Performance

Report

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| Name: | St Vincent's Care Services Mitchelton |
| Commission ID: | 5951 |
| Address: | 46 Church Road, MITCHELTON, Queensland, 4053 |
| Activity type: | Site Audit |
| Activity date: | 23 October 2023 to 26 October 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd.  Service: 3865 St Vincent's Care Services Mitchelton |

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 Mitchelton (**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 approved provider advised they would not be submitting a response to the Site Audit report on 16 November 2023.

# 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 reflected consumers were treated in a manner that respected their identity, culture, and diversity. Staff said they were familiar with consumers and treated them with dignity and respect by talking with them and referring to guidance in care planning documentation. Staff were observed treating consumers in a dignified and respectful manner.

Consumers said the service valued their culture and diversity. Staff were aware of consumers’ cultural backgrounds and described how they delivered culturally appropriate care and services, for example, meals and activities of interest that supported consumers’ culture. Care planning documentation included information about consumers’ life history, things important to them, culture, and spiritualty to guide the delivery of appropriate care and services.

Consumers and representatives said consumers were supported to make and communicate decisions about their care and services, including who should be involved. Consumers said they were supported to make connections with others and maintain relationships of choice. Staff described how they supported consumers to make choices and decisions and maintain their connections and relationships. Care planning documentation demonstrated consumer goals relating to choice and maintaining independence and supportive actions.

Consumers said they were supported to take risks to enable them to live their best life. Management and staff advised consumers were supported to live life on their terms, including doing things with an element of risk, through risk assessment and planning processes. Care planning documentation reflected consumers’ choices and decisions and included risk mitigation strategies.

Consumers said they received timely and easy to understand information which helped them to make choices, such as activity participation and meal selections. Staff explained how they communicated information in a way to support consumers in making informed choices and decisions. Displayed information included activity calendars, and daily menu on a monitor in the dining room, with handbooks, consumer meeting minutes and newsletters to inform consumers.

Consumers said and observations demonstrated staff respected consumers’ privacy, such as knocking on a consumer’s door before entering. Staff described how they respected consumers with privacy and maintained the confidentiality of consumers’ information. The service had a framework, policies, and procedures in place to support consumer privacy and ensure confidentiality of information.

# 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.

Staff described the assessment and planning process and advised consumers, representatives, and others involved in their care were consulted about risks to consumers’ health and well-being. Care planning documentation included information about risks to consumers’ health and well-being and ways to minimise risk to inform the delivery of safe, effective care and services. Policies guided staff on completing comprehensive, timely, and appropriate clinical assessments to support consumers’ care needs.

Consumers and representatives advised they had discussed consumers’ advance care and end of life planning during care plan reviews. Staff explained the comprehensive assessment and planning process, ensuring consumer preferences and goals were discussed and reviewed, encouraging consumers and representatives to discuss palliative and end of life care. Care planning documentation identified consumers’ needs, goals, and preferences, including palliative care planning.

Consumers and representatives said they were involved in the care planning process with the service and others involved in the care of the consumer, as evidenced in care planning documentation. Staff described how they partnered with consumers and others they wished to be involved in assessment and planning of their care and services.

Consumers and representatives advised the outcomes of assessment and planning were discussed with them, and they were offered a copy of the care plan. Staff outlined ways they communicated changes to consumers’ care plans to consumers, representatives, and others involved in their care, such as though shift handover sheets and meetings. Care planning documentation was observed to readily available to staff.

Consumers and representatives advised consumers’ care and services were regularly reviewed, including when circumstances changed or incidents occurred impacting on consumers’ needs, goals, and preferences. Staff said consumer care and services were reviewed on a 3 monthly basis to ensure they were appropriately supporting consumers, or when there was a change in consumers’ circumstance, as evidenced in care planning documentation.

# 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 considered consumers received satisfactory clinical and personal care. Staff described how they provided personalised care for consumers in line with documentation with monitoring and evaluation processes to optimise safety and well-being. Care planning documentation reflected consumers received safe, effective care and services tailored to the specific needs and preferences of consumers. Clinical policies and procedures guided staff in providing best practice personal and clinical care, tailored to individual needs to optimise health and well-being.

Staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls, and described how they managed risks. For example, staff said they managed falls risks through implementing strategies such as regular visual checks, using sensors, conducting regular reviews of consumers’ mobility and dexterity. Care planning documentation identified high-impact, high-prevalence risks for consumers, and evidenced risk mitigation strategies were followed by staff.

Staff described how care and services changed for consumers receive advance care and end of life care, such as practices to promote skin integrity, and providing emotional support. Care planning documentation included information about consumers’ advance care and end of life wishes, including ways to support consumers’ dignity and comfort. Policies guided staff in providing dignified and comfortable advance and end of life care. Representatives said they received clear communication about consumers entering into end of life care, including details of how staff are managing comfort, pain, and dignity.

Consumers and representatives considered changes or deterioration in consumers were recognised and responded to in a timely manner. Management and staff described how they identified signs of clinical deterioration and what they would do in response, such as conducting clinical assessments, following monitoring procedures, updating the Medical officer, and/or completing referrals for other health professionals.

Management and staff explained how they communicated information about consumers within the service and with others responsible for care, for example, updating care planning documentation, completing referrals, and through care plan reviews. Staff were observed communicating information about consumers in an appropriate manner whilst maintaining privacy and confidentiality. Consumers and representatives were satisfied with staff knowledge of consumer condition and needs.

Consumers and representatives said, and care planning documentation evidenced, timely and appropriate referrals were completed for other health professionals and providers of care, such as allied health professionals and specialists. Policies and procedures guided staff in identifying and completing appropriate referrals. Staff described the electronic process for lodging referrals to other providers following consultation with consumers and/or representatives.

Management and staff described how they minimised infection related risks through infection prevention and control measures and promoted appropriate antibiotic prescribing. The service had an infection prevention and control lead, training, policies, and procedures to guide staff in minimising and managing infections. Staff were observed following infection prevention and control measures, such as wearing personal protective equipment and washing hands.

# 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.

Consumers said they received services and supports which met their needs, goals, and preferences. Staff described how they accommodated the diverse interests, preferences, and needs of consumers, through safe and effective services and supports, to optimise consumers’ independence, well-being and quality of life. Documentation reflected various activities were available to support the different needs of consumers.

Consumers and representatives said consumers were provided with services and supports which benefited consumers’ emotional, spiritual, and psychological well-being. Staff said they conducted lifestyle assessments to gain an understanding of consumers’ values and beliefs to support them through suitable activities and services, such as through religious services and activities to support general well-being. Staff said they notice when consumers are feeling low, and provide extra time, escalating to clinical staff if the consumer continues to be upset.

Consumers reflected were supported participate within their communities, have social and personal relationships, and do things of interest. Staff explained the service was involved with various organisations and had community connections, such as visits from the local high school. Staff explained how they supported consumers’ social and personal relationships, for example, helping consumers to contact family and friends. Care planning documentation included information about consumers’ community connections, relationships, and interests. Consumers were observed participating in different activities and socialising with others.

Consumers and representatives considered staff were well informed about consumers’ needs and preferences. Staff described various ways they communicated information about consumers within the organisation, and with others responsible for care, such as though shift handover processes, referrals, and through care plan reviews. Pastoral care staff said they were kept informed of changes to consumer needs and condition.

Consumers said they received support from other providers of care and services, such as volunteers, and expressed satisfaction with the referrals. Staff said they worked with external connections to support consumers’ daily living needs, and described the various individuals, other organisations and providers of care and services that were accessed by consumers. Policies and procedures were in place to guide staff in completing appropriate and timely referrals.

Consumers and representatives reflected meals were of suitable quality and quantity, with different options available. Management explained actions taken in response to consumer dissatisfaction with provided meals, for example, providing a specialised menu to meet a consumer’s needs, tastes, and expectations. Staff described the processes and systems in place to ensure meal quality, and advised consumers were able to provide feedback through food focus groups, meetings, and directly to staff. Staff said they had access to consumers’ dietary requirements and preferences, and documentation evidenced staff were trained and guided in providing appropriate meals for consumers, such as modified diets. Staff were observed assisting consumers with meals as needed and asking consumers for feedback about the meals.

Consumers said equipment was safe, suitable, clean, and well maintained. Staff described how equipment was kept safe, clean, and maintained, such as cleaning equipment after use. Documentation evidenced processes and systems were in place to maintain the safety and cleanliness of 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said they felt at home living at the service, and the environment optimised their day to day living. Staff described how they maintained a safe and welcoming environment for consumers, encouraging personalisation of rooms and developing memory boxes and signage. The service environment was observed to have clear wide hallways, with clear signage and features to support consumer interaction and function, accommodating diverse needs.

Consumers and representatives considered the service environment to be clean and well maintained, and advised consumers were able to access indoor and outdoor areas. Consumers were observed freely navigating between indoor and outdoor areas, consistent with feedback. Staff described the systems and processes in place to maintain the safety and cleanliness of the service environment, furniture, fittings, and equipment. Documentation demonstrated preventative and reactive maintenance for the service environment was actioned in a timely manner, and cleaning was up to date and completed as per the schedule.

Consumers and representatives said furniture, fittings, and equipment was well maintained and suitable for consumers’ needs. Equipment, furniture, and fittings were tested and serviced for safety and suitability, and documentation evidenced maintenance was up to date and completed in accordance with the schedule. Staff said they had guidance in place and checks to ensure equipment and fittings were appropriately used for consumers. Furniture, fittings, and equipment were observed to be clean and well maintained.

# 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 reflected that they felt comfortable in providing feedback or raising concerns. Staff advised consumers and others were encouraged and supported to provide feedback or complaints through different pathways, such as through meetings, feedback forms, or directly to staff and management. Feedback and complaints information was observed displayed throughout the service environment.

Consumers and representatives said they were aware of alternative ways to raise and resolve complaints, such as advocacy services. Staff described how they would assist consumers in accessing advocacy and language services, and information about these services was observed to be available for consumers.

Consumers and representatives considered appropriate action was taken in response to their complaints, and described how staff acknowledged their concerns and involved them in process to resolve matters. Staff described how they would address and resolve complaints or when things went wrong by acknowledging matters, using transparent communication, and discussing solutions. The service had a complaints management and open disclosure procedure to guide staff.

Management and staff explained how feedback and complaints were reviewed to improve the quality of care and services, for example, through consultation processes and identifying trends. Management said, and documentation evidenced, improvements were made to care and services based on the review of feedback or complaints, such as improvements to the dining experience and the service’s activity room.

# 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.

Management described the various mechanisms in place to support workforce planning and management, for example, reviewing consumers’ call bell response times to determine the sufficiency of staff available. Call bell data evidenced consumers’ calls for assistance were answered by staff in a timely manner, in line with the service’s benchmark and consumers and representatives were satisfied there were sufficient staff to meet consumer needs. Management advised the service had a dedicated workforce in place, and in the first instance would use their staff to cover unplanned leave, however utilised agency staff as a contingency. The staff roster demonstrated there were no shift vacancies, and reflected a diverse range of staff were planned to cover different areas of service delivery.

Staff were observed to interact with consumers in a respectful and kind manner. Training and guidance were in place to support staff in interacting with consumers in a kind, caring manner with respect to consumers’ identity, culture, and diversity.

Management and staff advised the competency, qualifications, and knowledge of the workforce was supported through mechanisms such as recruitment processes, staff appraisal processes, pairing new staff with an experienced staff member. Human resource documentation demonstrated staff held the appropriate qualifications and checks, and had the knowledge required for their role in line with position descriptions.

The service had policies and procedures to support the recruitment process from pre-employment screening checks, onboarding, and staff orientation. Staff considered they were appropriately supported and trained to perform their role and were able to request training if required. Staff said, and documentation demonstrated staff were provided training covering a diverse range of topics relevant to the standards, such as infection prevention and control protocols, and manual handling.

Management advised staff performance was assessed and reviewed on an annual basis, and documentation evidenced systems were in place to monitor staff appraisals. Staff said they had undergone annual performance appraisals. Overall, documentation evidenced staff appraisals were up to date, although a small portion of appraisals were due to be completed with management demonstrating awareness and detailing plans for completion. Processes were in place to monitor staff performance, and staff advised they were able to discuss workplace performance with management on an informal basis.

# 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.

Consumers and representatives said they contributed to the development, delivery, and evaluation of care and services. Management described how consumers and representatives were able to provide input about care and services, such as through meetings, care plan reviews, surveys, and feedback mechanisms, and involvement of a nominated consumer to participate in the selection panel for staff. Documentation evidenced consumers were involved in development, delivery, and evaluation processes, consistent with feedback.

Management advised the governing body maintained oversight of the service and promoted a culture of safe, inclusive, quality, care and services. For example, management explained, and meeting minutes demonstrated, the board reviewed reports which covered matters relevant to delivery of care and services and performance against these standards, such as the implementation of the outbreak management plan. Organisational management explained how the organisation fosters a culture of inclusivity, including implementation of a Reconciliation action plan and celebration days of cultural significance.

Organisation wide governance systems were effectively supported by policies and procedures, training, audits, reporting, and monitoring mechanisms. For example, in relation to regulatory compliance, a governance framework defined the responsibilities and accountabilities to ensure compliance with laws, regulations, codes, accreditation and organisations standards. Management described ways changes to legislation, regulatory requirements were monitored and shared at an organisational and service delivery level, and meeting minutes reflected these strategies were implemented in practice.

A risk management procedure guided staff in the management of high-impact, high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Management and staff described how they would respond to, manage, and monitor risks, including incidents, with analysis for trends and reporting through subcommittees of the governing body.

The organisational clinical governance framework consisted of policies and procedures, service delivery practices, training, monitoring, and reporting mechanisms. Management said, and documentation evidenced, clinical matters such as antimicrobial stewardship and restrictive practices, were discussed at clinical governance committee meetings and shared through reports to the governing body. Staff explained how they would minimise the use of restraint, and described how they would apply open disclosure in practice, consistent with policies.

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