Performance

Report

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| Name: | St Vincent Care Services Carseldine |
| Commission ID: | 5094 |
| Address: | 736 Beams Road, CARSELDINE, Queensland, 4034 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 8 March 2024 |
| Performance report date: | 12 April 2024 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd.  Service: 3451 St Vincent Care Services Carseldine |

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 Carseldine (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information held by the Commission.

# 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect and supported to maintain their identity. Staff described how they treated consumers with dignity and respect and showed an understanding of their personal circumstances, life experiences, and cultural backgrounds. Staff were observed treating consumers with dignity and respect during the Site Audit.

Consumers and representatives confirmed the service recognised and respected their cultural background when delivering their care and services. Staff and management demonstrated an in-depth understanding of consumer’s identity and culture and how to provide culturally safe care. The service had written policies, procedures and training to guide staff in respecting consumers’ cultural preferences.

Consumers said they could choose who was involved in their care and how their care and services were delivered. Consumers and representatives said consumers were encouraged to make social connections and maintain relationships, including intimate relationships. Care planning documents captured consumers’ choices regarding their care delivery and the supports needed to maintain their relationships.

Consumers and representatives said consumers were supported to take risks to enable them to live the best life they could. Staff supported consumers’ right to make choices involving risks to enhance their independence and quality of life. Care planning showed consumers and representatives were involved in risk assessments and made informed decisions when they provided consent to risk management strategies.

Management and staff described how current, clear, easy to understand information was provided to consumers and representatives to help them exercise choice. Consumers and representatives said they were kept informed about what was happening at the service and their care and services. Staff said they informed consumers about lifestyle activities and meal choices each day, and described strategies they used to communicate to consumers with sensory deficits or poor cognition.

Consumers and representatives said consumers’ privacy was respected and personal information was kept confidential. Staff described how they respected consumers’ privacy and kept their personal information secured on password protected computers in the nurses’ stations. The service had documented protocols and staff training in ensuring consumers’ privacy and confidentiality.

# Standard 2

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied the assessment and care planning process informed the delivery of safe and effective care and services, including the consideration of risks to consumers’ well-being. Care plans showed detailed risk assessments and planning informed the delivery of safe and effective care and services. Staff detailed the assessment and planning processes undertaken in accordance with the service’s documented policies and procedures.

Consumers and representatives advised staff regularly discussed consumers’ care needs, goals and preferences and their end of life wishes, if they agreed. Staff described how they identified each consumer’s current and end of life care, needs and preferences. Care plans were individualised to consumers’ needs and preferences. Advance care directives were in place for consumers who had consented to provide this information.

Consumers and representatives felt they were partners in the assessment, planning and review of consumers’ care and services and they could involve other providers as required. Care documents showed the regular involvement of consumers, representatives and other individuals and organisations in the assessment and care planning process.

Consumers and representatives knew they could access the consumer’s care plan however, most said they did not need it, as they were regularly consulted by staff and any changes were communicated. Staff described the processes for documenting and communicating assessment outcomes. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said the service regularly engages with them to ensure their care and services are effective and conducts reviews when consumers’ care needs change or when incidents occurred. Staff confirmed care plans were reviewed regularly and when circumstances changed, or incidents occurred. Care planning documents showed care and services were regularly reviewed for effectiveness, when circumstances changed and when incidents impacted on the needs, goals, or preferences of the consumer.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received personal and clinical care that was safe, right for them and met their needs, goals and preferences. Staff described the personal and clinical care provided to individual consumers in line with their care plans. Care documents confirmed staff followed documented clinical management policies to deliver individualised personal and clinical care in line with best practice.

Consumers and representatives considered high impact and high prevalence risks were effectively managed by the service. Management and staff explained the high-impact and high-prevalence risks and the strategies in place to mitigate the risks to individual consumers. Staff were guided by a suite of policies and procedures for managing risks to consumers health in line with best practice.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end of life wishes, had been discussed with them. Staff articulated how they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care documents confirmed staff responded to care needs promptly, and consumers and representatives were involved in palliative care planning and delivery.

Consumers and representatives confirmed the service responded promptly and appropriately to a deterioration in consumers’ condition, health, or ability. Staff and management explained the process for identifying and responding to changes or deterioration in consumers’ health. Care planning documents showed deterioration or changes in condition were responded to appropriately, and policies and procedures were accessible to all staff to guide them in the clinical escalation process.

Consumers and representatives said current information about consumers’ condition, needs, and preferences was documented and effectively communicated between relevant staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented and shared effectively within the organisation, and with others involved in care delivery. Care planning documents showed staff and others had access to current information about consumers’ condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described effective processes for referring consumers to other health providers, when necessary. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives were satisfied with the service’s infection prevention and control measures and how they managed COVID-19. Management and staff described how they were trained in infection prevention and control practices and antimicrobial stewardship. The service had 2 infection prevention and control leads, and staff had a good understanding of infection control measures and the need to minimise the use of antibiotics. The service had documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the services and supports for daily living aligned with their needs, goals, and preferences, and promoted their independence and quality of life. Management explained supports are tailored to each consumer’s capabilities and preferences. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included detailed the services and supports required for each consumer to optimise their quality of life, health, wellbeing, and independence.

Consumers highlighted the variety of support they received promoting their emotional, psychological and spiritual well-being. Management and staff described ways they supported consumers’ emotional, psychological and spiritual well-being. Consumers’ care planning documents contained information about their emotional, spiritual or psychological well-being and how staff were to support them. Staff were observed having meaningful interactions with consumers.

Consumers confirmed they could participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff knew consumers’ lifestyle interests and described how they actively encouraged them to participate in activities and maintain personal connections. Care planning documents detailed how consumers participated in their community, did things of interest, and stayed connected to family and friends.

Consumers were satisfied that current information about their needs and condition was communicated within the service and with others responsible for providing care. Management described seamless communication across the service, ensuring everyone involved has access to the latest information regarding each consumer. Staff explained how established processes kept them informed about consumers’ daily living needs and preferences.

Consumers confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff described how they collaborated with external individuals and organisations to provide additional services and supports to consumers. Care plans confirmed consumers had been referred to external services and the service had written policies and procedures to guide the referral process.

Consumers consistently said the food was of a high quality and a suitable variety and quantity, which met their individual needs and preferences. Staff described how they ensured consumers’ dietary needs, preferences and any restrictions were met. Consumers were observed enjoying well-presented meals in a comfortable and positive dining environment with attentive staff support.

Consumers were confident the equipment provided was safe, clean and suitable. Management described their commitment to providing safe, suitable and well-maintained equipment. Records showed thorough maintenance and cleaning of equipment. Equipment appeared to be safe, suitable, clean, and well-maintained.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said the service environment was welcoming, easy to navigate and they could personalise their rooms. The service featured clear signage to aid navigation and consumers and visitors moved around independently with ease. Staff explained how they supported consumers to feel at home using a consumer-centred approach.

Consumers said the service environment was clean, well-maintained and comfortable, and they could move around freely. Staff confirmed extensive scheduled maintenance and cleaning, ensured the safety and cleanliness of the service. Consumers were observed moving freely around the service with access and outdoor areas and gardens.

Consumers said the service’s equipment, furniture and fittings were clean, safe and well maintained. Records detailed effective processes in place for ensuring furniture, fittings and equipment was well maintained and safe for consumers. Furniture, fittings and equipment appeared suitable safe, clean and well-maintained.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback or make complaints, and they could describe different ways they could do this. Management and staff described different ways the service supported consumers and representatives to provide feedback and make complaints. The service had documented processes and systems in place for encouraging and managing complaints and feedback. Information on how to make complaints, feedback forms and lodgement boxes were readily accessible.

Consumers and representatives were aware of advocacy and language services, and other avenues for raising complaints, such as through the Commission. Management and staff explained how they encouraged consumers to access external complaint systems, and language and advocacy support. Staff described how they would help connect consumers with difficulties to the relevant external support services.

Consumers and representatives said the service responded appropriately to complaints in a timely manner, and apologised when things went wrong. Management and staff demonstrated appropriate and timely action was taken to resolve complaints, using open disclosure. The feedback register confirmed the timely management of complaints in accordance with the service’s feedback and complaints policy.

Consumers and representatives said the service’s feedback and complaints process was effective and it led to improvements at the service. Management and staff detailed improvements that had resulted from feedback and complaints. Records showed feedback and complaints are analysed and used to inform improvement actions which are evaluated in consultation with consumers and representatives.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said were enough staff in all areas of the service to attend to their individual care and service needs promptly. Staff said there were enough staff and they covered vacant shifts if there was unplanned leave. Management explained the master roster is based on the acuity needs of consumers and the regulatory requirements. Records showed all recent shifts were filled and the workforce was planned with the right mix and number of staff. Management said the service had an excellent retention rate with many staff having been at the service for more than 5 years.

Consumers and representatives said staff were kind, respectful and caring when providing care. Staff knew consumers personally and understood their background, identity, needs and preferences. Staff were observed treating consumers and representatives with dignity and respect. The service had written policies, procedures and training to guide staff in supporting consumers’ dignity, choice, diversity, inclusion and privacy.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described the organisational recruitment and induction process and how they ensured all staff had the required competencies, qualifications, registrations and security checks for their roles. Staff without current mandatory checks and registrations in place were not rostered until they were compliant.

Consumers and representatives said staff were trained and equipped to deliver quality care and services and meet their care needs and preferences. Staff felt well supported and confirmed receiving initial and ongoing training and said they could access additional training, if they wished. Management described the ongoing training and support programs to ensure staff maintained the skills and knowledge to perform their roles.

Consumers and representatives expressed satisfaction with the performance of staff and the quality of care. Management described the processes used to regularly assess, monitor, and review the performance of every member of the workforce, including regular competency assessments and performance appraisals. Management and staff described the formal annual performance review process which was up to date. The service had documented policies and procedures around the monitoring and assessment of staff performance.

# Standard 8

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| 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. | 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to be engaged in the development, delivery and evaluation of care and services through a range of mechanisms. Management and staff explained how consumers and representatives were involved in decisions about the operation of the facility and their care and services. Records confirmed the involvement of consumers and representatives in the development and evaluation of care and services.

Management detailed the various governance frameworks, reporting and policy processes the Board relied on to oversight the operation of the service and be accountable for its performance. Clinical and operational reports and communications with the Board showed how it was responsible for the performance of the service and compliance with the Quality Standards.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Staff and management knew the key principles of the service’s governance systems and their role in meeting the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service demonstrated a clinical governance framework and systems underpinning the delivery of safe and effective quality care. The clinical governance systems included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services on a daily basis.

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