Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | St Vincent’s Care Douglas |
| Service address: | 291 Angus Smith Drive DOUGLAS QLD 4814 |
| Commission ID: | 5309 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 29 May 2023 to 1 June 2023 |
| Performance report date: | 23 June 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 Douglas (**the service**) has been prepared by   
D. McDonald 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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 consumers were treated with dignity and respect. Staff interviewed demonstrated understanding of consumers’ individuality, diverse identities and care preferences. Staff were observed treating consumers respectfully and the Charter of Aged Care Rights was displayed.

Consumers said their cultural backgrounds were respected and they felt valued and safe. Staff explained how consumers’ cultural background may influence their needs, preferences and the way in which care and services would be delivered. Education records supported staff had participated in training on culturally safe care.

Consumers said they were supported to exercise choice regarding their care and services. Staff were knowledgeable of consumers’ choices and respected them by facilitating activities of interest to consumers and rostering staff familiar to consumers. Care documentation contained consumers’ care decisions, preferences and important relationships.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff confirmed assessments were undertaken in collaboration with consumers and allied health professionals. Care documentation reflected risk assessments, discussion with consumers, consent and mitigation strategies.

Consumers and representatives confirmed provision of timely and accurate information. Staff engaged with consumers daily to communicate activities, menus and religious services, and adapted communication for consumers with cognitive of sensory impairments. Newsletters provided information regarding events, consumer meeting schedules, meeting minutes, activities and clinical updates.

Consumers said their privacy was respected. Door signage was observed while consumers were receiving care to advise against entry, and consumer information was secured in the password protected electronic care management system.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said assessment and planning assisted in identifying consumers’ risks and care needs. Staff demonstrated knowledge of assessment and planning processes, including identifying risks to consumers and engaging specialist practitioners, where required. Staff were guided by policies, procedures and clinical assessment tools.

Consumers, representatives and staff confirmed end of life and advance care is discussed with consumers on entry and when a change to a consumer’s condition is identified. Care documentation contained consumer’s needs, goals, preferences and their advance care plan.

Consumers and representatives confirmed they provided ongoing input into assessments and the planning of consumers’ care and services. Staff described, and care documentation evidenced, involvement of consumers, representatives and allied health professionals throughout the assessment, planning and review processes.

Consumers and representatives confirmed they were aware of the care and services included in consumers’ care plans and could request copies. Staff confirmed updating consumers and representatives regarding care outcomes through discussion, email or phone. Care plans were readily available.

Consumers and representatives confirmed consumers’ care was reviewed routinely or in response to changes. Staff were knowledgeable of care plan review processes and care documentation reflected routine reviews every 3 months involving consumers, representatives and allied health professionals.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 personal and clinical care delivery was tailored to consumers’ needs. Staff were knowledgeable of consumers’ individual care needs and safe, effective care responses. Care documentation evidenced individualised best practice personal and clinical care for management of pain, medication, restrictive practices and maintaining skin integrity.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumers risks and working with allied health professionals to develop minimisation strategies. Care documentation evidenced responsive clinical and environmental strategies were implemented to manage risks.

Staff described how care changes, for consumers approaching end of life which ensured their comfort, preserved their dignity and involved family. Care documentation for a recently deceased consumer evidenced review by medical officers, monitoring of care and the family was supported appropriately.

Consumers and representatives advised staff recognise and promptly respond to deterioration in a consumer’s condition. Care documentation evidenced escalation pathways were commenced including consultation with allied health professionals. Staff were guided by policies and procedures to recognise and respond to consumer deterioration.

Consumers and representatives said staff effectively communicated information regarding consumers’ condition, needs and preferences. Staff described and observations confired consumer information was exchanged, during multiple daily handovers or through progress notes.

Consumers and representatives said referrals to specialised individuals and services was timely and appropriate. Staff were knowledgeable of referral pathways and care documentation reflected referrals made to a range of allied health professionals, including medical officers, speech pathologists and podiatrists.

Consumers and representatives gave positive feedback regarding the service’s infection management practices, including staff consistently using personal protective equipment. Staff were knowledgeable of infection minimisation practices and were guided by a visiting Infection Prevention Lead. Vaccination records monitored the immunisation rates of staff.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described supporting consumers to engage in activities and maintain their independence. Care documentation and an activity calendar reflected services and supports were personalised to each consumers needs and interests.

Consumers confirmed the service supported their emotional, spiritual and psychological well-being. Staff described providing consumers with individual support, facilitating visits by volunteers and the availability of a pastoral carer, who visits weekly. Care documentation evidenced consumers’ background, interests and religious preferences.

Consumers said they were supported to maintain important relationships and participate in the community. Staff described encouraging consumers to undertake activities of interest as described in care documentation. Consumers were observed engaging in organised activities, including exercise groups, crafts, cultural events and going out into the community.

Consumers said information regarding their condition and care needs were shared with those involved in their care. Care documentation evidenced ongoing recording and exchanging of consumer information, and observations confirmed staff shared consumer information appropriately during handovers.

Consumers confirmed other services and supports were engaged, when required to meet their needs. Staff described collaborating with other care providers aligned with consumers’ backgrounds and specific preferences. A range of visiting service providers, volunteers and entertainers were observed interacting with consumers.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed consumers’ individual dietary requirements and preferences were considered during meal preparation, and new equipment and processes to prepare meals onsite resulted in positive outcomes for consumers. Meeting minutes reflected consumer satisfaction regarding improvements to catering.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff confirmed adequate supply of equipment and were knowledgeable of cleaning and maintenance processes. Records evidenced maintenance was up to date and equipment was observed to be clean and maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said the service environment was welcoming, easy to navigate and promoted their independence. There were wide corridors, mobility infrastructure, navigational signage and dementia friendly features. Staff said, and observations confirmed, consumers were encouraged to personalise their rooms with photographs and artwork.

Consumers said, and the service environment was observed, to be safe, clean, maintained and comfortable. Staff described the processes to raise maintenance requests and the daily cleaning routines, with additional staff allocated to weekend cleaning. Cleaning records evidenced daily and additional cleaning, such as steam cleaning carpets occurred as scheduled.

Consumers and representatives said, and observations confirmed, furniture and equipment were clean and suitable for consumer’s needs. Staff described assessing the safety of mobility equipment prior to use and cleaning following each use. Records evidenced up to date preventative and responsive maintenance.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 were encouraged to provide feedback or make a complaint and were aware of relevant processes. Staff confirmed feedback and complaints could be lodged through feedback forms, emails, surveys, during meetings and care reviews. Meeting minutes confirmed consumer feedback was used to inform changes or improvements.

Consumers and representatives felt supported to provide feedback or make a complaint. The pastoral carer confirmed advocating on behalf of consumers to raise issues internally, and management confirmed use of translated material for bilingual consumers. Information regarding advocacy and language services was displayed and detailed in consumer handbooks.

Consumers and representatives provided positive feedback regarding actions taken and the use of open disclosure in response to feedback and complaints. Staff were knowledgeable of relevant processes and complaints documentation confirmed the use of open disclosure practices, prompt response and a solution focussed approach.

Consumers’ feedback and complaints were captured and demonstrated a continuous improvement approach to implementing a dementia friendly environment, purchase of furniture tailored to consumer needs and fresh cooked meals. Meeting minutes evidenced trending of complaints to ensure areas of most concern are addressed as priority.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said the number of staff had improved and their needs were met. Management confirmed onboarding additional staff to further support consumer needs and reducing the use of agency staff. Records evidenced a high proportion of consumer calls for assistance were responded to promptly.

Consumers and representatives said staff interactions were kind and caring. Staff were observed interacting with consideration, thoughtfulness and were knowledgeable of consumers’ needs and preferences, such as preferred names and family relationships.

Consumers and representatives provided positive feedback regarding staff knowledge and skills. An onboarding program outlined induction procedures, job specific and corporate training aimed at strengthening staff retention. Personnel records confirmed staff held professional registrations, were security vetted and assessed for competency.

Management confirmed various training was available for staff, including for those wishing to upskill, and a calendar reflected completed and planned training for topics including, but not limited to, palliative care, medication and pain management. Education records monitored the completion of mandatory training.

Management confirmed, and records evidenced, staff had completed annual performance appraisals, and that new staff underwent probationary reviews at 6 months, post commencement, and were initially paired with experienced staff. Staff confirmed receiving reminders to prepare for annual performance appraisals and provide feedback through surveys.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said they were involved in the development and delivery of care and services through meetings, care plan reviews, feedback and discussions with staff. Management confirmed consumer involvement in care development, delivery and review. The organisation’s governance framework detailed principles to partner with consumers to deliver safe care.

Guidance and decisions by the organisation’s governing body was informed by input from committee meetings, performance reports, audits and consumer feedback. Governing body meeting minutes evidenced ongoing visits to the service by members, staff training, legislative updates, improvements to the model of care and consumer case studies.

An established suite of systems and processes supported information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable on how to respond to consumer abuse or neglect, and with their responsibilities to report serious incidents. Records evidenced serious incidents had been managed in line with legislative requirements, and mitigations implemented in response to identified prevalent risks.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Care documentation evidenced appropriate consent for the use of restraints and staff practising open disclosure following incidents.

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