



INFORMATION ON NOTICE TO AGREE TO REQUIREMENT

Residential Aged Care Service

St Vincent's Care Services Heathcote
RACS ID 2739

Approved Provider Name and Address

St Vincent's Care Services Ltd.
PO Box 555
SPRING HILL QLD 4004

Date of Notice

25 March 2020

Action Taken

In order to avoid the imposition of a revocation sanction under section 63N of the *Aged Care Quality and Safety Commission Act 2018*, the approved provider is required to agree to the following in writing by 5.00pm on 27 March 2020 to:

- a) immediately appoint, at the expense of the approved provider, an eligible adviser to assist it to comply with its responsibilities in relation to care and services and governance and business operations.
- b) provide, at the expense of the approved provider, training for its officers, employees and agents that includes, but is not limited to:
 - (i) safe and effective clinical care and personal care including behaviour management, pain management, medication management, manual handling, falls management, skin management and emotional support;
 - (ii) appropriate identification, investigation and escalation of changes in care recipients' conditions and/or known risks to their health and well-being;
 - (iii) optimal record keeping and documentation of clinical care needs including care planning.
- c) participate in weekly teleconferences with the Commission also involving its appointed adviser to enable the Commission to monitor the approved provider's progress towards returning to compliance.

Reasons for Action

A performance report made following a review audit undertaken at the St Vincent's



Care Services Heathcote between 9 and 12 March 2020 identified critical deficiencies at the Service contributing to serious and detrimental failings in care delivery including but not limited to:

- Standard 2 – Ongoing assessment and planning with consumers
- Standard 3 – Personal care and clinical care

These failings extends across thirty-three (33) requirements in the Aged Care Quality Standards. The critical deficiencies that exist in assessment and planning, and delivery of clinical and personal care, are placing care recipients at significant risk of physical and/or psychological harm.

Performance

The Commission has identified that there is an immediate and severe risk to the health, safety and wellbeing of care recipients at the Service.

The Commission has serious concerns in relation to:

Standard 1 – Consumer dignity and choice

- (3)(a): each consumer is treated with dignity and respect, with their identify, culture and diversity valued.
- (3)(c): each consumer is supported to exercise choice and independence, including to:
 - (i) make decisions about their own care and the way care and services are delivered ; and
 - (ii) make decisions about when family, friends, and carers or others should be involved in their care; and
 - (iii) communicate their decisions; and
 - (iv) make connections with others and maintain relationships of choice, including intimate relationships.
- (3)(d): each consumer is supported to take risks to enable them to love the best life they can.
- (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.

Standard 2 – Ongoing assessment and planning with consumers

- (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.
- (3)(b) assessment and planning identifies and addresses the consumer's current needs, goals, and preferences, including advanced care planning and end of life planning if the consumer wishes.
- (3)(c) assessment and planning:



- (i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of consumer's care and services; and
 - (ii) includes other organisations, and individuals and providers of other care and service, that are involved in the care of the consumer.
- (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.
- (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.

Standard 3 – Personal care and clinical care

- (3)(a): each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
 - (i) is best practice; and
 - (ii) tailored to their needs; and
 - (iii) optimises their health and well-being.
- (3)(b) effective management of high-impact or high-prevalence risks associated with care of each consumer.
- (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.
- (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.
- (3)(g) minimisation of infection-related risks through implementing:
 - (i) standard and transmission-based precautions to prevent and control infection; and
 - (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care reduce the risk of increasing resistance to antibiotics.

Standard 4 – Services and support for daily living

- (3)(a) each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimises their independence, health and well-being and quality of life.
- (3)(b) services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.
- (3)(c) services and supports for daily living assist each consumer to:
 - (i) participate in their community within and outside the organisation's service environment; and



- (ii) have social and personal relationships; and
 - (iii) do the things of interest to them.
- (3)(f) where meals are provided, they are varied and of suitable quality and quantity.
- (3)(g) where equipment is provided, it is safe, suitable, clean and well maintained.

Standard 5 – Organisation’s service environment

- (3)(b) the service environment:
 - (i) is safe, clean, well maintained and comfortable; and
 - (ii) enables consumers to move freely, both indoors and outdoors.

Standard 6 – Feedback and complaints

- (3)(a) consumers, their families, friends, carers and others are encouraged and supported to provide feedback and make complaints.
- (3)(c) appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
- (3)(d) feedback and complaints are reviewed and used to improve the quality of care and services.

Standard 7 – Human resources

- (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.
- (3)(b) workforce interactions with consumers and kind, caring, and respectful of each consumer’s identify, culture and diversity.
- (3)(c) the workforce is competent and members of the workforce have qualifications and knowledge to effectively perform their roles.
- (3)(d) the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
- (3)(e) regular assessment, monitoring and review of the performance of each member of the workforce.

Standard 8 – Organisational governance

- (3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
- (3)(b) The organisation’s governing body promotes a culture of safe, inclusive and quality care services and is accountable for their delivery.
- (3)(c) Effective organisation wide governance systems relating to the following:
 - (i) information management





- (ii) continuous improvement
 - (iii) financial governance
 - (iv) workforce governance, including the assignment of clear responsibilities and accountabilities
 - (v) regulatory compliance
 - (vi) feedback and complaints
- (3)(d) Effective risk management systems and practices, including but not limited to the following:
 - (i) managing high-impact or high-prevalence risks associated with care of consumers
 - (ii) identifying and responding to abuse and neglect of consumers
 - (iii) supporting consumers to live the best life they can.
- (3)(e) Where clinical care is provided – a clinical governance framework, including but not limited to the following:
 - (i) antimicrobial stewardship
 - (ii) minimising the use of restraint
 - (iii) open disclosure.