



Performance Report

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Name of service:	Vincent Court
Service address:	88 Leith Street West Kempsey NSW 2440
Commission ID:	0089
Approved provider:	Apollo Care Operations Pty Ltd
Activity type:	Site Audit
Activity date:	25 October 2022 to 27 October 2022
Performance report date:	8 December 2022

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 Vincent Court (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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.

¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

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

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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, 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. 	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 that they are treated with dignity and respect, and they feel accepted and valued. Care plans reflected consumers identity, culture, and their diversity. Staff demonstrated sound knowledge of consumers' backgrounds and how this informs care delivery.

Consumers provided examples of how the service supports them to make decisions about their care and maintain relationships, which was supported by care documents, which demonstrated consumers can exercise choice and independence.

Consumers said they are supported to take risks and continue to do the things that are important to them. Staff described how consumers are supported in making decisions about taking risks. Care planning documents included consent in relation to the chosen activities involving risks.

Staff described how they assist consumers to understand the information to enable them to exercise choice, consumers are provided with information to help them make informed decisions such as for meals, activities and preferences. Relevant information was observed to be easily available to consumers and representatives including interpreter services if and when required.

Consumers described how their privacy is respected and staff described how they maintain a consumer's privacy when providing care. Staff were observed knocking on bedroom doors and

awaiting response before entering and to close office doors when discussing consumer information.

Standard 2

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: <ul style="list-style-type: none"> (i) 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 (ii) 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

A review of care plans demonstrated effective, comprehensive assessment and care planning to identify the needs, goals and preferences of consumers, including the identification of risks to each consumer's health and well-being. Consumers indicated they were satisfied with the assessment and planning process and said they receive the care and services they need. Staff were able to describe the care planning process in detail, and how it informs the delivery of safe and effective care.

Staff demonstrated an understanding of the consumers' needs and preferences, in line with care planning documents. Advanced health directives were observed to be in place for consumers who wish to have one.

Staff described the process of referring consumers to relevant allied health professionals. Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals. Consumers confirmed that they are involved in care planning and have access to other providers for care as required.

Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan. Staff were able to describe the processes for documenting and communicating assessment outcomes. Care planning



documentation evidenced that outcomes of assessment and care planning are communicated effectively to consumers and representatives.

Care planning documents reflected representatives are contacted and reviews occur when an incident occurs or when a change to consumers' health and well-being are identified.

Consumers reported that staff regularly communicates with them about their care plan review.

Standard 3

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (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 and reduce the risk of increasing resistance to antibiotics. 	Compliant

Findings

Consumers and representatives said consumers receive personal and clinical care that meets their needs and preferences. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective.

Consumers said that care provided for them is safe and right for them and risks to their well-being are assessed, explained, and managed well. Care plan and reporting data demonstrated that personal and clinical care are delivered in line with best practice and continued focus on the reduction of restraints. Staff were able to accurately describe the risk for consumers and how it informs care delivery, such as skin care provided to prevent pressure areas.

Consumers and representatives confirmed they have made their wishes known and staff were aware of their end of life preferences. Care planning documents contained instructions for end of life care, resuscitation and comfort requirements. Staff have been trained in palliative care, and a palliative care nurse practitioner provides support to the staff if required.



Care planning documents and observations demonstrated deterioration in a consumer's health, capacity and function is recognised and responded to in a timely manner through effective clinical protocols. Consumers and representatives reported staff is prompt to recognise the change or deterioration consumers' conditions and provide appropriate support such as doctor reviews, medication reviews or other investigation including hospital transfer. Staff were able to describe a range of signs related to deterioration, including changes in mobility, cognition, mood, and behaviour.

Care planning documentation contained adequate information to support effective and safe sharing of the consumer's information in providing care. Staff were aware of their responsibility to notify the health professionals and representatives if there is a change to a consumer's condition, an incident, return from hospital or medication review. Staff said changes in consumers care and services are communicated at handovers, which were observed to be effective.

Consumers said referrals are timely, appropriate and occur when needed. Care planning documents reflected referrals occur to medical officers and other health professionals. Staff described the process for referring consumers to other health professionals and how information is shared among care providers for consumers.

Staff described how they minimise infection-related risks by following the service's infection control policies and promoting antimicrobial stewardship. Care plans were observed to follow clinical protocols that include antimicrobial stewardship principles. Management advised that antibiotics are typically commenced following a confirmed pathology result. Management provided documentation to support evidence of compliance including an Infection Control Policy, COVID-19 Management Plan, Outbreak Management Policy, and Antimicrobial Stewardship Policy Framework.

Standard 4

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: <ul style="list-style-type: none"> (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. 	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 were satisfied that they are supported by the service and are able to participate in activities of interest to them. Care planning documents included strategies and options to deliver services and supports for daily living that reflect the diverse needs of consumers. Consumers were observed engaging in activities.

Consumers and representatives considered consumers' emotional and spiritual well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers, and strategies to promote their well-being. Staff were able to describe how they support the emotional, psychological, and spiritual well-being of consumers.

Staff explained how they work with other organisations and groups to help consumers follow their interests, social activities and maintain their community connections. Consumers provided positive feedback stating they enjoy the activities program and they are supported to participate in the community and maintaining personal relationships.

Consumers said they provided consent to share their information so that all staff and other persons delivering care and services were aware of their needs and preferences. Care planning documents evidenced input from other care providers to support effective and safe care with respect to services and supports for daily living.



Consumers said the service refers them to external providers to support their care and service needs. Staff could identify individuals, organisations, or providers where they can make referrals and describe the referral process. Staff can describe how the consumer is actively involved in referrals and how consent is obtained. The organisation has established links with individuals, organisations, or providers, to make sure consumers have access to a range of service and supports.

Consumers said meals provided are of good quality, tasty, with good portion sizes. Staff described how they meet consumers' dietary needs and preferences. Consumers' dining experience was observed to be comfortable and consumers who needed assistance with eating and drinking were observed receiving appropriate assistance.

Consumers said that they feel safe when they are using the equipment and they know how to report any concerns they. Equipment provided was observed to be safe, suitable, clean, and well maintained.

Standard 5

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: (i) is safe, clean, well maintained and comfortable; and (ii) 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 said they feel at home and that the service optimises their sense of belonging and independence. Consumers were able to personalize and decorate their rooms according to their preference, signage is in place to assist consumers to move around the service.

Consumers and representatives said they consider the service environment to be safe and comfortable. The service was observed to be clean and well-maintained, and free from any obstructions and hazards. Bedrooms and common areas include handrails and consumers were observed moving freely around the service.

Consumers and representatives said that the equipment and furniture at the service is safe, well-maintained, and suitable for their needs. Staff described how shared equipment is cleaned and maintained.

Standard 6

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

Staff were aware of feedback and improvement processes and reported they are encouraged to do so. Consumers reported that they are encouraged and supported to provide feedback and make complaints.

Staff demonstrated shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Consumers and representatives were aware of other avenues for raising a complaint and advocacy service. The information in relation to advocacy and translation services, including feedback and complaints processes, and contact information for external assistance from the Commission was observed to be readily available to consumers and representatives and displayed throughout the service in form of posters and brochures.

Consumers and representatives felt comfortable making a complaint and were confident that the service would respond appropriately if they made a complaint. Consumers and representatives reported that they receive an apology from staff upon the making of the complaint or when things go wrong. Staff demonstrated a shared understanding of the principles of open disclosure, including providing an apology and implementing actions to prevent recurrence of the incident or complaint.

Consumers and representatives were happy with the changes implemented at the service as a result of feedback and complaints. Management advised that the service analyses feedback from consumers and representatives and used them to inform continuous improvement activities across the service which was evident from the review of the continuous improvement plan review.

Standard 7

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 and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind and respectful. Consumers raised no concerns with the response time to call bells and a review of fortnightly rosters showed a registered nurse is allocated on all shifts, all shifts were filled, and where staff were not able to attend their shift, they were replaced.

The service maintains an up-to-date register of staff qualifications and reviews this register regularly. Staff complete an extensive training program that is well supported by management. Consumers and representatives said that staff are well trained and meet their needs.

Consumers and representatives reported that staff know what they are doing, and they are well trained. A review of training registers confirmed staff are equipped to perform in their roles. Staff described details of the training they completed relevant to their roles and said staff can request additional training.

Staff demonstrated awareness of the service's performance development processes, including performance appraisals and regular informal discussions regarding their performance and competency. Documentation reviewed confirmed performance appraisals, mandatory training and competency assessments are conducted annually.

Standard 8

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: <ul style="list-style-type: none"> (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. 	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: <ul style="list-style-type: none"> (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: <ul style="list-style-type: none"> (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure. 	Compliant

Findings

Documentation reviewed by the Assessment Team evidenced consumers' ongoing engagement in the development, delivery and evaluation of care and services. Consumers and representatives felt included in discussions around care planning and management advised that all feedback or suggestions from consumers and representatives are included in the service's improvement register.

The management team elaborated on a range of strategies when describing how the governing body promotes a culture of safe, inclusive, and quality care and services. The organisation's governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends. Consumers interviewed said they are made aware of results of surveys and audits, staff training and workforce management.



The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service response to requests for budgetary changes to support the needs of consumers has seen additional recruitment of staff across the service, upgrades to the electronic clinical management system, undertaking staged refurbishments and purchase of specialist clinical equipment.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can, and incidents are managed and prevented. Staff demonstrated knowledge of various risk minimisation strategies and their reporting responsibilities. Consumers expressed appreciation towards staff for being supportive of their chosen risk involving activities.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Clinical management staff oversee each consumer's initial assessment to guide staff in developing clinical and personal care strategies which has resulted in positive outcomes such as increased mobility and reduced use of restraint. Staff demonstrated the clinical framework encourages antimicrobial stewardship, which includes collaboration with consumers and their medical practitioners to reduce the amount of antibiotics used at the service. Staff were able to demonstrate an understanding of open disclosure and management provided evidence of when open disclosure has been applied.