0Performance

Report

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| Name: | St Vincent's Care Services Bardon |
| Commission ID: | 5095 |
| Address: | 59 Main Avenue, BARDON, Queensland, 4065 |
| Activity type: | Site Audit |
| Activity date: | 22 April 2024 to 24 April 2024 |
| Performance report date: | 7 June 2024 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd.  Service: 3452 St Vincent's Care Services Bardon |

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 Bardon (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* Other information held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives confirmed consumers’ identity, culture and diversity was respected, and they were treated with dignity and respect by all staff. Staff and management described what treating consumers with dignity and respect meant in practice, and what they would do if they thought a consumer’s dignity was not being upheld. Staff were observed delivering dignified care and communicating with consumers in a respectful manner. The service had a dignity and choice policy and process to guide staff.

Consumers and representatives confirmed staff recognised and respected their cultural background and provided care and services accordingly. Staff described how they provided culturally safe care and services, and how they adapted care delivery to suit consumers’ cultural needs and preferences. Care plans detailed consumers’ background and their cultural needs and preferences. The service had documented policies to guide staff in providing culturally safe care to consumers.

Consumers and representatives said they were supported to make informed choices, maintain their independence, maintain their chosen relationships. Staff and management explained how they assisted consumers to maintain their important personal relationships and make their own choices. Care planning documents demonstrated the service supported consumers to make their own decisions and choices around their care and services, and relationships.

Consumers and representatives said consumers were supported to exercise choice, including taking risks, to live the life they chose. Staff and management described how consumers were supported to understand the benefits and possible harms when they made decisions about taking risks. Care planning documents and dignity of risk forms showed the service supported consumers to assess and mitigate risks they chose to take. The service had policies to guide staff in the assessment and management of risks.

Consumers and representatives confirmed the service communicated current, timely, and clear information to enable them to make informed choices. Staff explained how they provided clear and up to date information to consumers including through cue cards in different languages, notice boards, announcements, phone calls and emails. Information such as the activities calendar, newsletters, and meeting minutes were displayed around the service. Care planning documents reflected consumers preferred methods of communication.

Consumers described how staff always respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide care. Staff described ways they respected consumers’ privacy and dignity whilst providing care and kept their personal information confidential. The service had a written policies and procedures in place to guide staff in protecting consumers’ privacy and personal information. Staff were observed knocking before entering consumers’ rooms and using individual passwords to access confidential information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

Consumers and representatives confirmed they were involved in the assessment and planning of care which considered risks and informed safe and effective care. Staff explained the assessment and planning process including the risk assessment tools they used to inform the delivery of safe and effective care and services. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies.

Consumers and representatives confirmed the assessment and care planning identified consumers’ current needs and preferences, and their advance care and end of life plans. Management explained how assessment and planning captured consumers’ current needs, goals and preferences, and advance care and end of life plans, if they wished. The service had an advance care planning and end-of-life care policy and procedures to guide staff practice.

Consumers and representatives reported they actively involved in the assessment, planning, and review of the consumer’s care plan. Management and staff described how nominated representatives and other providers were involved in assessment and planning of care through regular phone calls, face to face meetings, case conferences and routine care plan evaluations. Care planning documents showed the input of consumers, representatives and a diverse range of allied health professionals.

Consumers and representatives said the service discussed the outcomes of assessments and planning and they were offered a copy of the consumer’s care plan. Staff said they document and communicate the assessment outcomes to consumers and representatives through phone calls, during visits, or through case conferences and routine care plan reviews. Care documentation showed consumers and representatives were regularly involved and they were offered a copy of the consumer’s care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Staff confirmed care plans were reviewed for monthly, and reviewed when circumstances changed, to ensure they were effective. Care planning documents confirmed they had been reviewed and updated regularly, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

Consumers and representatives confirmed consumers received safe and effective personal and clinical care, which was personalised to their needs and optimised their health and well-being. Clinical staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs, goals and preferences. Care planning documents reflected the consistent delivery of safe and effective personal and clinical care, tailored to the needs and preferences of each consumer and consistent with best practice. The service had a suite of policies and procedures to ensure best practice personal and clinical care was delivered to consumers.

Consumers and representatives said consumers received personal and clinical care in line with their needs and the risks their health. Management and staff explained how they monitored and managed high impact and high prevalence risks to consumers and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place. The service had written policies and procedures to guide staff in the identification and management of high prevalence and high impact risks including complex health care.

Consumers and representatives said they had discussed consumers’ needs, goals, and preferences, including their end-of-life care, and they expressed confidence in staff providing end of life care. Staff and management described the way they adjusted care delivery to maximise the comfort and preserve the dignity of consumers nearing the end of life. Care planning documents confirmed discussions around advance care and end of life care had documented the needs, goals, and preferences of consumers.

Consumers and representatives said consumers’ condition was monitored and staff recognised and responded to signs of deterioration in consumers’ condition in a timely manner. Staff and management explained effective processes in place for identifying and responding to changes or deterioration in consumers’ condition. Care planning documents showed clinical deterioration and changes in a consumer's condition were identified, documented, and responded to in a timely manner.

Consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between staff, and others involved in providing care and services. Management and staff described how information about consumers’ current needs and condition was comprehensively documented in the electronic care management system and shared effectively within the organisation, and with others involved in providing care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed effectively sharing information about consumers’ current condition, needs, and preferences at shift handover.

Consumers and representatives said consumers had timely access to appropriate other health professionals and they did not have to wait long for an appointment. Management and clinical staff described effective processes for referring consumers to other health professionals. Care plans confirmed the timely input of other health professionals.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures. Management and clinical staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a trained infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers and representatives were satisfied the services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Staff knew consumers’ needs, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents captured detailed information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in various activities during the Site Audit.

Consumers and representatives said the services and supports promoted consumers’ emotional, spiritual, and psychological well-being. Staff described the services and supports in place to promote consumers’ emotional, psychological, and spiritual well-being such as providing religious services, pastoral visits, and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual, and psychological well-being needs, and the strategies to support them.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service and maintain important relationships. Staff identified consumers’ lifestyle interests and described how they supported them to participate in the wider community and maintain their relationships. Care planning documents detailed how consumers could be supported to pursue their interests, participate in their community, and maintain important relationships.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Management and staff explained how they communicated current information about consumers’ changing condition and needs through the handover process and the electronic care management system. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers and representatives said the service provided prompt referrals to supports and services from external organisations and individuals. Staff explained the referral process and how the service had established links to other individuals and organisations to ensure consumers had access to a range of external services and supports. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living.

Consumers and representatives said the meals provided were of good quality and variety, and there was plenty of food provided at mealtimes, and in between meals. Consumers confirmed they were always provided with a choice of meals, and they had input into the menu through meetings and feedback processes. Staff knew consumers’ dietary needs and preferences and said they could provide food and drink to consumers at any time. The meal service was observed to calm and dignified, with consumers receiving appropriate assistance from staff, if required.

Consumers said the equipment provided was safe, clean, and suitable for use. Staff described how they kept equipment clean and reported any maintenance issues. The equipment appeared to be safe, clean, well maintained, and suitable to meet consumers’ needs.

# Standard 5

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

Findings

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

Consumers and representatives said the service environment was welcoming, easy to navigate and optimised consumers’ independence, interaction, and function. Consumers said having the opportunity to furnish their rooms and surroundings made it feel like home. Staff said they respected the service is consumers’ home and they enjoyed assisting them to maintain their personal rooms and possessions. The service had clear signage to aid navigation and consumers and visitors were observed utilising various indoor and outdoor areas around the service.

Consumers and representatives stated the service was safe, clean and well-maintained, and consumers could move around easily both indoors and outdoors. Staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The Assessment Team identified some areas not identified on the cleaning logs were not clean however, management took immediate action to address the issues and there were no adverse impacts to consumers identified. The service environment appeared safe, generally clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, well-maintained, and suitable for use. Management and staff explained how the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment were observed to be safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers and representatives said they were supported to provide feedback and make complaints through various ways including speaking to management or staff, feedback forms, meetings, surveys, phone, email and via web portal. Management and staff described how they supported consumers and representatives to raise any issues or make complaints about any aspects of their care and services. The organisation had documented policies, procedures, and staff training in managing feedback and complaints. Suggestion boxes and feedback forms were observed throughout the service.

Consumers and representatives were aware of other avenues for raising complaints and advocacy and language services. Management and staff were aware of external mechanisms for making complaints, and advocacy and language services, and said they ensured information about these services was always available. Brochures and posters for advocacy, interpreter, and other services was displayed around the service.

Consumers and representatives said the service took appropriate action to resolve complaints and practiced open disclosure. Management and staff demonstrated timely procedures for responding to complaints, and the use of open disclosure when things went wrong. The complaints and feedback register confirmed complaints were documented and acted upon promptly using open disclosure. The service had documented policies for complaints and open disclosure to guide staff in the resolution of complaints.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify improvement opportunities on the quality improvement plan. The quality improvement plan and the complaints and feedback register confirmed feedback and complaints were used to improve the quality of care and services.

# Standard 7

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

Findings

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

Consumers and representatives said there were enough staff in all areas of the service to meet their needs. Staff confirmed there were sufficient staff to meet consumers’ care needs, and they were offered extra shifts if there is a shortfall due to unplanned leave. Management detailed the rostering processes which ensured the number and mix of staff enabled the delivery of safe and quality care and services. Rostered confirmed there were sufficient staff, and the registered nurse and care minute requirements were met.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in supporting consumers’ identity, culture, and diversity.

Consumers and representatives said staff were competent and had the knowledge to perform their roles. Staff confirmed they had to demonstrate they had the knowledge and competence to perform their duties. Management described the organisational processes for ensuring all staff had the required competencies, qualifications, registrations, and security checks for their roles. Position descriptions specified the duties, requirements, knowledge, and qualifications for each role.

Consumers and representatives said staff were trained and equipped to deliver quality care and services in line with the Quality Standards. Staff said they had access to online and face-to-face training and could request additional training. Management described how the organisation recruited, trained, equipped, and supported staff to deliver safe and quality care and services. Training records showed staff were current with their mandatory training program.

Management described how the performance of the workforce was regularly monitored, assessed, and reviewed through competencies, feedback and performance appraisals. Staff confirmed performance appraisals were conducted and their competencies were regularly assessed. Management explained the mechanisms in place to address issues when staff performance was not in line with the service’s policies. The organisation had documented policies to guide the management of staff performance.

# Standard 8

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

Findings

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

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management described various ways they engaged with consumers and representatives such as meetings, surveys, audits, and feedback. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said consumers felt safe in the service and lived in an inclusive environment with access to quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on key aspects of the performance of the service and was accountable for the delivery of safe and quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board monitored key performance data and ensured the policies and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff could describe the policies and processes in place for identifying, documenting, managing, and reporting risks and incidents.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Consumers and representatives confirmed the service practiced open disclosure when things went wrong. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices, and open disclosure.

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)