Performance

Report

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| Name of service: | St Vincent's Care Services Heathcote |
| Service address: | 15 The Avenue HEATHCOTE NSW 2233 |
| Commission ID: | 2739 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 November 2022 to 25 November 2022 |
| Performance report date: | 22 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 Heathcote (**the service**) has been prepared by E Woodley, 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.
* the provider’s response to the assessment team’s report received 16 December 2022.
* the Performance Report dated 29 March 2021 following the Site Audit undertaken from 19 January 2021 to 21 January 2021.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. This includes the identification of personalised strategies to ensure personal care is effective, pain assessment and management, and identification and monitoring of consumer behaviours requiring support including mental health concerns.

# 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)(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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 2(3)(a), Requirement 2(3)(d), and Requirement 2(3)(e) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Staff education and training.
* Allocation of additional registered nurse resources to complete assessment and care planning in partnership with consumers and representatives, with improved monitoring and oversight by management.
* Resources for new staff and agency staff to effectively identify consumer’s care and service needs and preferences.
* New staff position to assist in the admission process for new consumers.
* Providing information to consumers and representatives about the care planning process, and partners in care arrangements.
* Implementation of clinical chart audits and the resident of the day process.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 2.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the service demonstrated assessment and planning considers risks to consumer’s health and well-being, and reviews care and services for effectiveness on a regular basis and when required, to inform safe and effective care and services. Consumer care planning documentation demonstrated regular review, and incident reports showed information was gathered to inform care and service review and for input into reassessment and care planning.

Consumers interviewed by the Assessment Team said the service gathered comprehensive information to assess and consider any risks to their health and felt the care and services provided were safe and effective. Most consumers and representatives interviewed said they feel consulted in their care and have a copy of their care plan. Documentation reviewed and staff interviewed indicated that consumer’s assessment outcomes are generally communicated in their care plans. Care plans are readily available in the electronic care planning system, and consumers and representatives are offered one through email.

While the Assessment Team identified gaps in the information included in consumer’s behaviour support plans, management advised all behaviour support plans are currently being updated to be congruent with new legislation and this is an ongoing continuous improvement activity.

I find the following Requirements are Compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

# 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. | Non-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)(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)(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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The service was previously found Non-compliant in Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(g) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Review of current practices in relation to restrictive practices, skin integrity, and pain management to ensure alignment with best practice guidance.
* Staff education and training.
* Improved processes for the management of falls, including identification of high risk consumers, early intervention, and timely review post-fall.
* Improved processes for the assessment and management of behaviours requiring support, and timely identification and response to deterioration in consumers.
* Monitoring of staff infection prevention and control competency completion.
* Clinical high risk review meetings to identify and assist in the management of consumers with high impact and high prevalence risks.

The Assessment Team found this has been effective in addressing the non-compliance in Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(g).

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, the service demonstrated they had identified the high impact and high prevalence risks for consumers, and these are effectively recorded and managed through regular clinical data monitoring, trending, and implementing suitable risk mitigation strategies for individual consumers. The service demonstrated monitoring and trending of fall incidents, and implemented extra preventive strategies such as the use of hip protectors and sensor mats to alert staff and prevent further falls. Other high impact clinical risks for consumers were identified, with strategies implemented to manage the associated risks.

Overall, the Assessment Team found the service demonstrated deterioration or change in a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. For the consumers sampled, their care planning documentation reflected the identification of and response to deterioration or changes in their health condition. Registered nurses interviewed described how they review consumers in the event of of deterioration and provide required care such as checking their neurological observations, attending head to toe assessment, attending a delirium screen and referring to the medical officer or hospital if required.

The Assessment Team found the service has infection control policies and procedures in place which guides staff on appropriate standard and transmission-based precautions to prevent and control infection. Staff interviewed were able to describe infection prevention measures such as hand hygiene, correct use of personal protective equipment (PPE) and PPE donning and doffing. Staff were observed using these infection prevention measures during the Assessment Contact. The service demonstrated for consumers sampled, where signs and symptoms of infection were identified through a change in the consumer's condition, an antimicrobial stewardship pathway was followed.

I find the following Requirements are Compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(d)
* Requirement 3(3)(g)

However, at the Assessment Contact conducted 24 November 2022 to 25 November 2022, the Assessment Team found the service did not demonstrate that each consumer receives safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. For three consumers, the Assessment Team identified gaps in the assessment, monitoring and management of their wounds.

The approved provider’s response includes additional information about the wound monitoring and management for these consumers that demonstrates, overall, their wounds were monitored and managed in line with the service’s expectations, with the wounds generally healing.

However, three consumer representatives interviewed identified issues regarding the personal and/or clinical care provided to their consumers. One consumer’s representative identified issues regarding the personal and clinical care provided to their consumer following a fracture. This included personal hygiene care, and pain management interventions were delayed or not effective. Care documentation for this consumer identified no pain assessment or monitoring following this fracture.

The approved provider’s response includes additional information regarding this consumer’s involvement in their care and service planning and delivery, and regarding their personal care. However, evidence was not provided to dispute the issues identified regarding pain assessment and monitoring.

One representative expressed dissatisfaction with the clinical care and mobility support provided to their consumer. This included use of a mobility aid that causes the consumer pain and discomfort, staff not following up on the representative’s request to transfer the consumer to hospital, the consumer not being showered for several days, and poor continence care. While care documentation for this consumer identifies that at times they refuse personal care, there was no evidence of strategies identified to manage this. Another representative identified issues regarding their consumer’s deteriorating mental health and mobility, and personal care. While care documentation for this consumer identifies that at times they refuse personal care, there was no evidence of strategies identified to manage this, including personal care preferences identified by the representative. Some behaviours requiring support being experienced by the consumer are not identified in care planning documentation, and there are not strategies identified to support these.

The approved provider’s response and the Assessment Contact report includes information on the challenging behaviours for these consumers. The approved provider’s response includes some additional information regarding the personal care offered and provided to these consumers, and assessment of one of the consumer’s mobility.

The Assessment Team found for a consumer who experiences behaviours requiring support, while these behaviours were identified in care planning documents, interventions to identify, prevent and manage the risks were not identified. Documentation reviewed and staff interviewed indicated inconsistencies in this consumer’s behaviour monitoring.

The approved provider’s response demonstrates some interventions were identified to manage this consumer’s behaviour. However, these are not comprehensive to provide guidance to staff in identifying, preventing, monitoring and managing this behaviour and associated risks. No evidence was provided regarding the monitoring of this consumer’s behaviours.

The Assessment Team identified gaps in the service’s management of environmental restrictive practices including discussion of the side effects or risks associated with the restrictive practice with the consumer or representative, and one consumer inadvertently being restrained by a locked door with a negative impact to their well-being.

The approved provider’s response identifies that the consent forms and the locked door were rectified during the Assessment Contact, with action taken to prevent these issues in the future.

Overall, I am satisfied that the monitoring and management of consumer’s wounds are effective and optimising their health and well-being, and the service has actioned improvements to rectify gaps in environmental restrictive practice identified in the Assessment Contact report. The approved provider’s response includes some clarifying evidence about the involvement of the representatives in their consumer’s care for those named in the Assessment Contact report. While I accept these representatives have varying levels of involvement in their consumer’s care planning, there was consistent issues identified regarding the care provided to their consumers, particularly personal care delivery and strategies to ensure this is effective. Additionally, issues were identified regarding pain assessment and management, and identification and monitoring of consumer behaviours requiring support including mental health concerns.

I find the following Requirement is Non-compliant:

* Requirement 3(3)(a)

# 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)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 4(3)(a) and Requirement 4(3)(e) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* The use of feedback from consumers and their representatives to inform the ongoing development and adjustment of lifestyle plans.
* Completion of lifestyle assessments for consumers.
* Engaging volunteers to support the lifestyle opportunities for consumers.
* Regular evaluation of the lifestyle program.
* Additional allocation of resources to the lifestyle team.
* Monitoring and oversight of the lifestyle assessment and planning for consumers.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 4.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, consumers and representatives interviewed by the Assessment Team said they were very satisfied with the leisure and lifestyle program provided at the service. Staff interviewed could describe the needs, goals and preferences of consumers that optimise their independence, health, well-being and quality of life. Review of documentation demonstrated leisure and lifestyle assessments and care plans are completed for consumers and these are reviewed regularly. Throughout the Assessment Contact, the Assessment Team observed consumers engaged in a variety of activities and services of interest to consumers.

The service demonstrated referrals to providers of care and services where appropriate to support consumer’s daily living. For example, behaviour support organisations, pastoral care, volunteers, community organisations, and exercise groups.

I find the following Requirements are Compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(e)

# 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the three specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 5(3)(a) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Implementation of personalised signage for consumers rooms, and wayfinding signage has been erected throughout the buildings.
* Review of the service environment to identify impediments to free movement so consumers are able to move around the service freely.
* Doors were unlocked and access to safe garden areas is now available at all times.
* Implementation of electronic monitoring pendants to facilitate the easy and respectful monitoring of consumers at risk of wandering.
* Upgraded lighting has been installed.
* Renovations have been completed in certain floors of the service with new flooring, curtains, air conditioning, ensuites, furniture, and dining and kitchenette areas.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 5.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, the service was observed by the Assessment Team to be very welcoming and comfortable, with a home-like environment that was very calm throughout. Consumers were moving freely, mobilising with mobility support equipment independently throughout the building and outdoors in garden areas. Positive feedback was received from representatives about the service environment and the renovations.

I find the following Requirement is Compliant:

* Requirement 5(3)(a)

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the four specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 6(3)(d) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Additional suggestion boxes have been placed throughout the service and feedback mechanisms are promoted to consumers and representatives.
* The outcome of feedback and improvements made are reported in the newsletter and staff rooms, and discussed at staff and consumer meetings.
* Ongoing consumer experience surveys and audits with feedback incorporated into the continuous improvement systems and reporting.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 6.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, the service demonstrated complaints and feedback is used to improve the care and services provided to consumers. The Assessment Team found all comments and complaints are logged in the continuous improvement register with details of the actions taken to address the feedback. The service demonstrated several improvements made to the service as a result of consumer feedback. For example, changes to the music played in the service, implementation of recycling services, and implementation of food focus groups and hospitality services to improve the dining experience for consumers.

I find the following Requirement is Compliant:

* Requirement 6(3)(d)

# 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)(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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 7(3)(a), Requirement 7(3)(d), and Requirement 7(3)(e) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Monitoring of call bell response times, with extended wait times investigated by management.
* Ongoing recruitment of additional staff.
* New staff positions, including a staff member to coordinate staff and volunteer recruitment and orientation, a registered nurse educator, and a clinical mentor and educator.
* Initiatives to reduce unplanned absenteeism and agency staff usage, and improve staff retention.
* Review of staffing allocations with consideration to consumer occupancy.
* Completion of a training needs analysis, and completion of identified training.
* Implementation of a new model of care to provide consumers a more holistic approach to care and services.
* Implementation of a new staff development process which includes rating of staff performance, significant achievements, development plan and suggestions.
* Increased organisational oversight of the staff performance review process.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 7.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, most consumers and representatives interviewed by the Assessment Team considered that there is sufficient staffing at the service to provide quality care and services. Consumers and representatives stated they did not have to wait long for staff to answer their call bells. Management demonstrated plans to replace staff when required, and rosters are reviewed on an ongoing basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Most consumers and representatives interviewed did not identify areas where they thought staff needed more training and expressed their satisfaction in the way care and services were delivered by staff at the service. The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Staff complete training on a regular basis and the training program is well attended with 100% compliance in mandatory training. The organisation has processes to ensure training is well attended and staff complete mandatory training within an appropriate timeframe.

The organisation's performance management framework is implemented at the service to ensure regular monitoring and review of the workforce. Staff have performance development reviews with management annually, or when required to identify weaknesses, strengths, education and training requirements and implement action in response. Management set out a schedule for the year and track completion.

I find the following Requirements are Compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific requirements have been assessed and found Compliant.

The service was previously found Non-compliant in Requirement 8(3)(c) and Requirement 8(3)(d) following a Site Audit conducted 19 January 2021 to 21 January 2021. At the Assessment Contact conducted 24 November 2022 to 25 November 2022 the Assessment Team found the service has implemented actions in response to the non-compliance identified including:

* Implementation of new information management systems to streamline documentation and improve access and clarity of information.
* Workforce governance improvements (see Standard 7 for further details).
* Staff education and training.
* Introduction of organisational quality meetings to enable sharing of information.
* Development of monthly clinical indicator reports and clinical high risk review meetings to analyse data, review incidents, and discuss corrective action.

The Assessment Team found this has been effective in addressing the non-compliance in Standard 8.

At the Assessment Contact conducted 24 November 2022 to 25 November 2022, the Assessment Team found the organisation has various systems to document information effectively, and enable review and action as required. This includes systems to manage information regarding consumer care and service delivery, organisational policies and procedures, incidents, complaints, and maintenance and hazard reporting. All staff have access to these systems and observed to be competent in using and navigating these systems. The service's continuous improvement plan demonstrated the service identifies and actions areas for improvement on an ongoing basis, and areas for improvement are identified from a variety of sources. Changes to aged care regulation and legislation is effectively monitored by service management and by the organisation. Policies and procedures are updated as required and sent to management to disseminate to consumers and staff through email, letters, noticeboards and staff and consumer meetings. The service demonstrated effective systems for financial governance, workforce governance, and feedback and complaints are implemented.

The service has effectively implemented the organisation's risk management systems and practices. The organisation has oversight of the risk management at the service through monthly quality monitoring reports. These reports include information on high impact and high prevalence risks such as falls, behavioural incidents, restrictive practices, pressure injuries, and incident reports. These risks are monitored with issues identified and action taken in response, such as education provided. Review of documentation demonstrated risks and incidents are identified through various avenues by the service, and actioned appropriately including reporting via approved channels and used to inform continuous improvement.

I find the following Requirements are Compliant:

* Requirement 8(3)(c)
* Requirement 8(3)(d)

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)