Performance

Report

**1800 951 822**

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| Name of service: | St Vincent's Care Services Hawthorn |
| Service address: | 4 King Street HAWTHORN EAST VIC 3123 |
| Commission ID: | 3610 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 November 2022 to 16 November 2022 |
| Performance report date: | 21 December 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 Hawthorn (**the service**) has been prepared by S Byers, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The service was found non-compliant in Standard 2 in relation to Requirement 2(3)(d) following a site audit in February 2022 where it was unable to demonstrate:

* outcomes of assessment and planning were effectively communicated to consumers and representatives and outcomes were documented in a readily available care and services plan.

At the November 2022 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives said they are consulted and have input into the planning of their care and services and staff discuss planned care strategies with them when making any changes. Most consumers and representatives were aware of the consumer’s care plan and that it could be provided on request. Staff described a planned approach of review and described how outcomes of assessment and planning are discussed with consumers and their representative when any changes are made and upon review every month. Staff explained that care plans can be printed from the electronic information management system and made available to consumers and representatives upon request. Outcomes of assessment and planning were documented in the consumer’s care and services plan, which was readily accessible. Care plans and progress notes detailed ongoing and regular communication with consumers and representatives about care and services.

Based on the available evidence, I find Requirement 2(3)(d) is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(e) following a site audit in February 2022 where it was unable to demonstrate:

* information about the consumer’s condition, needs and preferences was documented and communicated effectively within the organisation and with others, particularly in regard to external services.

At the November 2022 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives provided positive feedback in relation to the sharing of information about their care and services. Care documents including progress notes, care plans, charting and referrals demonstrated appropriate sharing of information regarding consumer health status, needs and preferences, outcomes of assessment and review from external specialists to ensure safe delivery of care. Staff described the needs and preferences of individual consumers and how this information is communicated within the organisation and to others sharing the responsibility of consumer care. Management described the review of the handover process and education of staff to ensure both verbal and electronic handovers are well understood and carried out with each shift change. Staff described how they refer to handover sheets to ensure the delivery of personalised care.

Based on the available evidence, I am satisfied the service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. I find Requirement 3(3)(e) is Compliant.

The service demonstrated it has processes in place to manage high impact or high prevalence risks effectively. In relation to a named consumer, care documents evidenced ongoing medical review and assessment by a multi-disciplinary team that included a general practitioner and allied health professionals. Assessment and care planning documents detailed individualised risk minimisation strategies that aligned with the recommendations from allied health professionals. Management were aware of the identified risk and described strategies in place to manage and mitigate the risk.

Based on the available evidence, I am satisfied Requirement 3(3)(b) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)