 Performance

Report

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| Name of service: | St Vincent’s Care Services Southport |
| Service address: | 32 Bauer Street SOUTHPORT QLD 4215 |
| Commission ID: | 5306 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 5 April 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 Southport (**the service**) has been prepared by M. Nassif, 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.

# 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

Consumers said they were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds, individual preferences, and supported consumer participation in cultural events. Care planning documents evidenced that consumers’ culture, diversity, and identity was acknowledged through their backgrounds and personal preferences.

Consumers and representatives confirmed the service respected and provided care aligned to consumers’ cultural traditions and preferences. Examples were provided of staff utilising cue cards and interpreters to communicate with consumers who spoke languages other than English, and care planning documents reflected diverse needs.

Consumers said they were supported to make decisions about their care and to maintain relationships by, for example, staff encouraging family and friends to participate in activities at the service. Care planning documents identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers said they were supported to take risks and staff were knowledgeable of those who wished to undertake activities that presented risk. Care planning documents evidenced risk assessments and informed consent from consumers.

Consumers and representatives said they received information verbally, through newsletters, emails, consumer meetings or from noticeboards. Information regarding meals, activities, complaint processes and advocacy services was observed as readily available to consumers to enable them to exercise choice.

Consumers said their privacy was respected and personal information kept confidential. Staff were observed knocking on doors prior to entry and accessing consumer information through the password protected electronic care management system. Staff were guided by a respect, choice, and dignity policy regarding protection of personal 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

Staff described assessment and planning processes undertaken at entry in collaboration with consumers, representatives, and allied health professionals. Care planning documents reflected consumers’ needs, goals, and preferences, including risk identification and management strategies.

Consumers and representatives said staff had discussed consumers’ end of life wishes which was documented in care planning documents. Staff described how they approach conversations with consumers and representatives about end of life wish and advance care planning.

Consumers and representatives said they were actively involved in care assessment and planning. This was reflected in care planning documents in addition to collaboration with medical officers and allied health professionals. Staff said they discussed care planning with consumers to ensure consumers were at the centre of care and services.

Consumers and representatives said they were informed regarding care and services and could obtain copies of care plans. Staff described, and documentation evidenced, consumers and representatives were frequently updated regarding care assessment and planning outcomes.

Care planning documents demonstrated they had been reviewed every 3 months, or in response to changes to consumers’ condition. Staff were aware of how frequent care and services are reviewed. Automated alerts in the electronic care management system notified staff of upcoming scheduled reviews.

# 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 safe and effective personal and clinical care tailored to their needs and preferences. Care planning documents evidenced individualised care tailored to consumer needs is delivered. Staff said they were guided by best practice policies for areas of care such as restrictive practices, pain, and wound management.

Consumers and representatives said the service was adequately managing high-impact and high-prevalence risks, particularly falls and pressure injuries. Staff utilised monthly clinical reports to identify prevalent risks and develop management strategies and staff identified high-impact and high-prevalence risks in the service that aligned with clinical indicators report. Care planning documents evidenced risk identification, intervention, and response.

Representatives provided positive feedback regarding the service’s palliative care processes, including being kept informed of changes to consumers’ condition and discussing comfort needs. Staff described referring palliative consumers to a specialist care team for additional support and care planning documents reflected monitoring of palliating consumers and contact with their representatives.

Consumers and representatives said staff recognised and responded to changes in consumers’ condition in a timely manner. Staff described sharing information regarding consumers’ condition during shift handovers and meetings. Care planning documents demonstrated identification of, and response to, deterioration or changes in consumers’ condition.

Consumers said their needs were communicated effectively between staff and others involved in their care. Staff were observed discussing consumers’ condition with colleagues and allied health professionals. Care planning documents provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals to other providers of care and services were timely and appropriate. Staff were knowledgeable of, and care planning documents reflected, referral pathways and appropriate selection of specialists from the service’s established network of allied health professionals.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Staff and visitors were observed being screened for infection upon entry and documentation evidenced best practice use of antibiotics.

# 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 and representatives said they feel supported to participate in activities that they like, and that they are provided with appropriate support to optimise their independence and quality of life. Staff explained what consumers like to do and this is aligned with the information in care planning documents.

Consumers said, and care planning documents reflected, spiritual, emotional, and psychological support is provided through meaningful activities and religious practices. Staff described identifying changes to consumers’ psychological well-being and providing responsive care or referring consumers to appropriate support services.

Consumers said they were supported to undertake activities within the service and community. Staff confirmed consumers visited local social clubs and took bus trips organised by the service. Care planning documents evidenced those of importance to consumers and their preferred activities was documented.

Consumers said their condition, needs and preferences were effectively communicated between staff and other providers. Staff confirmed information was exchanged during shift handovers and through the electronic care management system. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they were supported by other organisations and care providers as required. Staff confirmed referrals made to allied health professionals in response to changes to consumers’ condition, which were reflected in care planning documents.

Consumers said meals were of suitable quantity, quality and variety and were observed eating independently or assisted by staff, where required. Staff said dietary requirements and preferences were updated as requested and provided to catering staff, and this was reflected in care planning documents.

Consumers said they had access to equipment to support their daily living, such as mobility aides. Staff said equipment was available when needed or could purchase more if required. A preventative maintenance schedule evidenced regular servicing and equipment was observed to be safe, clean, and maintained.

# 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 and easy to navigate. The service included wide hallways, handrails, a chapel, and swimming pool. Management and staff described aspects of the service that help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation, and that every effort is made to help consumers feel like they are at home.

Consumers said the service was safe, clean, well-maintained, and supported free movement. Consumers were observed mobilising between internal rooms and external areas, such as gardens. Documentation evidenced cleaning and maintenance is up to date.

Consumers said equipment was maintained, safe, and clean and this was consistent with observations. Staff were knowledgeable of appropriate movement and handling of equipment and documents evidenced preventative and ongoing servicing of equipment such as mobility aides.

# 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 said they were encouraged to provide feedback or make complaints through feedback forms or direct discussion with staff. Staff described supporting consumers to provide input or utilise lodgement boxes if wanting to remain anonymous. Feedback and complaints forms were observed throughout the service and were easily accessible for consumers and representatives.

Consumers were aware of advocacy and language services and other methods for raising a complaint. Management and staff advised that they did not have any consumers at the service who required interpreter services but were of how to access their services when needed. Posters were displayed at the service informing consumers of relevant services.

Consumers and representatives said action was taken in response to their complaints and the service practiced open disclosure. Management described targets set by the governing body to resolve complaints within 30 days. Feedback and complaints policies guided staff to document, investigate and resolve complaints. Management and staff demonstrated an understanding of open disclosure.

Consumers provided examples of improvements made to care and services in response to their feedback or complaint. Management and staff described, and records reflected, common complaints, responsive improvements and monitoring of changes to measure efficacy.

# 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

Consumers provided positive feedback regarding staff promptly attending to their needs. Management described, and rosters evidenced, planned or un-planned leave filled by permanent staff or agency staff as a last resort. Documentation evidenced a high proportion of calls for assistance were attended to in a timely manner.

Consumers and representatives said staff were kind, caring and gentle. Positive interactions between staff and consumers were observed and staff were guided by a respect, choice and diversity policy describing delivery of compassionate care.

Consumers and representatives were confident staff were qualified to meet consumer’s care needs. Management confirmed new recruits underwent a six-month probationary period to measure role suitability. Recruitment records evidenced required qualifications and registrations and personnel files reflected registration validity for current staff.

Consumers and representatives said they felt staff were knowledgeable and able to deliver safe and effective care. Staff described the ways in which they were trained, equipped, and supported to deliver safe and effective care. Records evidenced high staff training completion rates and management described undertaking weekly reviews to ensure completion of outstanding training.

Staff participated in annual performance appraisals which measured knowledge, skills, time management, dependability, attitude, and communication. Management confirmed outstanding appraisals were scheduled for completion by March 2023, and records evidenced appropriate performance management in response to incidents. Staff recalled their most recent performance appraisal within the past year or recognised if they were due for a review soon.

# 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 said they were engaged in the development and delivery of care and services. Management described engaging consumers in care plan reviews, food focus groups and surveys. Meeting minutes reflected consumer engagement in the development, delivery and evaluation of care and services.

Management described the reporting hierarchy from the service to the governing body to evidence compliance or improvement actions. Documentation evidenced the occurrence of regular monitoring by management and the organisations governing body. Management provided examples of recent changes at the service that was driven by the governing body.

The service had processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, a continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

The service demonstrated effective risk management systems and practices, including management of high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Staff demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and how the service safeguards risk in line with best practice.

The service provided frameworks, policies, and guidelines on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated how these policies and procedures were understood by them and how they applied it in the delivery of care and services.

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)