Performance

Report

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| Name of service: | St Vincent’s Care Services Auburn |
| Service address: | 21 Alice Street AUBURN NSW 2144 |
| Commission ID: | 0532 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 5 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 Services Auburn (**the service**) has been prepared by J. Howard, 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 conducted from 4 April 2023 to 6 April 2023; 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.
* The Approved Provider’s response to the Assessment Team’s report, received on 26 April 2023.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Care planning documentation identified each consumer’s cultural, spiritual and individual preferences and was reviewed in line with the service’s care plan review process. Staff demonstrated an understanding of consumers’ needs and preferences and how they provided care that was dignified, respectful and culturally appropriate.

Consumers and representatives advised that consumers received care and services which were culturally safe. The service’s training records demonstrated the workforce was supported to provide culturally safe care and services.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they supported consumers to exercise choice and independence including always offering choices regarding clothing, meals and time for activities of daily living.

Consumers stated they were supported to exercise choice and independence, including taking risks that enabled them to live life as they chose. Care planning documentation showed dignity of risk assessments were undertaken and risk mitigation strategies were in place.

The service communicated changes and upcoming events with consumers and their representatives in the monthly newsletter and the Facility Manager Report. The Assessment Team observed lifestyle programs were displayed on noticeboards and distributed to consumers.

Consumers indicated the service protected their privacy and confidentiality and staff respected their personal space and privacy when entering their rooms. The service had a privacy policy which outlined how the service maintained and respected the privacy of personal and health information.

# 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

Consumers and representatives advised they received the care and services they required and were partners in the care planning process. Staff outlined the assessment and planning process and how it informed the delivery of care and services.

Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Staff provided examples of how they conducted advance care planning in partnership with consumers and representatives when they felt comfortable discussing these matters.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff outlined how they engaged with external providers to support consumers’ care needs.

Consumers and representatives confirmed they were aware of their care plan and could access a copy if they wished. Care planning documentation showed the outcomes of assessment and planning were communicated with consumers and representatives.

The service demonstrated care plans were reviewed every three months, when consumers’ circumstances changed, or incidents occurred. The Assessment Team noted incidents and clinical deterioration prompted the review of care plans.

# 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

Consumers and representatives advised consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers through consultation, collaboration, and review.

Consumers and representatives were satisfied with the management of high impact or high prevalence risks. The service had policies and procedures in place which guided the management of high impact or high prevalence risks associated with the care of each consumer.

Staff provided examples of how advance care planning was conducted in partnership with consumers and their representatives when they felt comfortable doing so. Consumers and representatives advised they felt supported to discuss their care needs and wishes, including developing plans for advance care and end-of-life wishes.

Care planning documentation showed deterioration or changes in consumers’ health were recognised and responded to in a timely manner. Staff outlined recent examples of their recognition of, and response to, deterioration or changes in a consumer’s condition.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services were documented and communicated through verbal handover processes, meetings, and the service’s care management system.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff outlined the process for referring consumers to health professionals and allied health services.

The service had policies which guided infection control practices and all staff received training on infection control practices, including donning and doffing and handwashing. Consumers were satisfied with the service’s management of COVID-19 precautions and other infection control practices.

# 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 were satisfied they were supported to engage in activities of their choice and explained how the services and supports for daily living improved their independence, health, well-being, and quality of life. Care planning documentation outlined strategies and options to deliver services and supports for daily living.

Consumers felt connected and engaged in activities that were meaningful to them. Staff described how they supported consumers’ emotional, psychological, and spiritual well-being in their everyday practices.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff outlined how they worked with other organisations, and with community groups, to help consumers follow their interests, social activities and maintain their community connections.

Care planning documentation recorded consumers’ emotional, spiritual, and psychological needs and preferences and strategies to support the consumers. Information regarding the consumer’s conditions, needs and preferences was documented in the electronic care system and accessible by staff and visiting health professionals.

The service had policies and procedures which guided staff practice on making referrals. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives mostly indicated the service provided meals which were varied and of suitable quality and quantity. Staff identified consumers’ dietary preferences and requirements, including allergies and the need for alternative cutlery.

Management described how the organisation planned and followed maintenance and cleaning routines for equipment. Consumers stated they felt safe when using equipment and knew how to report issues regarding the safety of equipment.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt the service environment was welcoming and advised they felt safe and comfortable within the service. Staff outlined how they supported consumers to make the service feel like home, and how consumers were supported to maintain independence.

The Assessment Team observed the service environment was generally safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Consumers and representatives stated the service environment was comfortable and clean.

The Assessment Team observed a range of furniture and equipment such as lounge chairs, dining tables and seating and slings, and found them to be suitable for consumer use, clean and well-maintained. Staff advised they had access to any equipment required to support the needs of consumers.

# 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 stated they were encouraged, supported and felt comfortable with providing feedback or making complaints. The service had multiple avenues for consumers to make complaints and provide feedback, including a formal feedback form, raising issues and consumer and representative meetings, or speaking directly with management.

Consumers and representatives described the various ways they provided feedback and complaints, both internally and externally. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers and representatives.

Management and staff described the process that was followed when feedback or a complaint was received. Staff advised they had received training in the complaints management system and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted parties, and implementing actions to prevent the recurrence of similar incident or complaints.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Management demonstrated that all feedback and complaints was reviewed and used to improve the quality of care and services and was linked to the continuous improvement plan.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied with the number of staff on hand to support consumers’ needs and indicated staff promptly responded to call bells. Management and staff described how the service ensured there were enough staff to provide safe and quality care through the rostering system, which was designed based on the classification of staff and the needs of consumers.

Consumers and representatives advised staff were kind, caring and respectful in the delivery of care and services. The Assessment Team observed workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity.

The service had documented policies in relation to key qualifications and knowledge requirements of each role employed by the service. Staff felt they were competent to effectively perform their roles.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Management advised there was an annual training calendar prepared to guide staff on general topics delivered by online training portal or toolbox education.

The service had processes in place for regularly undertaking assessment, monitoring and review of the performance of each member of the workforce. Management advised it monitored staff performance through observations and surveys received from consumers, representatives and staff.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers felt involved in the development, delivery and evaluation of care and services. Management advised consumers were engaged in the development, delivery and evaluation of care and services through a variety of ways, including throughout the admission process, consumer and representative meetings, internal audits and via the feedback and complaint mechanisms.

The organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive, and quality care and services. Management advised they conducted a weekly clinical high risk review meeting, which reviewed the status of all high impact or high prevalence risks associated with the care of each consumer.

Staff described key principles of organisation-wide governance systems, such as feedback and complaints, workforce governance and regulatory compliance. The service had policies and procedures which detailed processes around the service’s governance systems to guide staff practice.

The service had risk management systems in place which monitored and assessed high impact or high prevalence risks associated with care of consumers, which included identifying and responding to abuse and neglect of consumers and supporting consumers to live the best lives possible. Staff outlined the service’s risk management processes, including how risks were identified and mitigated.

The organisation’s documented clinical governance framework had been implemented at the service, and management and staff applied the principles of the framework when providing clinical care. The Assessment Team observed documentation such as monthly reports and meeting minutes which discussed these key areas and strategies for implementing the framework.

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)