Performance

Report

**1800 951 822**

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| Name of service: | St Vincent's Care Services Werribee |
| Service address: | 240 Hoppers Lane Werribee VIC 3030 |
| Commission ID: | 4559 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 June 2023 |
| Performance report date: | 26 July 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 Werribee (**the service**) has been prepared by N Eastwood, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 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 |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 11 July 2022 to 13 July 2022.

At the time of the site Audit the service was unable to demonstrate that all consumers were treated with dignity and respect. Of specific concern was staff use of other languages while attending to consumer needs excluding the opportunity to be engaged in the care provided. Consumer hygiene preferences were not always met or consistent with the organisation’s expectations, policies, and procedures.

The service has implemented several effective actions in response to the identified non-compliance including education sessions, circulation of communication regarding staff obligations, discussion at staff meetings, an internal consumer survey and file review ensuring consumer preferences were documented and monitored.

At the site visit of 22 June 2023, the service demonstrated how they effectively meet consumer needs and preferences and treat consumers with dignity and respect. Consumers confirmed they are treated with dignity and respect; their identities and unique ways of living are respected. Staff demonstrated knowledge of consumer background and care preferences confirming there had been improvement with staff communication and engagement with consumers. Most of the reviewed care plans contained information regarding consumer life histories including their preferences. The Assessment Team observed staff interacting respectfully, using appropriate language, and referring to individuals by their preferred titles. There was evidence of individual strategies in place to ensure preferences and religious beliefs are respected, as well as the ability to maintain relationships outside of the service which were actively encouraged.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

# 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 was previously found non-compliant with this requirement following a Site Audit performed between 11 July 2022 to 13 July 2022.

At the time of the site Audit the service was unable to demonstrate the workforce was planned to deliver safe and effective care. Of particular concern was reports of staff shortages and poor call bell response, resulting in the inability of staff to meet consumer needs or preferences.

The service has implemented several effective actions in response to the identified non-compliance including an upgrade to the existing call bell alert system, installation of call bell annunciators and closed-circuit television (CCTV) cameras to enable ongoing monitoring of call bell escalation and the tracking of staff response times, as well as an ongoing recruitment drive.

At the site visit of 22 June 2023, the service demonstrated how they deliver safe and effective care. Most consumers and representatives confirmed satisfaction with staff response to call bells and noted improvements to response times. Notwithstanding these improvements some representatives indicated ongoing concerns related to staff shortages and consider further room for improvement with call bell response times is needed. The Assessment Team noted communication which was forwarded to staff reminding them to carry dect phones to assist with call bell response times as well as reviewing call bell response time statistics and meeting minutes confirming the ongoing monitoring and reporting of staff attendance at consumer request.

Management confirmed there had been a reduction in vacant shifts and the recruitment of an additional 6 care staff commencing on 29 June 2023 improving vacant shift allocations further. Management also described the tracking and reporting of their call bell response times and recruitment which is reported at to the Executive Board. Staff indicated there were now enough staff members available to assist with consumer needs and respond to call bells in a timely manner. The Assessment Team reviewed relevant rosters indicating only one vacant shift for week one of the roster and observed documentation confirming the appointment of additional staff.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

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