff gave examples of how complaints were resolved, how they apply open disclosure and inform consumers and representatives of outcomes.

The service has comprehensive systems and documentation in place to ensure feedback and complaints are received, reviewed, and used to improve consumer care and services. Management gave examples of how continuous improvement is applied, such as menu improvements and staff training for skin integrity care. Regular communication, consumer meetings and surveys occur to obtain feedback.

**Standard 7**

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| Human resources | | Compliant |
| 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 and their representatives considered staffing levels were adequate and call bells were answered quickly. The service has effective rostering processes to deploy sufficient staff and replace absences. Consumer feedback, clinical indictor and incident analysis, and call bell data are used to evaluate staffing needs.

Consumers and representatives said staff were kind, caring and gentle when providing care. Throughout the Site Audit staff were observed to be kind, caring and respectful to consumers.

The service has clear position descriptions that outline competencies and registrations required for each role. Staff certifications are tracked and expiry is monitored. Competency is assessed through spot checks and audits, and staff can identify training needs. Staff described the performance appraisal process and confirmed appraisals occur annually.

Education records reviewed identified staff participate in mandatory training and other training identified as required. Staff feedback, observations and trending of incidents and complaints inform further training topics.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 their representatives said the service is well run, they receive communication and can provide input to improve care and services. The service hosts consumer meetings, undertakes surveys and circulates newsletters to support engagement.

The organisation promotes inclusive and safe care through policies and communication. The organisation’s Board is accountable and receives regular reports of the service’s performance. The service has an incident management system that enables reporting and review of key quality indicators.

The service demonstrated it has effective governance systems relating to financial and workforce governance, continuous improvement, and feedback and complaints. Staff said they have access to information they need to perform their roles. Regulatory compliance is monitored by the organisation and any legislative or procedural updates are communicated.

There are risk management systems, policies, procedures and practices in place to ensure risks are managed at the service. Staff said they had been educated about the policies and were able to provide examples of relevance to their work.

The service demonstrated a clinical governance framework that included minimising use of restrictive practices and open disclosure. Staff described how they apply the policies, including ensuring appropriate use of antibiotics.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)