Performance

Report

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| Name of service: | St Vincent's Care Services Maroochydore |
| Service address: | 37 Baden Powell Street Maroochydore QLD 4558 |
| Commission ID: | 5418 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 July 2023 to 25 July 2023 |
| Performance report date: | 24 August 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 Maroochydore (**the service**) has been prepared by J Earnshaw, 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
* other information and intelligence held by the Commission in relation to the service

# 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 | **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 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(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 |

Findings

The service demonstrated assessment and planning is undertaken in partnership with consumers/representatives. Consumers/representatives considered assessment and care planning delivered safe and effective care and services to consumers.

Care documentation reviewed demonstrated the consideration of potential risks to consumers’ health and wellbeing including, restrictive practices, diabetes, and wound management. The organisation has policies and procedures available to guide staff practice in assessment and care planning.

Management and staff described the process of assessment and planning and advised this includes consultation with the consumer/representative, other health professionals and consideration of clinical care documentation to inform the development of an individualised care plan.

# Standard 3

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| Personal care and clinical care | |  |
| 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service is identifying and responding to a change in consumer care needs or deterioration in health or condition, is consulting with consumers to make appropriate referrals to other individuals, organisations or providers of care and services including to medical officers or other health professionals.

Consumers/representatives spoke positively of how staff identify when there has been a deterioration in consumers’ condition and described referrals to other providers of care and services including to medical officers or other health professionals.

Consumer care documentation reflects the identification of, and response to, deterioration or changes in a consumer’s condition. Staff described the assessment process followed when identifying changes to a consumer’s condition and how this is responded to in a timely manner and representatives are notified.

Management and staff described how changes in consumers’ health or well-being prompt referral to a relevant health professional. The service has policies and processes which guide when clinical referrals are to be made and staff demonstrated awareness of the processes to initiate a referral for consumers.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service environment was observed to be safe, clean, and well-maintained, enabling free access both indoors and outdoors. Staff described how they assist consumers to move freely through the service’s indoor and outdoor areas.

Consumers/representatives reported the service is safe, clean and well maintained, and consumers can move around freely. Consumers were observed moving freely throughout the service however, one area was observed to have a locked door preventing outdoor access, staff cited poor weather, and Management reiterated to staff the policy of having these doors unlocked to enable free movement.

Consumers/representatives described how they raise maintenance issues and expressed satisfaction with timely reaction to these requests. Staff described processes for ensuring maintenance is completed and described actions taken following a situation where a call bell/ doorbell system wasn’t functioning effectively one evening.

# 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 |

Findings

The service demonstrated effective policies, processes, and systems to consider workforce numbers and the range of skills needed to meet consumers’ needs in the delivery of safe and quality care and services

Consumers/representatives spoke positively about staff, the care received by consumers and reported care is generally provided in a timely way. For two named consumers who raised some delay in the provision of care, Management described strategies and supports in place and those that will be implemented to further support these consumers.

Staff reported having sufficient time to undertake their duties and described processes for filling vacant shifts and when unexpected leave occurs, including utilising agency staff as required.

The service roster demonstrated the allocation of staff to each area of the service to ensure the number and appropriate skills mix to meet consumer care needs.

# Standard 8

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| Organisational governance | |  |
| 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 service has a range of clinical governance, risk and incident management systems in place to ensure the delivery of safe and quality care and services through identification and evaluation of incidents. Consumers/representatives report being informed when incidents occur and are consulted in developing strategies to ensure consumers are supported to live their best life.

The incident management system identified staff consistently reporting incidents and demonstrated effective management of incidents with consideration of incidents meeting reporting requirements under the Serious Incident Response Scheme.

Clinical indicator data demonstrates the service trends and analyses high impact and high prevalence risks and data from the incident management system to identify areas for improvement. Management described measures implemented to mitigate risks identified, specifically the introduction of a falls committee.

Staff described processes for identifying, reporting and evaluating incidents and risks for consumers. Senior clinical staff described oversight of clinical documentation and incidents to ensure investigations and mitigating actions occur.

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