Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| St Vincent’s Care Services Gympie | 1 September 2022 |
| Commission ID: | Activity type: |
| 5260 | Site audit |
| Approved provider: | Activity date: |
| St Vincent’s Care Services Ltd. | 27 July 2022 to 29 July 2022 |

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 Gympie (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | 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 felt valued and respected at the service and reported staff knew their background and what is important to them. Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances. Care planning documents included the specific cultural needs of consumers and observations on-site confirmed that the service endeavours to deliver culturally safe care and services. Consumers felt their culture, values and diversity is respected and staff could describe how the consumer’s culture influenced delivery of care and services.

A review of documents and observations evidenced consumers are supported make choices and maintain relationships. Consumer feedback and examples provided by staff evidence that the consumers are supported to take risks and live the best life they can.

Consumers confirmed they are provided with adequate information to assist them to make choices about their care. Staff described how information is communicated to consumers to enable them to make informed choices, including to those who have difficulty communicating.

Consumers felt that the service and staff respect their privacy, and that their personal information is kept confidential. Staff outlined the practical ways they respect the personal privacy of consumers.

# 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

Care plans detail how assessment and planning considers risks to consumers and informs the delivery of safe and effective care and services. Consumers and staff explained that assessment and planning processes examine health and well-being factors, including risk assessments which were undertaken on entry to the service and then on an ongoing basis.

Management and staff were able to describe consumer preferences regarding how personal and clinical care is delivered, and the approach used for advance care planning. Consumers and representatives confirmed they were engaged in discussing end of life care at the service.

Care plans evidence that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Consumers and representatives confirmed they are consulted in the creation of care plans and staff regularly engage with them.

Staff reported that any changes are discussed with the consumers and representatives and care plans updated accordingly. Consumers indicated that they are kept informed about reviews, changes, incidents, and what is being done about their care.

Staff and management confirmed that care plans are updated through the review process and when circumstances change with reviews occurring at least every three months. This was evidenced in care plans and supported by consumer feedback.

# 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 were satisfied that care is tailored to their needs and optimises their health and well-being. Care documents indicate that personal and clinical care is individualised, based on best practice and optimal for supporting positive health and well-being outcomes for consumers.

Staff described strategies that demonstrate that high impact risks such as falls and pain are appropriately managed, mitigated, and approaches are based on best practice processes. This was reflected in care plans and the Assessment Team observed practical applications that included low beds and fall mats in place, to manage high-impact risks associated with falls.

Care plans reveal that consumers have recorded an advance care directive or similar, which includes instructions by consumers for how they wish to be supported. Consumer representatives stated that staff keep them informed of changes in consumer’s condition and provide kind, caring and appropriate support.

Management advised that staff look for changes in behaviours, watch facial expressions for those consumers who have difficulty communicating, listen to how the consumer verbalises pain, and report any changes to recognise and respond to deterioration in condition. Care plans evidenced timely identification and appropriate response to change in consumer condition. Consumer feedback also supports this finding.

Consumers reported that staff actively share information related to the care and supports provided so they do not have to repeat themselves when staff changes. Management advised that when there are changes to consumer care, such as changes in daily care, or risk strategies and interventions, those changes are entered into the care plan as progress notes and available to all staff electronically.

Timely referrals and care provided by other health providers such as the dietitian was evidenced in care plans. Consumers confirmed that referrals to individuals, other organisations and providers of other care and services occur in an appropriate and timely manner. Staff and management were aware of timeframes that it takes for consumers to see health practitioners and apply this knowledge as part of the planning assessment procedures.

Management and staff could demonstrate an understanding of the need to minimise antibiotics, as well as take precautions to prevent and control infection. The service had processes in place to promote antimicrobial stewardship and to prevent and control infection.

**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 reported they are provided with relevant supports to promote their well-being, independence, and quality of life. Staff could explain what is important to individual consumers, what they like to do and advised they align activities according to consumers’ enthusiasm, feedback and care plans.

Consumers and representatives expressed satisfaction that their emotional, spiritual, and psychological well-being needs, goals and preferences are met and supported. Management and staff provided examples demonstrating consumer needs and preferences are considered when providing supports for daily living for health and well-being.

Consumers considered the service communicates consumer needs and preferences with those responsible for providing care including staff, doctors and other health professionals. Observations indicated that care plans are available on electronic care management system for all staff and external organisations where services and supports for daily living is shared, such as allied health professionals.

Care plans identify the involvement of other organisations and services in the provision of lifestyle services and supports. Consumers confirmed that appropriate referrals to individuals, other organisations and providers of other care and services occur. Staff described a variety of external organisations and volunteers that supplement the activities provided by the service.

Information about dietary needs and any allergies each consumer may have including the favourite foods for each consumer are listed in the care plan along with dislikes. Consumers were satisfied with the quality and quantity of the food provided at the service.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers advised that the equipment they utilise, is well-maintained, and any issues are promptly resolved.

# 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 expressed that they felt at home within the service. The Assessment Team observed the service environment is welcoming, and optimises each consumer’s sense of belonging, independence, interaction, and function.

Consumers reported that they find the service to be safe, clean, and well maintained. Staff were able to describe how consumers were supported to move freely around the service and the process for reporting maintenance needs.

Staff described maintenance processes and procedures, and how potential hazards are addressed. Logs reflected that regular cleaning and timely maintenance occurs including scheduled preventative maintenance. Consumers expressed satisfaction that furniture, fittings, and equipment provided are kept clean, well maintained and suitable for them.

**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 said they are encouraged to provide feedback and feel comfortable to raise concerns through feedback forms, monthly consumer meetings and speaking to staff directly.

Staff explained that consumers have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team inspected the feedback register and policy documents that demonstrated the service has a process of managing and responding to complaints and follows an open disclosure process. Consumers reported that their concerns are addressed when raised.

Management provided examples of the main areas of complaints and how complaints and feedback is managed and responded to. Documentation such as complaint register, and continuous improvement log evidenced that the service adequately records, manages, reviews, and uses feedback and complaints to make service improvements.

**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 felt there are enough staff at the service and reported that they don’t have to wait long for assistance when requested. A review of rosters, shift vacancies, and on-site observations confirmed the service has sufficient staff to deliver safe and quality care and services.

Consumers said that staff are kind, caring, and respectful, and that they know what is important to them. Staff were observed using respectful language when assisting consumers. Consumers felt that staff are well trained and competent and staff records indicate that staff have appropriate qualifications, knowledge, and experience to perform the duties of their roles.

Training records confirmed the workforce is recruited, trained, equipped and supported to deliver the outcomes required. Staff stated they have received training in restrictive practices, the Serious Incident Response Scheme and the incident management process and feel supported to raise any deficiencies with the management.

Staff described having annual performance reviews and regular informal discussions regarding their performance and competency. A review of staff records and observations made by the Assessment Team confirmed that regular assessment, monitoring and review of staff performance is undertaken.

**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

Management described various ways consumers are engaged in the development, delivery and evaluation of care and services, which aligned with consumer feedback. Consumers further reported feeling supported in that engagement.

The governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. Management stated the organisation’s governance structure includes direct communicating of information to the organisational management team from the site managers of each service.

The service has implemented effective governance systems relating to the improvement of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff advised these policies had been discussed with them and could provide examples of the relevance to their work.

The service demonstrated it had an effective clinical governance framework that outlined antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff demonstrated a shared understanding of the open disclosure principles and provided examples of strategies to minimise the risk of infections.

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-2)