Performance

Report

**1800 951 822**

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| Name of service: | St Vincent’s Care Services Eltham - Willandra Lodge |
| Service address: | 43 Diamond Street ELTHAM VIC 3095 |
| Commission ID: | 3304 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 12 September 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 Eltham - Willandra Lodge (**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 2 August 2023 to 4 August 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.
* Other information and intelligence held by the Commission in relation to this 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

Consumers and representatives said consumers were treated with dignity and respect and were valued. Staff were knowledgeable of consumers’ personal circumstances and life experiences and were observed treating consumers with respect. Care documentation reflected consumers’ cultural backgrounds, family relationships, personal and spiritual preferences.

Consumers said they felt safe at the service and their cultural and religious practices were supported. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including using translation tools. Care documentation reflected consumers’ cultural needs and preferences.

Consumers and representatives said they were supported to make choices regarding consumers’ care and services, including those involved. Staff described supporting consumers to maintain relationships through regular family visits and supporting representatives. Care documentation reflected consumers’ individual choices regarding care and relationships they wished to maintain.

Consumers said they were supported to take risks to enable them to live their best lives. Staff were knowledgeable of consumers wishing to take risks and ensured consumers understood associated benefits and potential harms. Care documentation evidenced risk assessments and dignity of risk agreements signed by staff and consumers.

Consumers and representatives said they received timely information which they could understand, including for meals and activities. Staff described informing consumers through phone, email or during meetings and an activities calendar and menu were displayed in communal areas.

Consumers said their privacy was respected and staff confirmed keeping consumer information locked inside nurses’ stations or within the password protected electronic care management system. Staff were observed knocking on consumer’s doors prior to entry and closing doors before delivering care. Records confirmed staff participated in privacy training.

# 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 confirmed involvement in care assessment and planning. Management confirmed assessments were undertaken at entry, in consultation with consumers and allied health professionals where necessary, and care documentation evidenced risk assessments and mitigation strategies in accordance with service policy.

Consumers and representatives confirmed care planning included consumers’ needs and preferences, including end of life wishes. Management said end of life wishes were discussed upon entry and following significant changes to consumers’ conditions. Care documentation evidenced consumers’ needs, goals and preferences, including end of life wishes.

Consumers and representatives confirmed their ongoing participation in assessment and planning of care and services. Staff described working in partnership with consumers and representatives and care documentation evidenced integrated and coordinated assessment, planning and review involving various allied health professionals. Staff were guided by policies and procedures to assess, plan and review consumers’ care and services.

Consumers and representatives confirmed staff regularly discussed their care and services and offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation evidenced changes, updates, and staff communication with consumers and representatives.

Consumers and representatives said care and services were regularly reviewed for effectiveness or when circumstances changed, and they were involved in review processes. Staff confirmed care plans were reviewed during ‘consumer of the day’ events, every 3 months, or in response to changes or incidents. Documentation evidenced appropriate reviews of care in response to changing consumer needs.

# 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 provided positive feedback regarding safe and tailored personal and clinical care. Staff were knowledgeable of consumers’ individual needs, including for pain management, restrictive practices and skin integrity. Care documentation evidenced consumers were receiving safe, effective, and tailored care developed in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of consumers susceptible to risks and referred to care documentation to confirm associated prevention measures. Care plans reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies, including for consumers with dementia residing in the memory support unit.

Consumers and representatives confirmed consumers’ needs, goals and preferences, including end of life wishes were discussed. Staff were knowledgeable of end of life care interventions and the service engaged an external palliative care team to provide specialist support. Care documentation for a recently passed consumer confirmed their comfort and dignity was maintained by the service, and staff were guided by policies and procedures outlining best practice.

Staff were knowledgeable of indicators to identify consumer deterioration and appropriate clinical and environmental responses. Care documentation evidenced prompt identification of, and response to, changes in consumers’ condition, including involvement from allied health professionals. Policies and procedures guided staff to recognise and respond to consumer deterioration.

Consumers and representatives gave positive feedback regarding staff communicating information about consumers’ condition, needs and preferences. Staff were knowledgeable of consumers’ individual needs and preferences and were observed exchanging information during handover. Documentation evidenced further communication of consumer needs and preferences with allied health professionals.

Consumers and representatives confirmed having access to specialist services and being involved in the referral process. Staff were knowledgeable of referral pathways to a range of allied health professionals, including geriatricians and dieticians, which informed care and service delivery. Care documentation evidenced referrals to various specialists and subsequent input to care and services.

Consumers and representatives provided positive feedback regarding infection control practices. Staff participated in infection prevention training, were guided by Infection Prevention Leads from both co-located services, described practising hand hygiene and wearing masks. Visitors were screened for infection upon entry and observations confirmed supply of personal protective equipment.

# 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 said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described undertaking lifestyle assessments with consumers upon entry to identify individual preferences and inform activity planning. Consumers were observed participating in various activities, including singalongs and bingo.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers through one-to-one support, and by engaging a religious minister and pastoral care staff. Care documentation evidenced consumers’ emotional and spiritual needs and responsive support.

Consumers said they were supported to undertake activities within the service and community, including with consumers at the co-located service. Staff described support available to enable consumers’ participation, including links with religious representatives. Care documentation identified consumers’ ongoing involvement in the community, personal and social relationships.

Consumers said the service effectively shared information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, and preferred activities through handovers and information was displayed on noticeboards throughout the service. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers and representatives said consumers were promptly referred to other individuals and organisations who provided care and services. Staff described collaborating with other care and service providers to supplement activities and care documentation evidenced collaboration with religious and lifestyle support services.

Most consumers gave positive feedback regarding the variety, quality and quantity of meals. The menu offered multiple choices for each meal service and management outlined remedial actions taken in response to one consumer’s dissatisfaction with available meals. Staff were knowledgeable of consumers’ preferences, as evidenced in care documentation, and staff were observed assisting consumers during meal service, where required.

Consumers confirmed equipment was safe, suitable clean and well-maintained. Staff said, and observations confirmed, that shared equipment was regularly cleaned and maintained. Records evidenced timely completion of preventative and responsive cleaning and maintenance.

# 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 and representatives said the service was welcoming, easy to navigate and provided a sense of belonging. The service environment included personalised single rooms with ensuites, lounge areas and gardens. Staff were observed supporting consumers to mobilise within and outside of the service, where required.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside and out to the surrounds. Staff were knowledgeable of maintenance processes undertaken by staff or specialist contractors, and methods to lodge requests. Records confirmed up to date and ongoing cleaning undertaken throughout the service.

Consumers provided positive feedback regarding the safety, cleanliness and maintenance of furniture, fittings, and equipment. Staff were guided by a preventative maintenance schedule, performed daily inspections, and dining chairs, tables, lounges and outdoor furniture were observed to be safe, clean and well-maintained.

# Standard 6

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

Findings

Consumers and representatives were aware of processes to provide feedback or make a complaint. Management confirmed encouraging consumers to provide feedback or make a complaint through feedback forms, email, meetings or by speaking to staff. Observations confirmed the availability of feedback forms and displayed brochures and posters provided lodgement information for feedback and complaints.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Management and staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Information regarding advocacy and language services was displayed on posters and included in the consumer handbook.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions taken to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Records demonstrated complaints were recorded and actioned in accordance with service policy.

Consumers confirmed their feedback and complaints were used to improve care and services. Management discussed and reported improvements made in response to feedback at staff and consumer meetings, including dining experience and wayfinding infrastructure. Records evidenced complaints were recorded and review was underway to inform continuous improvement.

# 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 provided positive feedback regarding staffing numbers and their care needs being met. Management described rostering staff in response to consumers’ individual care needs and could access a casual staffing pool when required. Rosters reflected sufficient coverage by care and clinical staff, including by staff from the co-located service. Call bell response times were monitored to ensure attendance within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff demonstrated a detailed knowledge of consumers’ needs and preferences and were observed interacting with consumers in a respectful manner. Information regarding staff code of conduct was included on posters in staff rooms and in the staff handbook.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Staff confirmed they were supported by management to participate in training and management described recruitment processes confirming candidates’ professional registrations, security vetting and required immunisations. Records confirmed staff had appropriate qualifications and credentials for their roles.

Consumers and representatives said staff were well equipped and trained to perform their roles. Management confirmed staff participated in training for serious incidents, infection control, medication and catheter management, and dementia support. Systems were in place to ensure training participation and records evidenced a high proportion of staff had completed mandatory training across co-located services.

Management confirmed staff completed annual performance appraisals and their performance was also monitored through observation, incident response and consumer feedback. New staff underwent probationary reviews at 3 and 6 months, post commencement. Records evidenced staff were progressing through annual performance appraisals which were monitored by management across co-located services.

# 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 and representatives said they were involved in the development and delivery of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, and by providing input to improvement projects. The service’s plan for continuous improvement reflected consumer involvement in the development and delivery of care and services.

Management confirmed the governing body promoted a safe and inclusive culture through monitoring reporting systems and communicating updates to the co-located services. Management undertook internal audits, reviewed clinical data, and identified trends to inform care and services in consultation with the governing body. Records evidenced regular clinical analysis, review of feedback and complaints and governance mechanisms.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s national clinical governance team reviewed, updated and communicated changes to policies and procedures and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

The service used a systematic approach to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management and staff were knowledgeable of policies and practices to minimise risks associated with falls and restrictive practices. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff described non-pharmacological measures to address infection, alternatives to chemical restraints and participating in training regarding open disclosure. Staff were guided by the organisation’s clinical governance framework.

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)