Performance

Report

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| Name of service: | Performance report date: |
| St Vincent’s Aged Care | 23 June 2022 |
| Commission ID: | Activity type: |
| 7797 | Site Audit |
| Approved provider: | Activity date: |
| Catholic Homes Incorporated | 10 May 2022 – 12 May 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’s Aged Care (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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, dated 10 May 2022 - 12 May 2022. 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.

# 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, and representatives reported, that they are treated with dignity and respect, and their identity, culture, and diversity is valued. Staff demonstrated an understanding of consumers background and culture needs, and spoke of consumers likes, dislikes, preferences and how these impact on their care. Care planning documentation demonstrated consultation with consumers about their personal preference for care and services and what is important to them.

Staff described how individual consumer’s culture influenced how they deliver care and services day-to-day such as respecting consumers who prefer to keep their doors closed for privacy or prefer male or female care staff for personal care. Consumers described examples of how staff respect their individual choices and treat them as individuals. The Assessment Team observed staff interacting with consumers in a friendly and respectful manner.

Consumers said they are supported to maintain their independent lifestyle choices and preferences. They can make decisions about when family, friends and others should be involved in their care, and maintain relationships of significance to them. Staff helped consumers maintain contact with people important to them throughout Covid-19 lockdowns.

Consumers are supported to take risks which enables them to live their best lives. Staff were able to describe the risk assessment process and demonstrated knowledge of the consumers who wish to partake in risk activities as reflected in care planning documents.

Timely information that is accurate, current and easy to understand is provided to consumers which enables them to exercise choice. Staff were able to describe ways in which information is provided to consumers and their representatives and how they supply information to consumers who may have difficulty communicating or living with cognitive impairments.

Consumers reported that their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Assessment Team observed staff treating consumers in line with their privacy preferences.

# 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

Assessment and care planning processes are in place to inform the delivery of safe and effective care and services. Assessments for consumers are completed on entry to the service and care and service plans reviewed every six months or more frequently as consumer needs change. Staff described how they use assessment, planning and handover information to inform how they deliver safe and effective care.

Care planning documentation detailed the individual needs, goals and preferences of consumers including advance care planning information and end of life planning. Conversations regarding end of life planning are discussed with consumers and representatives when the consumer wishes and as the consumer’s care needs change. The organisation has policies for palliative care and end of life care planning to guide staff practice.

Assessment and planning is undertaken in partnership with the consumer, their representatives, and others who the consumer wants to involve. Care planning documentation sampled by the Assessment Team reflected the involvement of consumers and representatives and other health professionals including Medical Officers, Allied Health Professionals, and a Speech Pathologist.

Consumers and representatives interviewed said that staff explain information about their care and services and that they can access a copy of the consumer's care and service plan when they want to. Care planning documentation documented, but is not limited to, pain management, skin integrity, behaviour support, restrictive practice, nutrition, hydration, and mobility. Staff described how they provide updates to consumer and representative if there has been any changes in consumer’s care requirements.

Care planning documents sampled showed they are reviewed on a regular basis and updated when circumstances change, such as incidents or changes in health. This was confirmed through feedback from consumers and representatives. Staff advised consumer care plans are reviewed 6-monthly or as required, and these reviews involve the consumer and/or their representative, clinical staff, allied health, and other medical professionals as needed.

# 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

The service demonstrated consumers receive safe and effective personal or clinical care, which is best practice, tailored to their needs and optimises their health and wellbeing. Care planning documentation reflected that the service undertakes a comprehensive assessment and care planning process when a consumer enters the service. Staff demonstrated an understanding of consumer’s clinical and personal care needs in line with their care planning documents. Review of documents demonstrated that there are authorisation and consent forms in place for consumers subject to restraint.

A review of clinical information identified that the service records high impact and high prevalence clinical and personal risks through incident documentation, risk assessments and care plans. Falls risk assessment tools are used for all consumers during admission care planning and as required with changes to a consumer’s health. Staff provided examples of strategies to manage risks. The Assessment Team observed clinical indicators and incident records in relation to falls and pressure injury which showed low incidences.

The service discusses with consumers/representatives advanced care planning on entry and/or during care plan reviews. Care is taken by the service to ensure that this is done in a sensitive manner. Staff could describe the way care delivery changes for consumers nearing end of life and practical ways in which a consumers’ comfort is maximised.

Care planning documents sampled reflected the identification of, and response to, deterioration or changes in consumer’s condition and/or health status. Staff said they are able to recognise and respond to deterioration or changes in consumer’s conditions, and elevate changes in a consumers care needs to a registered nurse or transfer the consumer to hospital.

The service demonstrated information relating to consumers’ condition, needs and preferences is documented in a handover process, and communicated where the responsibility for care is shared. Staff said that outcomes of assessments are documented in care plans and discussed with consumers and representatives via telephone calls, face to face discussions and electronic correspondence. The Assessment Team observed a handover process where important information was passed on.

Care planning documents reviewed showed the service make appropriate referrals to other providers or organisations in a timely manner and this reflects feedback from consumers and representatives. Staff provided information on how referrals are made in consultation with consumers and representatives.

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. Staff could describe 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 and representatives said they receive safe and effective services and supports for daily living that meet their needs, goals and preferences and feel supported to do the things they want to do and have supports available to do this. Staff provided examples of what is important to consumers and what they like to do. These examples aligned with the information in consumer’s care plans. The Assessment Team observed consumers engaged in group and individual activities.

The service demonstrated services and supports provided, promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives provided examples of how staff support their emotional, spiritual, and psychological well-being. Staff said they will offer support to consumers feeling low and engage in one-on-one discussions with consumers who are not regularly attending activities. The Assessment Team observed staff reassuring and supporting consumers in a caring and respectful way.

Consumers and representatives said they are supported to stay connected with the people who are important to them and participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Staff demonstrated an understanding of consumers individual preferences, community connections and relationships and activities of importance to them.

Information about consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives said they feel confident that information is adequately communicated and were confident staff work well together to meet consumers’ care needs and preferences.

The service demonstrated that regular, timely and appropriate referrals are made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being. The organisation has policies and systems in place for making referrals to individuals and providers outside the service. The service provides information about advocacy organisations and consumers are assisted to access these services where a need is identified.

Consumers and representatives expressed satisfaction with the meals provided by the service. Care planning documentation reflected any dietary needs or preferences, and this aligned with consumer and staff feedback.

# 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

The Assessment Team observed the service environment to be welcoming, with environments that reflect dementia enabling principles of design and sufficient lighting and handrails to support consumers to move around. Consumers said they feel they belong in the service and feel safe and comfortable in the service environment.

The service has processes in place to ensure that the service environment is safe, clean, well maintained, and comfortable, and enables consumers’ free movement within and outside of the service. Consumers and representatives said consumers can access the service outdoor areas when they want to and with staff supervision if needed.

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained, and suitable for the use and needs of the consumers. Consumer and staff feedback aligned that there is enough shared equipment to meet consumer’s needs. Review of the programmed maintenance books demonstrated regular maintenance of equipment is completed according to a schedule. Call bells were noted to be in working condition and well-maintained throughout the service.

**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 representatives considered that they are encouraged and supported to give feedback and make complaints, and said they were aware of the methods by which complaints and feedback could be made and submitted. Staff were able to describe how they encourage and support consumers to provide feedback and make a complaint, and said that they would advocate for consumers who are unable or unwilling to make complaints. The Assessment Team observed that the service encourages and supports consumers, their representatives, and the workforce to give feedback and make complaints, for example confidential envelopes are provided alongside feedback forms so feedback can be provided anonymously.

Some consumers and representatives sampled said they were aware of other avenues for raising a complaint such as through the Aged Care Quality and Safety Commission or through an advocacy service. Other consumers who were not aware of external complaint mechanisms, said they were comfortable raising concerns with management and staff or through the feedback forms at the service. Staff use visual aids to assist in communication with consumers who may have difficulty speaking or hearing and the service uses diagram-based and pictorial based feedback forms to assist consumers in providing feedback. Information regarding internal and external complaints and feedback processes and advocacy services was displayed at the reception of the service and in each wing of the service.

The service was able to demonstrate that appropriate action is taken in response to complaints and the organisation has a complaints management policy and open disclosure policy, that are used to guide staff during complaint resolution. While some staff were unable to define the meaning of ‘open disclosure’, they were aware of the underlying principles of open disclosure and knew that part of the principal includes acknowledging when things go wrong, to apologise and to use all complaints as opportunities for improvement. Consumers and representatives said management addresses their concerns after they make a complaint, or when an incident occurs.

Consumers and representatives were able to describe changes implemented at the service as a result of feedback and complaints. Management was able to provide examples of improvements made to the service as a result of feedback and complaints from consumers and representatives. The Assessment Team reviewed complaints and feedback made by consumers and representatives. These were acknowledged by the service, evaluated, and used to improve the quality of care and services.

**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

The service demonstrated that workforce planning, ensures the allocation of staffing is adequate to meet the care and service delivery needs of consumers. Consumers and representatives said there is sufficient staff to meet their needs, and also said the staff always respond promptly to consumers when assistance is required. Staff said that although they occasionally felt short staffed it never effected the care received by consumers and that they pull together as a team to make sure all tasks are completed. Management said steps being taken by the service to increase the current workforce through additional hiring, offering placements for students and marketing campaigns run by head office.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. The Assessment Team observed staff explaining medication being provided to consumers, and asking permission to provide care.

The service demonstrated that members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives indicated that staff are well trained and can effectively and safely provide the care they require. Management said competency of staff is monitored through consumer and representative feedback, completion of mandatory training and observation of staff in practice. Standard operating procedures and organisation wide policies guide staff when undertaking specific tasks.

Education records reviewed identified staff participate in mandatory training and other training identified as required. Staff report that in addition to mandatory sessions the service provides toolbox group training sessions, 1 on 1 training with management and refresher courses on relevant topics.

Annual performance assessments occur, and staff feedback is encouraged through a range of established communication channels. Care staff were able to describe the process for their performance reviews and demonstrated a shared understanding of their roles and responsibilities.

**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

Sampled consumers and representatives reported positively that the organisation is well run and that they can partner in improving the delivery of care and services by attending meetings where management listen to feedback and suggestions. The service was able to demonstrate that the development, delivery, and evaluation of care is made in consultation with consumers. Management said responses gathered from complaints and feedback, survey results and family conferences are analysed by the organisation to ensure consumers are continually engaged in the development, delivery, and evaluation of care at the service.

The Board engage with service management to promote a culture of safe, inclusive, and quality care and services and are accountable for their delivery. The organisation monitors the services performance against the quality standards through regular monthly reporting and internal site audits.

The service has governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff said they have access to information they need to perform their roles, and are supported by senior clinicians on site.

The service demonstrated a risk management framework that included high impact and high prevalent risks, abuse or neglect of consumers and incident management. Risk assessments are conducted, and care strategies are implemented via consumers’ care plans. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work.

The service demonstrated a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their day to day work. Although not all staff were familiar with the term open disclosure, staff understood the underlying principles of open disclosure and knew that part of the principle includes acknowledging when things go wrong and to offer an apology.