Performance

Report

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| Name of service: | St Vincent’s Care Services Yennora |
| Service address: | 1 Tara Close YENNORA NSW 2161 |
| Commission ID: | 0397 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 10 February 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 Yennora (**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, dated 3 January 2023 to 5 January 2023; 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 they feel staff treat consumers with dignity and respect. Staff referred to consumers in a respectful manner and demonstrated familiarity with individual backgrounds and preferences of consumers. Care planning documents included information about consumers’ culture, diversity, and identity.

Consumers and representatives said the service recognises and respects consumers’ cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff demonstrated an awareness of specific cultural backgrounds. The service has a diversity and inclusion policy which guides staff practice.

Most consumers and representatives said they are given choice about when care is provided and their choices are respected. Care planning identified the consumers’ individual choices around when care is delivered, who is involved in their care, and how the service supports them in maintaining relationships. The service has a ‘consumer choice’ procedure which outlines that each consumer is supported to exercise choice and independence.

Consumers described how the service supports them to take risks. Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumers’ wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms and assessments to support consumers.

Consumers and representatives confirmed the service communicates through printed information, verbal reminders, and email correspondence. Staff said notice boards contain information for consumers to keep informed of events at the service. The Assessment Team observed information being provided and updated in a clear way that supports informed decision making.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed the service has protocols in place to protect consumer privacy.

# 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

Consumers and representatives said they are involved in the care planning process. Staff were able to describe consumers’ care goals and preferences in line with those detailed in consumer care plans. Care planning included involvement from medical officers (MO) and other allied health professionals. Care plans generally reflected assessment and planning, including consideration of risks.

Consumers and representatives said staff involve them in assessments through regular conversations during admission, care plan reviews, or when circumstances change. Staff said that they approach end-of-life (EOL) conversations during admission, where consumers and representatives wish to discuss advanced care planning. Progress notes for a sampled consumer on an EOL pathway reflected care and services in alignment with their care plan.

Care planning documents reflected evidence of case conferences and involvement from a range of services, including MO and allied health professionals. Staff could describe processes for making referrals and provided recent examples of referrals for consumers.

Consumers and representatives said the service maintains good communication with them, including when incidents occur or there are changes to a consumer’s condition. Staff confirmed they offer a copy of the consumer’s care plan during monthly Resident of the Day (ROD) reviews, and 3 monthly care plan reviews. An electronic care management system makes care planning documentation available at the point of service delivery.

Consumers and representatives said care and services are regularly reviewed, particularly when incidents impact on the needs, goals, and preferences of the consumer. Management and clinical staff described the care planning review process that occurs on a regular basis. Care plans were updated regularly in line with the service's 3 monthly review process.

# 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 and representatives said they receive the care and services they need. Staff demonstrated an understanding of individualised personal and clinical needs of consumers. Consumer files reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Staff could provide examples of high impact and high prevalence risks and were able to describe risk mitigation strategies in place. The service demonstrated that high impact and high prevalence risks are effectively managed through regular clinical data monitoring, trending and reporting, and implementation of suitable risk mitigation strategies for individual consumers.

Consumers and representatives said they felt confident the service would maintain their EOL wishes. Staff could describe the way care delivery changes for consumers nearing EOL. Sampled consumers had their advanced care plan and EOL wishes section of their care plan completed by themselves or a representative. Observations confirmed a consumer receiving end of life care in line with their documented wishes.

Consumers and representatives said the service recognises and responds to changes in a consumer’s condition in a suitable and timely manner. Care planning documents and progress notes evidenced the identification of, and response to, deterioration or changes in a consumer’s condition. Staff explained how deterioration is managed and communicated during handovers and staff meetings.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of the consumer through an electronic care management system (ECMS). Care planning documents included input from MO and allied health professionals.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Care planning documents and progress notes confirmed referrals are made when required. Staff could provide a recent example of when a referral has been made to a specialist.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. An outbreak management plan and other documented processes supported the service’s preparedness in the event of a COVID-19 outbreak.

# 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

Most consumers and representatives said they feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their independence and quality of life. Staff demonstrated an understanding of consumers’ preferences and needs, including likes and dislikes, personal interests and spiritual needs. The Assessment Team observed consumers of varying ability engaged in daily living activities throughout the Site Audit.

Consumers and representatives said the service supports consumers’ emotional, spiritual, and psychological well-being. Staff could explain how consumers’ emotional, spiritual, and psychological needs are supported. Care planning documents included information about consumers' emotional, spiritual, and psychological well-being needs, goals and preferences.

Most consumers and representatives said that they feel supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of consumers who were supported to maintain hobbies of interest, both inside and outside of the service. Care planning documents identified the people important to individual consumers and the activities of interest.

Consumers said that information about their condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes in the ECMS as well as shift handovers which are attended by all staff at the service. Care planning documents for consumers provided adequate information to support safe and effective care.

Consumers said they are supported by other organisations, support services, and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Consumer care planning documents identified referrals to other organisations and services such as volunteers and entertainers.

Most consumers said they were satisfied with the variety, quality, and quantity of food currently being provided at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they feel safe using the service's equipment and it is readily available when required. Staff were able to describe how equipment is maintained and cleaned. The Assessment Team observed equipment being cleaned and maintained regularly.

# 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 is welcoming and easy to understand. Staff were able to describe how they optimise each consumer’s sense of belonging and ease of navigation at the service. The Assessment Team observed the service environment to be welcoming.

Consumers and representatives said the service environment is safe, clean, and well maintained and allows them to move around freely. Review of the cleaning schedule checklist for December 2022 indicated that regular cleaning of the service, including consumer rooms, occurred as per the schedule. Scheduled and reactive maintenance systems were in place.

Consumers said equipment is checked, cleaned and maintained regularly. Staff were able to describe cleaning processes for equipment. The Assessment Team sighted the service's maintenance logbook and noted no outstanding reactive maintenance issues.

# 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 said they feel safe and comfortable providing feedback to the service. Staff were able to describe methods for providing feedback and making complaints, and the process for raising an issue with them directly. The service has a complaints management and open disclosure policy which encourages consumers and representatives to make suggestions and complaints.

Most consumers said they were aware of making a complaint through various avenues, such as advocacy services, language services and external complaints mechanisms. Management said the service had access to translator services if required. The Assessment Team observed noticeboards and a pamphlet stand at the entrance of the service which had information about advocacy services, and external complaints services in various languages.

Consumers and representatives sampled said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Most staff demonstrated an understanding of open disclosure. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints.

Most consumers reported that their feedback is valued and is used to improve services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with 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

Whilst most consumers, representatives and staff said there is not enough staff, they did not identify any significant impact to the quality of care and expressed satisfaction with the care provided. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. The roster for the previous 3 weeks showed all shifts were filled, including unplanned leave.

Most consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed greeting consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

Consumers and representatives said staff perform their duties effectively, and they are confident that staff are sufficiently skilled to meet their care needs. Staff said they are confident the training provided has equipped them with the knowledge to perform their roles. The Assessment Team observed position descriptions which described the required training, competencies and experience required for the advertised positions.

Consumers and representatives believed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Training records were observed by the Assessment Team which demonstrated that appropriately 93 per cent of the staff members have completed the mandatory training to date.

The service has a staff performance framework which identified appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 provide ongoing input on how consumers’ care and services are delivered and confirmed the service sought their input in a variety of ways. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through a range of committees. The governing body analyses data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Management and staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting. The service has risk management systems which outline the management of high impact or high prevalence risks. The service’s incident register showed incidents are managed and reported in line with the service’s risk management system.

Staff demonstrated their understanding of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated there was a clinical governance framework in place, including policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)