Performance

Report

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| Name: | St Vincent's Care Services Toowoomba - Nursing Home |
| Commission ID: | 5427 |
| Address: | 227 Spring Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 23 February 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd.  Service: 3719 St Vincent's Care Services Toowoomba - Nursing Home |

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 Toowoomba - Nursing Home (**the service**) has been prepared by Stewart Brumm, 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 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

The Assessment Team provided information that consumers/representatives stated they were treated with dignity and respect by all staff and management. Staff demonstrated how they respect and value consumers’ identity and cultural background and support their diversity. Staff could describe how they respect consumers such as using their preferred names. Staff were observed interacting with consumers in a respectful manner. Care documentation reflected consumers’ background, identity, cultural and social preferences, and strategies to guide staff in the provision of dignified care.

All consumers/representatives confirmed the unique cultural identities, beliefs, needs, and practices of consumers are recognised, respected, and supported. Care documentation reviewed reflected consumers’ cultural needs and preferences including who is important to them, information on their life journey, cultural background, spiritual preference, and individual personal preferences.

Consumers/representatives said consumers are supported to exercise choice and independence when making and communicating decisions about the care they receive and who is involved in their care. Consumers/representatives also said they are encouraged to connect with and maintain relationships with those important to them.

Consumers/representatives said consumers are supported by staff to take risks and live the best life they can and 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 consumer’s wishes to take risks and to live the way they choose.

Consumers/representatives stated they receive up-to-date information about changes to consumers’ care, lifestyle activities, menu and other special events. Staff could describe the ways in which information is provided to consumers including those living with hearing and vision impairment and modify the way in which they exchange information.

Consumers/representatives stated their privacy is always respected. Staff identified ways in which they ensure consumer information was kept private. The Assessment Team observed locked doors to nurses’ stations, and password protected computers only accessible by staff members. The Approved Provider has a privacy policy to guide staff practice.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives confirmed they are actively involved in developing consumers’ care plans based on their preferences, goals, and needs. Registered nurses were able to describe the assessment and care planning processes and mitigation of risks that have the potential to impact on the safe delivery of care and services. Consumers/representatives confirmed the assessment and care planning processes address the current needs, goals, and preferences of consumers and the service has discussed and documented their preferences for their end of life care.

Consumers/representatives confirmed assessment and planning is an ongoing partnership between them, staff, and external service providers. Consumers/representatives stated they are contacted regularly and are informed in a timely manner when circumstances change and are involved in changes to care processes, including decision-making regarding referrals to other medical and allied health providers.

The Approved Provider demonstrated 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.

Consumers/representatives confirmed, and care documentation evidenced, care and services are constantly reviewed, and staff keep them informed of care and service changes. Staff interviewed said they are aware of the incident reporting process and how these incidents may trigger a reassessment or review of care plans.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives reported consumers are receiving care that is safe and right for them and meets their needs and preferences. Staff could describe consumers’ individual needs, preferences, personal and clinical care, and how these were delivered in line with their care plans. The Approved Provider has a suite of policies and procedures to direct appropriate personal and clinical care in line with best practice guidelines, including management of restrictive practice.

Consumers/representatives stated they felt high impact or high prevalence risks are effectively managed by the service. Staff interviewed were able to explain high-impact and high-prevalence risks and the strategies in place to manage risks as well as consumers’ individual risks.

The Approved Provider demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. 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.

Consumers/representatives reported, and care documentation evidenced when deterioration in a consumer was identified, this was responded to in a timely manner. Staff were able to describe the escalation process should they notice a change in a consumer. Policies and procedures are accessible to all staff to guide them in the clinical escalation process.

Consumers/representatives reported they are satisfied timely, and appropriate referrals occur when needed and the consumers have access to relevant health care supports. All consumers/representatives stated they are happy and have access when needed, to their Medical Officer.

All staff confirmed they have received training in relation to infection prevention and control, hand hygiene, and donning/doffing of personal protection equipment competencies. The Approved Provider has implemented policies and procedures to guide staff related to anti-microbial stewardship, and infection control management including COVID-19.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives felt supported by the Approved Provider to do the things of interest to them which included participating in activities as part of the service’s lifestyle program or spending time on independent activities of choice. Staff interviewed were knowledgeable about the sampled consumers’ supports for daily living which optimised their health and wellbeing, needs and preferences.

Consumers/representatives confirmed consumers’ emotional, spiritual and psychological needs were supported and they can stay in touch with representatives or friends for comfort and emotional support. Lifestyle staff explained how information relating to consumers’ choices, needs, preferences, and emotional and spiritual needs are recorded upon admission and get updated over time.

Consumers/representatives felt supported to participate in activities within the service and in the outside community, to continue fostering personal relationships and do things of interest to them. Care and lifestyle staff explained how consumers are encouraged to participate in the activities of interest to them both within and outside the service.

The Approved Provider demonstrated Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. As well as timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers/representatives said they were satisfied with the meals the service provided. Meals are prepared by the chef manager and cooked fresh on-site. The service has biannual menus changed every six months. Consumers/representatives said they have input into the menu through surveys conducted by the Approved Provider and provide feedback at the consumer/representative and food focus meetings, and care documentation reflected their individual likes and dislikes. The dining experience was observed to include set tables and tablecloths. All tables were set with placements and cutlery for each meal service.

The Assessment Team identified that where equipment is provided, it is safe, suitable, clean and well maintained.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives said the service environment is welcoming, they feel at home at the service and were observed to have personalised their rooms with photos and personal belongings. All consumers sampled stated they can freely access all areas of the service without staff assistance. The Assessment Team observed living areas have natural light, and corridors are well lit. The wings include a large dining area, separate lounge areas, wide hallways, and adequate signage to assist consumers. The service has floor plans and signage to support consumers in finding their way around the service.

Consumers/representatives said they easily find their way around and move freely and independently, both indoors and outdoors and the service is clean. Records of preventative and scheduled maintenance are managed by the maintenance team and environmental and workplace audits were observed to be completed.

Consumers/representatives said their rooms are well maintained, fittings in their rooms were working and fixed promptly when they were not. Staff interviewed knew the process for recording maintenance issues and stated the maintenance book was located at the nurses’ stations. Maintenance staff described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback, the Assessment Team observations and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives said they felt encouraged and supported to provide feedback and described how they make complaints directly through speaking with staff and management, filling out feedback forms, emails, and at meetings. Staff and management were able to describe the feedback and complaints process in place. The Assessment Team observed feedback forms displayed and available for consumers to use, as well as locked suggestion boxes.

Consumers/representatives were aware of advocacy services and language services available to translate and interpret as required. Staff and management were aware of how to access advocacy services and the interpreter service and have used it to provide an interpreter for a consumer during a case conference.

Consumers/representatives confirmed staff and management addressed their complaints and resolved any concerns they raised in a timely manner and apologised when things go wrong. The Assessment Team reviewed the complaints register and evidenced use of open disclosure and timely management of complaints, in line with the organisation complaints management and open disclosure procedure.

The Approved Provider demonstrated, and consumers confirmed that feedback and complaints are reviewed and used to improve the quality of care and services.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard 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 |
| 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

The Assessment Team provided information that consumers/representatives felt there was enough staff at the service. Consumers/representatives said received the care and support they need from staff in a timely manner and care provided was not rushed. Staff interviewed said they felt there was enough staff, and care was delivered in a timely manner.

Consumers/representatives said staff are kind, respectful and caring when providing consumers with care. Staff were able to talk about the consumers they supported, who they were, what they liked, and what they required assistance with. The Assessment Team observed staff knocking on consumers’ doors, greeting consumers/representatives by their preferred name and demonstrating they were familiar with the consumers’ identity.

Consumers/representatives said staff are capable and have the knowledge to provide the care and support they require. The Approved Provider demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Management ensures all staff hold the minimum required qualifications, have professional registrations for their roles, ensure they have current police checks, confirms they are not on the Commission’s Aged Care Banning Orders Register and staff requiring visas hold the appropriate current visa. Staff said they are well supported by management to undertake the orientation and training.

Management said performance appraisals conducted annually on the anniversary of the staff employment. New staff have reviews during the probationary period. Staff interviewed confirmed participating in probationary and annual performance reviews.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

# 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

The Assessment Team provided information that consumers/representatives interviewed considered the service is well run and they confirmed they are aware of engagement opportunities to inform the design, delivery, and evaluation of services through the resident meetings, food focus meeting and feedback forms. The Approved Provider has established a consumer advisory committee.

Consumers/representatives interviewed said consumers felt safe at the service and live in an inclusive environment with access to quality care and services. The organisation governing body promotes a culture of safe, inclusive and quality care and services. The organisation governance structure includes the direct feedback of information to the leadership team from the facility manager via the state manager for aged care services. Through this process, the Board is made aware of the performance of all aspects of the service on a monthly basis as a minimum.

The Approved Provider demonstrated organisation wide governance is applied and controlled. The organisation has an organisation governance framework relating to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints which includes work instructions. procedures and flowcharts to guide staff practice.

The Approved Provider has a risk management system in place to monitor and assess high impact or high prevalence risks associated with care of consumers while supporting consumers to live the best life they can. Consumers/representatives said they are supported to take risks, with benefits and possible harm discussed with them to enable an informed decision.

The Approved Provider demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote anti-microbial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The Approved Provider has policies and other tools supporting effective clinical governance to guide staff.

I have considered the information provided by the Assessment team, and I am persuaded by the consumer/representative feedback, management feedback and the Approved Providers ability to demonstrate compliance. I find all requirements in this Standard compliant.

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)