Performance

Report

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| Name: | St Vincent's Care Services Kangaroo Point - Marycrest |
| Commission ID: | 5078 |
| Address: | 411 Main Street, KANGAROO POINT, Queensland, 4169 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 7 December 2023 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd.  Service: 3435 St Vincent's Care Services Kangaroo Point - Marycrest |

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 Kangaroo Point - Marycrest (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives described staff as caring, affectionate, respectful, and familiar with consumer backgrounds and personal stories. Staff explained how they ensured they treated consumers with respect, in line with provided training and policies. Care planning documentation included information to support consumers maintain their identity and meet cultural needs.

Consumers said they could share their cultural identity and preferences with staff. Staff explained how care and services were tailored to the consumer to ensure provision of culturally safe care, and this was recorded in care planning documentation.

Staff said they regularly consulted with consumers to confirm choices, and decisions were captured through assessment and care planning processes and reviewed regularly. Consumers gave examples of how they were supported to maintain relationships to people of importance, welcoming visitors. Care planning documentation reflected consumer decisions and people of importance in line with consumer and staff feedback.

Consumers and staff described how consumers were supported to safely participate in activities involving risk. Care planning documentation included risk assessments, summarising discussion of risks with consumers and mitigating strategies, in line with policies and procedures.

Consumers explained they received sufficient information about meals, activities and events, and staff communicated clearly and checked to ensure understanding. Staff detailed how they shared information verbally with some also provided in printed form, such as activities calendars, menu information, consumer meeting minutes, and feedback and complaint processes. Staff were observed explaining choices to consumers and inviting participation in activities.

Staff were observed respecting consumer privacy, and ensuring personal information was secured. Consumers and representatives said staff respect consumer privacy, knocking and seeking permission before entering rooms. Staff said they do not discuss or provide care in communal areas, with handovers held in enclosed areas and ensure information is kept confidential.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives were aware of identified risks associated with consumer care and developed management strategies. Staff could explain assessment and planning processes, and how they were used to develop care and services plans that ensured delivery of safe and effective care. Care planning documentation captured outcomes of assessment and planning and demonstrated how these were used to identify risk and develop tailored care strategies.

Staff could describe needs and preferences of consumers in line with consumer feedback and care planning documentation. Consumers and representatives said staff take time to understand needs and preferences. Management and clinical staff explained they approach the topic of advance care directives and end-of-life care within initial assessment processes, and review regularly and with change of health. Care planning documentation was individualised to consumer needs and included known end-of-life care wishes.

Consumers and representatives explained consultation processes with the service and external providers to make decisions on care. Staff explained practices to communicate changing consumer needs with consumers and representatives and seek consent for involvement of other health care providers. Care planning documentation demonstrated input from consumers and/or representatives, and other involved health professionals, such as allied health staff and medical officers.

Consumers and representatives said the service communicates outcomes of assessments, and they are always offered a copy of the care and services plan. Care planning documentation outlined the outcomes of assessments and included evidence of consultation with consumers and representatives. Management explained a step-by-step discussion occurs with consumers and representatives to explain assessment and planning outcomes, and the system has an alert system to inform staff of changes.

Clinical staff explained how consumer care and services is regularly reviewed and evaluated, and incidents or reported changes would also trigger review. Monitoring processes were used to identify changes, such as scheduled consumer of the day reviews, and prompt evaluation of care and services. Consumers and representatives confirmed care and services were regularly reviewed.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers receive safe and effective care. Staff could explain care needs, preferences, and strategies for individual consumers in line with care planning documentation. Documentation relating to sampled areas of wound assessment and management, pain management, management of changed behaviours, and use of restrictive practices, demonstrated application of best practice care principles in line with the service’s policies and procedures.

Staff and management were able to describe risks and management strategies for individual consumers. Care planning documentation outlined risks and associated care delivery requirements for safe and effective care.

Staff explained how they provided care for consumers nearing end-of-life preserved dignity and focused on comfort and minimising symptoms. Management explained how the palliative care program focused on end-of-life care, symptom management, communication, and spiritual, emotional, and pastoral needs. End-of-life care plans were commenced in accordance with consumer needs, including processes to guide staff in monitoring and delivery of palliative care, and management explained palliative care specialists were engaged if required.

Care planning documentation demonstrated how the service recognised, assessed, monitored, and managed deterioration of consumer condition, including involvement of other care providers. Staff described escalation processes followed when identifying change in consumer health or following incident. Representatives expressed satisfaction with how the service had identified, managed, and communicated deterioration in consumer condition.

Consumers and representatives said staff effectively communicate consumer care needs and preferences. Staff described how information is shared verbally, such as through handover processes, and in writing through care planning documentation, alerts, and progress notes. Care file reviews demonstrated communication with others involved in consumer care, such as the medical officer.

Consumers and representatives said referrals to other providers, such as allied health staff or specialist consultants, was appropriate and they were engaged in a timely manner. Staff and visiting providers explained various referral processes and staff had access to a flowchart procedure with prompts and guidance on when to refer. Care planning documentation evidenced timely appropriate to relevant services.

Staff said they receive training relating to infection prevention and control measures and could explain principles of antimicrobial stewardship. Care planning documentation outlined how consumer infections were managed, ensuring use of appropriate antimicrobial medication and measures to prevent spread of contagion to other consumers. The service has an infection prevention and control lead to ensure the service is prepared for outbreaks, and management explained the outbreak management plan to guide staff actions was continuously reviewed to ensure in line with current guidelines

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how consumer needs, goals, and preferences were captured within assessment processes and considered in the delivery of safe and effective services and supports. Care planning documentation detailed individualised services and supports schedules that align with consumers’ needs, goals, and preferences to aid in maintaining independence.

Consumers and representatives described how the service supports their emotional and spiritual needs, with one representative detailing how activities were tailored to engage and involve consumers and increase well-being. Staff explained how they spent time with consumers who were low or needed someone to talk to. Pastoral care visits were available from different denominations and several church services were offered each week and live streamed to rooms of consumers unable to attend. Care planning documentation included strategies and supports to ensure consumers’ spiritual and psychological well-being.

Consumers explained how they were supported to do things of interest, within the service and in the community, and develop relationships. Care planning documentation captured activities of interest for consumers, and people of importance. Staff explained processes to support one-to-one visits for consumers with volunteers who share interests, and how they have developed an intergenerational program with students from the local preschool and high school. Consumers were observed interacting with others during scheduled activities and social lunches.

Consumers and representatives said staff effectively share information about them and understand their needs and preferences. Staff from various areas, such as lifestyle and kitchen staff, explained how they receive updates on consumers through handover processes, meetings, care and services plans, and alerts within the electronic care management system.

Staff explained how they refer and link consumers to volunteers and community supports, such as pastoral care. Consumers said referrals were appropriate and timely, explaining how volunteers were available to share interests with. The service has policies and procedures to support the consumer referral process.

Consumers and representatives said they enjoyed the prepared meals, and were happy with the variety, quality, and quantity of food. The rotating menu has been developed using consumer input and feedback, and additional options are available to cater for consumer tastes. Staff said consumers can be provided additional snacks and drinks, and training is provided on meeting dietary needs and preferences.

Consumers described provided equipment as safe, clean, and suitable for their needs, and they can report concerns to staff. Staff follow a cleaning schedule, and explained how assessment processes ensure the equipment is appropriate for consumer use. Maintenance checks are undertaken of personal and shared equipment and repairs prioritised.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service was welcoming and could describe how they felt at home within the environment. Staff said consumers were encouraged to decorate and personalise their rooms, and management explained how consumers were consulted for improvements to the service environment. The service environment included indoor and outdoor communal areas, observed to be well utilised by consumers.

Consumers and representatives said, and observations confirmed, the service is safe, clean, and well-maintained. Automated doors supported consumer to independently move through the front entrance, and internal doors were unlocked allowing free access to internal courtyards. Maintenance processes included monitoring through preventative schedules and audits and lodgement of requests through the electronic care management system for timely action. Management explained ongoing actions to optimise safety within the environment to meet consumer well-being.

Staff confirmed sufficiency of equipment to provide safe and timely consumer care, and cleaning processes, including for fixtures and furniture. Management explained processes to identify and source appropriate equipment for consumers. Furniture, fittings, and equipment was observed to be in good condition, and cleaning processes were being undertaken.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were encouraged and supported to provide feedback or make complaints. Staff and management explained processes in place to raise feedback and complaints, such as written forms or emails, verbal conversations with staff and management, surveys, and within consumer meetings. Feedback forms were displayed throughout the service, along with suggestion boxes, and consumer meeting minutes captured feedback, compliments, and complaints.

Literature about advocacy services and complaint options was provided within the Resident handbook and displayed in the service reception area, and consumers said they were aware of relevant available supports. Staff and management were aware of how to contact advocacy services and interpreters.

Consumers and representatives said staff and management addressed complaints and resolved concerns in a timely manner. Staff and management could explain how they respond to complaints using an open disclosure process, including acknowledging the issue and apologising, investigating the matter, taking actions, evaluating effectiveness, and informing the complainant of the outcome. The complaints register demonstrated timely action with use of open disclosure steps, in line with policies and procedures.

Consumers, representatives, and staff described how feedback was used to improve quality of care and services. Feedback and complaints were collected through the complaints register, meeting minutes, and quality monitoring tool, with management showing how they identified trends to inform improvement activities.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there were enough staff available, and consumers did not have to wait to receive care and services. Staff considered workforce levels were appropriate and they had enough time to complete their work duties. Management described the workforce planning and management strategies in place to deliver safe, quality care and services. For example, management outlined the strategies in place to recruit and retain staff, including Registered nurses to meet recent changes to regulatory care minutes. The roster evidenced all shifts were filled with a range of staff available to meet consumers care needs.

Management and staff demonstrated they were familiar with consumers’ needs and preferences and described how they interacted with consumers in a kind, caring, and respectful way. Policies, procedures, and training were in place to guide staff interactions with consumers, in a manner respectful towards each consumer’s identity, culture, and diversity.

Management said staff qualifications and competency checks were completed during recruitment, orientation, and annual training processes. Human resource documentation evidenced staff held the appropriate qualifications, knowledge, and checks required for their role, consistent with their respective position description.

Management described the workforce recruitment strategies in place, such as recruiting staff to meet legislative changes in care minutes. In addition, management advised the Aged Care Banning Orders register was checked to assist with appropriate recruitment. Management described how staff were provided ongoing support to deliver the outcomes required by these standards, such as training, and pairing new staff to work with an experienced staff member. Documentation demonstrated training was up to date, and covered topics relevant to these standards.

Management and staff said staff performance was assessed and reviewed within 6 months of commencement, and on an annual basis thereafter. Additionally, if issues with staff performance were identified, management described how they provided feedback, additional supports, and solutions to resolve concerns as evidenced in documentation. Management explained how they monitored staff performance on an ongoing basis through other mechanisms, such as staff supervision and feedback from consumers and representatives. Documentation demonstrated performance reviews were up to date.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff described how consumers were engaged and supported to provide input into the development, delivery, and evaluation of care and services, for example, through meetings, feedback forms, and surveys. Consumers said, and documentation demonstrated consumers were engaged and supported in organisational matters, with consumers involved in recruitment processes, meetings, and feedback processes. The service was still seeking expressions of interest for participation in a consumer advisory body.

Management outlined the various ways the governing body maintained oversight and accountability for the delivery of safe, inclusive, quality care and services. For example, the organisational structure established key areas of responsibilities and communication pathways to share information with and from the Board. Management advised reports were provided to the Board to review and maintain oversight of matters relevant to the performance of service, such as clinical indicators and incidents, and described how changes and improvements to care and services were driven by the Board. Documentation aligned with management feedback, such as meeting minutes and reports.

Organisation wide governance systems were effectively supported by policies, procedures, training, audits, and reports, relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, continuous improvement was supported by surveys, audits, incident reports, and feedback information, which was analysed and used to inform improvements, and documented in the service’s plan.

Management described how risks were identified, reported, escalated, and reviewed by management at the service delivery level, and at the organisation level by subcommittees and the Board. Policies, procedures, and risk management systems were in place to support high-impact, high-prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff described how they would identify, manage, report, and analyse incidents to drive changes and manage individual risks for consumers.

The clinical governance framework was supported by policies, procedures, training, audits, and reporting requirements to guide and maintain oversight of clinical care relating but not limited to antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure. Staff demonstrated knowledge of antimicrobial stewardship, minimising the use of restraint, and open disclosure and described how they would apply these in clinical settings.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)