Performance

Report

**1800 951 822**

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| Name of service: | St Vincent's Care Carina |
| Service address: | 141 Fursden Road Carina QLD 4152 |
| Commission ID: | 5599 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 4 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for St Vincent's Care Carina (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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 | |  |
| 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 and representatives said staff treat consumers with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated awareness of the consumers’ background and preferences. Care planning documentation reflects information to guide staff regarding each consumer’s individual life history, background, preferences and what is important to them.

Consumers and representatives said staff value consumers’ identity and diversity and provide culturally safe care. Staff provided examples of how they provide culturally inclusive care and services and support consumers to do things of importance to them, which aligned with information under care planning documentation. The service celebrates events of cultural significance as part of its lifestyle activities.

Consumers said they are supported to maintain their relationships and to exercise choice and independence by making decisions about their care and services. Staff explained how consumers are supported to maintain relationships through staff facilitating phone and video calls to family, consumers receiving visitors at the service, undertaking outings to family events, and attending the service’s group activities. The organisation has documented policies and procedures regarding consumer choice and decision making to guide staff practice.

Consumers described examples of how they are supported at the service to take risks and live the best life they can. Staff demonstrated knowledge of consumers who choose to take risks and described how they discuss the possible harm with consumers and involve them in implementing strategies to ensure their safety. The organisation has policies and procedures to guide staff in relation to dignity of risk.

Consumers and representatives advised they receive up to date information such as activities schedules, menus, newsletters, notices about COVID-19 and special events happening at the service. The assessment team observed a range of information displayed on noticeboards around the service and announcements communicated via the service’s public address system during the Site Audit.

Consumers and representatives said staff respect consumers’ privacy and they are confident consumer information is kept confidential. Staff described how they ensure confidentiality of information such as by not discussing information in front of other consumers and securing consumer information under the electronic care management system which is password protected. Staff were observed knocking on consumers’ doors to seek permission to enter, conducting handovers in private and keeping computers locked. The service’s consumer handbook outlines information on 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

Consumers and representatives are satisfied assessment and care planning processes result in the delivery of safe and effective care and services. Registered staff described the assessment, care planning and review process. Review of care documentation demonstrates potential risks to consumers’ health and wellbeing are considered via assessment and care planning. Policies and procedures are available to guide staff in the assessment and planning process.

Consumers said the service’s care planning process captures their individual needs, goals, and preferences, and staff have discussed end of life wishes with them. Management advised consumers are requested to complete a statement of choices upon entry to the service and this is reviewed periodically at the preference of the consumer, and when there is a decline in the consumer’s condition. Care documentation demonstrates palliative care plans capturing consumers’ needs, goals and preferences are established when consumers require palliative or end of life care.

Consumers and representatives confirmed they are involved in ongoing planning and review of the consumer’s care and services, and the service includes other health professionals and providers as required. Registered staff described how they consult with representatives via telephone, face to face meetings and electronic messages. Review of documentation reflects the involvement of consumers and representatives, and the inclusion of multiple health disciplines and services into consumers’ assessment and planning.

Consumers and representatives confirmed staff discuss the consumer’s care needs with them, offer them a copy of the care plan, and explain information to them. Staff advised they have access to care plans via the service’s electronic care management system and communicate updates and information via handover. Review of documentation including care plans and progress notes demonstrate the outcomes of assessment and planning are effectively documented and communicated to others involved in planning and delivery of care.

Consumers and representatives reported staff discuss consumers’ care needs with them and are responsive when any changes occur. Registered staff advised care plans are reviewed monthly and described how a change in circumstances or an incident triggers a review of the care plan, which includes other relevant health professionals and providers where necessary.

# 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

Consumers and representatives said consumers receive care which is safe and right for them. Staff demonstrated knowledge of consumers’ conditions and their required care needs. Care planning documentation reflects consumer care is provided in accordance with completed assessments and care plans. Consumers subject to a restrictive practice have appropriate authorisations, risk assessments and behaviour support plans in place. Management advised staff receive regular training to ensure the care they provide is best practice and have access to a suite of policies and procedures for guidance in the provision of personal and clinical care.

Consumers and representatives said the risks associated with the care of consumers is managed well. Management advised the service reviews monthly clinical indicator reports to monitor high impact and high prevalence risks including but not limited to pressure injuries, weight loss, falls and medication incidents. Care planning documentation demonstrates the service is effectively managing high impact and high prevalence risks associated with consumer care.

A representative for a consumer who recently passed away at the service expressed their satisfaction with end-of-life care provided at the service. Care planning documents demonstrate care delivery for consumers at the end of life is in accordance with preferences documented under their palliative care plan. This includes ensuring management of pain and provision of comfort care. Management advised the service has access to palliative care support via the local hospital.

Consumers and representatives said the service is responsive to changes or deterioration in the consumer’s condition, health, or ability. Care planning documents reflect appropriate actions taken in response to changes in a consumer’s health and condition. Registered staff described actions taken to identify and respond to deterioration including assessment of the consumer, discussions with the consumer and/or representative, referrals to the medical officer or other health professionals and transfer to hospital if necessary.

Consumers and representatives confirmed the consumer’s care needs and preferences are effectively communicated between staff and others where responsibility of care is shared. Staff stated, and care documentation reviewed confirmed, staff notify the consumer’s medical officer and representatives regarding changes in a consumer’s condition or needs, and if there is a clinical incident. The assessment team observed staff communicating changes to consumers’ health and wellbeing verbally during shift handover and referring to written handover sheets.

Consumers and representatives said consumers are referred to other providers of care in a timely manner. Review of care planning documentation demonstrates timely referrals to medical officers, allied health therapists and other providers of care and services.

The service has an outbreak management plan and policies and procedures to guide staff in infection prevention and control and antibiotic usage. Staff demonstrated knowledge of the service’s processes for managing an infectious outbreak and were aware of practices to promote use of antibiotics. The service has appointed a trained infection prevention and control lead. The assessment team observed staff adhering to appropriate infection prevention and control protocol during the Site Audit.

# 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

Consumers confirmed the service’s lifestyle program supports their lifestyle needs and staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs and preferences and the supports they require to participate in activities or pursue individual interests. Care documentation captures strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers sampled said they can continue cultural and religious practices at the service and are provided emotional and spiritual support when needed. Care planning documentation includes information to guide staff in supporting consumers’ individual psychological, spiritual, and emotional needs. The service conducts regular church services and provides access to pastoral care staff 7 days a week.

Consumers said they are supported to take part in community activities outside of the service, to visit family, attend community luncheons, go on shopping trips, and to pursue a previous interest. Staff could describe those consumers who have personal relationships or who have developed a close friendship. Care planning documentation identifies the people important to individual consumers and activities of interest to them. The assessment team observed consumers socialising with visiting guests and pets, and engaging in activities of interest to them during the Site Audit.

Consumers said staff are aware of their individual needs and preferences and this information is communicated between staff and others where responsibility of care is shared. Staff described various ways they communicate information regarding the consumer’s condition, needs and preferences including via handover and alerts in the service’s electronic care management system.

Staff described the process for making referrals including involving and obtaining consent from the consumer and/or representative. Care planning documentation reflects timely and appropriate referrals to various providers and community services.

Overall consumers and representatives commented positively regarding the meals provided at the service, stating meals are varied and of suitable quality and quantity. Consumers are given other options if they choose not to select a meal offered on the menu. Staff demonstrated knowledge of individual consumers’ dietary needs and preferences. The service provides opportunities for feedback in relation to meals via consumer meetings and annual food focus surveys.

Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained. The service has appropriate arrangements for the purchase, servicing, maintenance, and replacement of equipment.

# 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

Consumers and representatives discussed various aspects of the service environment they find pleasing and said the environment is welcoming and comfortable. Consumers’ rooms are spacious and have been personalised with items reflecting their individual tastes and styles. The service’s ground floor has a memory support unit reflecting dementia enabling principles of design and providing access to a secure courtyard. There is an on-site café for consumers and visitors to use.

Consumers said they feel safe living within the service and said the environment is clean, meets their expectations and is well-maintained. Consumers were observed mobilising around the service and accessing outdoor areas using a range of mobility equipment. The assessment team observed the service environment to be safe and comfortable with appropriate lighting, handrails, wide corridors, and a network of outdoor pathways encouraging ease of movement. Indoor and outdoor areas including gardens appeared clean and well-maintained.

Consumers said they feel safe when staff use equipment with them to provide care and services, and maintenance staff attend promptly to any maintenance requests. Consumers and representatives confirmed the furniture, fittings and equipment are kept clean and well maintained. Maintenance staff undertake regular inspections and servicing of equipment. Review of documentation identifies preventative maintenance is up to date.

# 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

Consumers and representatives said they feel comfortable providing feedback or raising complaints and are encouraged and supported to do so. A range of methods are available for consumers and representatives to provide feedback and complaints including speaking to staff or management directly, via consumer meetings, or using feedback forms. Feedback and complaints forms are located in various areas throughout the service and information in relation to making a complaint is provided under the service’s monthly newsletter.

Consumers and representatives said they are aware of advocacy and language services available to them and referenced the promotional material displayed at the service. Management demonstrated knowledge of how to access advocacy or interpreter services for consumers, should this be required. The assessment team observed posters and information material on advocacy and interpreter services and external complaints mechanisms displayed throughout the service.

Consumers and representatives expressed confidence management would address their complaints and attempt to resolve any concerns promptly. Management and staff demonstrated a shared understanding of complaints management processes and principles of open disclosure. The service has policies and procedures on complaints management and open disclosure to guide staff practice.

Consumers confirmed their feedback and complaints are used to inform improvements at the service. Staff said feedback and complaints are discussed at handover meetings and staff are provided an opportunity to contribute to solutions. Management advised the service conducts trending and analysis of feedback and complaints and uses this information to inform continuous improvement activities which are documented under the service’s plan for continuous improvement. Review of the service’s plan for continuous improvement demonstrates this occurs.

# 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

Consumers and representatives considered there are enough staff at the service to meet consumer needs. Staff said they generally have sufficient time to undertake their allocated tasks and responsibilities, and the number and skill mix of the workforce is adequate to provide care in line with consumers’ needs. The service has a dedicated roster co-ordination team who utilise an electronic shift bidding system for the organisation’s staff across multiple sites prior to contacting agency staff when filling unplanned leave. The service maintains a call bell response expectation of under 7 minutes with management regularly reviewing call bell data.

Consumers and representatives confirmed staff are kind, caring and respectful. Management said they use consumer and representative feedback received via complaints and surveys to monitor staff behaviour and ensure interactions between staff and consumers meet the organisation’s expectations. The assessment team observed staff assisting consumers with their meals with patience and speaking to consumers in a kind and caring manner.

Consumers and representatives felt the workforce is competent and staff have the knowledge to deliver care and services. Management advised staff competency is determined through line manager feedback, performance assessments, consumer and representative feedback, surveys, and reviews of clinical records. Management described how new staff are required to provide evidence of qualifications, registrations and police checks to the organisation’s head office prior to commencement and processes are in place to ensure these are kept up to date.

Consumers and representatives expressed confidence in the ability of staff and said they believe staff are well trained. Staff considered they are appropriately trained, supported, and equipped to perform their roles. New staff receive orientation and access to buddy shifts on commencement and are required to undertake mandatory and ongoing training and education. Review of the service’s mandatory training register identifies staff receive training on a range of topics including but not limited to, code of conduct, the serious incident response scheme, restrictive practices, and infection control.

Management described the systems in place to ensure staff performance appraisals are conducted annually. Staff demonstrated awareness of the service’s performance appraisal process and confirmed they receive feedback on their performance and are provided opportunities to request further training and professional development relevant to their role. Review of the service’s performance appraisal records identifies staff performance reviews are up to date.

# 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

Consumers and representatives felt the service is well run and they can provide feedback and suggestions to management via consumer meetings, feedback forms and surveys, which are considered and actioned. Management provided examples of various ways the service incorporates consumer feedback into changes to care and service delivery at both the service and organisational level.

The organisation’s governance framework identifies a leadership structure with the board of directors as the governing body holding overall accountability for quality and safety. The service conducts monthly quality audits and clinical data analysis which is reported to the governing body for review on a regular basis. The governing body uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

The service demonstrated governance systems and processes in place in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

The service utilises results from incident reporting and clinical trend analysis, staff observations, surveys and feedback from consumers and representatives to review care and service delivery and inform improvements under its plan for continuous improvement.

The organisation has policies to guide staff in managing high impact and high prevalence risks, responding to abuse and neglect, supporting consumer choice and decision-making, and reporting and managing incidents. Management holds weekly meetings to discuss high impact and high prevalence risks to consumers. Clinical indicator data trending and analysis is conducted monthly to benchmark emerging risks and determine if risk management strategies remain effective. Staff receive training on the serous incident response scheme and demonstrated shared understanding of their reporting responsibilities. Care documentation reflects consumers are supported to participate in risk taking activities of their choice and discussions are documented with strategies to manage risks.

The service has a documented clinical governance framework and policies and procedures on restrictive practice, open disclosure, and antimicrobial stewardship. Staff demonstrated a shared understanding of these policies and could describe how they applied these as relevant to their role.

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)