Performance

Report

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| Name of service: | St Vincent’s Care Services Kew |
| Service address: | 104 Studley Park Road KEW VIC 3101 |
| Commission ID: | 4004 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 8 May 2023 to 10 May 2023 |
| Performance report date: | 13 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for St Vincent’s Care Services Kew (**the service**) has been prepared by G. Hope-Simpson, 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. 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 | |  |
| 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

Most consumers and representatives said staff treat them with respect, they were valued as individuals, and their cultural backgrounds recognised. One consumer however, said their privacy preferences were not consistently respected by staff during their times of prayer, but that overall, they felt staff respect their cultural background. Staff identified culturally and linguistically diverse (CALD) consumers and spoke about consumers in a respectful manner, demonstrating they were familiar with consumers’ backgrounds and preferences.

Information regarding consumers’ cultural and spiritual needs were captured in care planning documents. Staff generally delivered care and services in ways that considered consumers’ cultural preferences and needs. The service celebrated various cultural days of significant and staff were supported with policies on consumer respect, choice, diversity and religious expression. While one consumer did express that staff at times interrupted their prayers, management gave an undertaking to address this with the consumer.

Consumers and representatives said they were supported to exercise choice and independence and maintain relationships. Care planning documents identified consumers’ individual choices around how and when care was delivered, who was involved in their care, and how the service supported them to maintain relationships important to them. Management said in recognition of the high level of family involvement at the service, a private dining room was available for consumers’ and their families to use on occasions.

Consumers were supported to take risks which enabled them to live their best lives. Staff were aware of consumers who wished to partake in risk activities, including consumers whose choice it was not to eat their clinically recommended food textures. Care planning documents included dignity of risk forms and assessments to support consumers to continue risk taking activities.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described ways in which information was provided to consumers and their representatives, including in-person communication, telephone calls and email.

The service demonstrated that privacy is mostly respected by staff. All but one consumer said they felt the service was considerate of their privacy and did not express any concerns about confidentiality of their personal information. Staff described the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed the nurses’ stations to be locked and staff knocking on consumers’ doors before entering. Staff received privacy training and computers were password protected.

# 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

The service demonstrated effective assessment and planning processes. Assessments were completed on entry to the service that identified consumers’ goals, needs and preferences, to inform staff of how to plan and deliver care. Care planning documentation evidenced effective assessment and planning to identify and mitigate individual risks to each consumer, including in relation to diabetes management, and falls, for example.

Care planning documents were individualised and included identified risks to consumers’ health and well-being. Advance care and end of life planning was included where the consumer wished and the service had relevant policies and procedures in place to support assessment and planning. Care planning documents reflected reviews occurred 3 monthly, or more frequently as consumers’ condition or needs changed.

Assessment and planning was completed with consumers, representatives and other providers as relevant. Consumers and representatives could obtain a copy of care plans. Staff described how the outcomes of care planning were communicated, and how recommendations or directives from other providers were incorporated.

# 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

Consumers said they received tailored, and safe care that optimised their health and well-being. Staff were guided by policies and procedures to deliver personal and clinical care that was best practice. Sampled consumer files including assessments, care plans, progress notes, medication charts and other care charts reflected individualised care that was safe, effective and tailored to specific consumer needs and preferences. Although restrictive practices were managed in line with legislative requirements and better practice, the Assessment Team found 2 care staff members did not have shared understanding of restrictive practices. No consumer impact was identified as a result and management undertook immediate corrective action by implementing a toolbox training session on restrictive practices for the staff. Review of restrictive practice documentation showed the service fulfilled all requirements for the use of restrictive practices. Furthermore, all consumers and representatives advised the service had discussed restrictive practices with them, and all had consented to its use. Personal care, skin care and pain management were also effectively delivered.

Care planning documents identified high impact and high prevalence risks were effectively managed, and staff implemented relevant strategies to minimise risks. Consumers and representatives said they were satisfied with the management of risks, and representatives were informed of circumstances such as falls.

Care planning documents of consumers who had received end of life care reflected appropriate pain management, monitoring and comfort care throughout their palliation periods, and consumers had care provided in line with their advanced care directives. The service’s policies supported staff in providing best practice care towards a consumer’s end of life pathway.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff provided examples of recognising and responding to deterioration or changes, such as changes to mobility, appetite, mood and drowsiness. Representatives of consumers who had experienced deterioration said they were satisfied the service identified the deterioration and responded in a timely manner.

Consumers and representatives were satisfied that information about, consumers’ needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care planning documents, progress notes and an observed handover provided adequate information to support effective sharing of consumers’ care.

Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner and in consultation with them.

Consumers and representatives were happy with the precautions in place to manage infectious outbreaks including COVID-19, and said staff were constantly keeping the service clean by wiping down surfaces with disinfectant, wearing personal protective equipment (PPE) and regularly performing hand hygiene. The service’s Infection Prevention Control Lead (IPC) supported the service and staff with infection prevention control practices, alongside the service’s outbreak management plans for COVID-19 and gastroenteritis.

# 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

Consumers said they feel supported to participate in activities they like and were provided with appropriate supports to optimise their independence and quality of life. Management described services on offer to consumers, such as arts classes and access to a personal trainer to maintain fitness and prevent falls. Staff were aware of what consumers like to do and this aligned with the information in consumers’ care plans.

Most consumers said the service supported them to maintain their spirituality. Although one consumer felt their privacy was not respected during religious observations (as previously outlined) the consumer stated staff respected their background and they were happy. On balance the Assessment Team found this Requirement compliant. Staff described additional support provided for consumers experiencing a change in mood and how they support consumers to maintain contact with family and friends. Sampled care plans outlined consumer emotional and spiritual preferences and requirements. A wide of variety of recreational activities were made available to consumers, so support their engagement and well-being.

Consumers said they were supported to participate within and outside the service environment, stay connected with people important to them and do things of interest. Care planning documents showed consumers are involved in the community, pursue their interests and maintain personal and social relationships.

Consumers and representatives said information about consumers’ condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed volunteers assisted with connecting consumers to their community, such as local school children who spend one-on-one time with consumers.

Most consumers and representatives expressed satisfaction with the variety, quality and quantity of meals provided by the service. Although one consumer expressed dissatisfaction with the quality of meat being served, they had received a positive response from kitchen staff regarding their feedback. The menu was designed in partnership with consumers, dietitians and speech pathologists.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Members of the workforce described the process for reporting maintenance issues with lifestyle and mobility equipment.

# 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

Consumers and representatives said the service environment was welcoming, it made them feel at home, and enabled them to have a say in the design which created a sense of belonging and independence. The service had elevators for accessibility to areas, wide windows providing sunlight, and signage to promote freedom of movement. The Assessment Team observed several lounge areas throughout the service for consumers to use, as well as a hair salon and café on the ground level.

Most consumers were satisfied the service was clean, safe and well maintained. Most areas of the service were observed to be safe, mostly clean, and well maintained. The Assessment Team observed however, an unclean glass window in one consumer's room with bird droppings. Management confirmed they were aware of the issue and provided evidence of engagement with a window cleaner and pest control to prevent any further occurrences.

Consumers felt comfortable using their mobility equipment, and said call bells were within their reach. All maintenance records were found to be up to date and maintenance was mostly completed in a timely manner. One consumer said maintenance staff were good, however the fridge in their room developed ice and had to be regularly defrosted, and it was still ongoing. Management provided evidence of one instance where the consumer’s fridge was defrosted and stated they would further investigate the matter and provide a resolution to the consumer. Overall furniture and equipment were observed to be comfortable and suitable for purpose.

# 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

Consumers and representatives were familiar with feedback and complaints processes and confirmed they provide feedback in person to staff or management, at a meeting or by using the feedback form. Management explained the service’s open-door policy and the recent installation of a transparent window on the door of the Facility Manager’s office to encourage consumers to liaise with management. Feedback forms and boxes were observed throughout the service.

Consumers were comfortable raising concerns within the service and were aware of advocacy services if needed. Although at the time of the Site Audit there were no consumers who required interpreter services, staff knew how to engage them if needed. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service.

The service had processes to follow when feedback or a complaint was received including the use of open disclosure and provision of an apology when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied. For example: one consumer who provided feedback on the quality of meat being served at mealtimes, confirmed the service acted on their feedback with improvements to the food quality, and regular liaisons occurred with the service’s chef and Facility Manager throughout the resolution process.

The service’s Plan for Continuous Improvement (PCI), and consumer meeting minutes evidenced feedback and complaints were reviewed and used to improve care and services. Management gave examples of how continuous improvement was applied, such as implementation of a food focus consumer group, and new TV remotes that were user friendly for consumers.

# 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

Overall, 6 out of 8 consumers were satisfied with the number of staff and response to call bells. However, 2 consumers said there was not enough staff and this impacted on waiting times, and 1 consumer and 3 representatives expressed concerns with high turnover of management and staff. Management demonstrated how the service was meeting its workforce requirements through onboarding 42 new staff in 2023 and focusing on improving call bell response times, with the inclusion of 30 cordless phones to ensure assigned staff answer call bells promptly. Documentation reviewed demonstrated adequate staff deployment, and call bell response times were monitored for compliance with the service’s threshold of under 8 minutes.

Overall, most consumers said staff were respectful, kind and caring. Although the Assessment Team observed several kind and respectful interactions between staff and consumers, two consumers were not satisfied with the behaviour of staff. One consumer said staff did not respect their religious observations as outlined under Standard 1, however the consumer stated staff respected their background and they were happy. Another consumer considered staff were not courteous because they slammed the consumers’ room door. When raised with management, immediate action was taken to install a soft close mechanism and an undertaking was given to liaise with the consumer’s representative and explain the noise has been due to the door’s mechanism rather than staff practices.

Consumers and representatives felt staff were well trained and competent in their roles and they were confident staff were sufficiently skilled to meet their care needs. Staff said they were confident the training provided had equipped them with the knowledge to carry out care and services for consumers. The service provided documents that evidenced staff’s current registration with their governing body and legislative requirements such as police checks were current, and annual influenza and COVID-19 vaccination records were maintained.

Although 6 out of 7 consumers believed staff had the appropriate skills and knowledge to deliver safe and quality care and services, one consumer expressed concerns about staff fire safety training, particularly in the event of a fire evacuation. Management confirmed and documents reviewed demonstrated members of the workforce were trained in fire safety, and recent training conducted included consumer attendance. The service had adequate overall completion rates for mandatory trainings and staff said the service provided them with the ongoing training and professional development opportunities they needed.

At the time of the Site Audit, management confirmed that 14 staff members were overdue for performance appraisals, owing to the new management team. Management advised they will ensure outstanding performance appraisals were completed within the required timeframes and described interim staff performance monitoring, such as a 4‑week program where high-performing care staff were selected to shadow and provide guidance to staff on the floor. The service demonstrated that other performance management measures were in place, that recent performance management actions and some appraisals had been taken. On balance, the Assessment Team were satisfied the service was compliant with requirement 7(3)(e), noting the service had plans in place to bring performance appraisals up to date and ensure they remained current in future.

# 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

Consumers and representatives felt the service was run well and spoke highly of the new management team. Consumers partnered in improving the delivery of care and services by participating in meetings, surveys and care plan reviews. Feedback and suggestions made by consumers and representatives were included in the service’s PCI for action.

Management described the role the governing body play in ensuring safe and quality care was delivered within the service. The organisational structure, regular internal audits, feedback, and regular clinical indicator reporting to state management, ensured the governing body maintained oversight of and was accountable for delivery of safe, inclusive and quality care and service.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service’s information management systems were demonstrated to be fit for purpose, including the ECMS, incident management system and online training portal. Opportunities for continuous improvement were identified through a range of mechanisms such as audits, surveys and feedback. An escalation process, policies and procedures for purchasing of equipment and resources was in place and a clear system for recruitment and management of staff was demonstrated. The organisation’s clinical governance team oversees regulatory and legislative changes for aged care services, including policy and procedure management. The service demonstrated a system for encouraging, organising and actioning feedback and complaints, as outlined in Standard 6.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The Assessment Team found risks were reported, escalated and reviewed at service level. Members of the workforce had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service demonstrated a clinical governance framework that included policies promoting antimicrobial stewardship, minimising use of restrictive practices and using open disclosure. Staff said they had been educated in these areas and were able to provide examples of how it applied to their work.

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)