Hellenic Community Aged Care

Performance Report

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**Commission ID:** 7157

**Provider name:** Hellenic Community Benevolent Association Inc

**Assessment Contact - Site date:** 9 June 2021

**Date of Performance Report:** 16 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 consumers, representatives, staff and others
* the Performance Report dated 2 February 2021 for the Assessment Contact – Site conducted 5 November 2020.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(a) in relation to Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 5 November 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact in relation to Requirement (3)(a) which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 4 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

Standard 4 Requirement (3)(a) was found Non-compliant following an Assessment Contact conducted 5 November 2020. Deficiencies identified related to consumers in the dementia support wing not being provided appropriate or effective supports to engage in activities in line with their preferences, or supports to assist consumers in remaining independent.

The Assessment Team’s report for the Assessment Contact conducted 9 June 2021 provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed activity plans for all consumers residing in the secure dementia wing. The plans identify activities of interest to consumers and are easily accessible to all staff.
* All consumers in the wing have a ‘fiddle box’ which consumers and staff can access. The boxes include items of significance to consumers to provide additional support when required.
* A designated Therapy assistant is now located in the wing to undertake morning and afternoon activities with consumers who do not attend the larger activity group.

In relation to Standard 4 Requirement (3)(a), documentation viewed, observations, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Overall, representatives sampled considered that consumers’ daily living supports provided by staff optimise consumers’ well-being and quality of life. Representatives of consumers living in the secure wing indicated there are sufficient activities to meet consumers’ needs on a day-to-day basis. One representative stated there are a lot of activities for consumers and there are always staff about to help when it is needed. All representatives stated the secure wing has improved in regard to decor and the feeling of homeliness.

Activity care plans sampled for consumers residing in the secure wing outlined consumers’ history, including where they previously lived, their families’ names and their past employment. Care plans also included information relating to consumers’ religion and personal interests and clearly listed interests to encourage staff to engage consumers in.

Therapy staff are based in the secure wing to undertake small group activities in the morning and afternoon, while other consumers attend a larger group activities outside the area. The Assessment Team observed a morning activity held in the secure wing, the new sensory room was observed to be used in the afternoon for activities and a number of consumers were also observed enjoying afternoon tea in the area.

For the reasons detailed above, I find Hellenic Community Benevolent Association, in relation to Hellenic Community Aged Care, Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 5 Organisation’s service environment. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(b) in this Standard. These Requirements were found Non-compliant following an Assessment Contact conducted 5 November 2020. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact in relation to Requirements (3)(a) and (3)(b) which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 5 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirements (3)(a) and (3)(b). I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

Standard 5 Requirement (3)(a) was found Non-compliant following an Assessment Contact conducted 5 November 2020. The service was found to not be able to demonstrate it had effectively monitored or identified deficits in the service environment and the service and staff did not demonstrate an understanding of the environment and the impact to consumers’ well-being and independence.

The Assessment Team’s report for the Assessment Contact conducted 9 June 2021 provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Engaged with Alzheimer’s WA to conduct an assessment, and implemented navigational aids in the secure area. Improvements implemented include painting handrails and bedroom doors in bright colours and name plaques and photographs of consumers placed on each consumer’s room.
* The sensory room has unrestricted access with the keypad and door handle now disabled. The sensory room is warm and inviting and has been furnished with a variety of comfortable and brightly coloured sofas and occasional chairs.
* Installed a closed circuit television system in the secure area to allow staff to observe consumers.

In relation to Standard 5 Requirement (3)(a), documentation viewed, observations and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Consumers and representatives sampled confirmed that consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers stated they can have items of importance around them and representatives confirmed when they visit, staff make them feel welcome.

Since the last Assessment Contact the service environment has been enhanced, walls in all four wings have been painted and decorative shelving with artificial plants have been installed along the corridors. Furniture has been replaced, and more seating has been installed in the corridors to encourage a home-like feel and social interaction.

For the reasons detailed above, I find Hellenic Community Benevolent Association, in relation to Hellenic Community Aged Care, Compliant with Requirement (3)(a) in Standard 5 Organisation’s service environment.

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

Standard 5 Requirement (3)(b) was found Non-compliant following an Assessment Contact conducted 5 November 2020. The service did not ensure consumers had access and could freely and independently move throughout the service, including outdoor areas.

The Assessment Team’s report for the Assessment Contact conducted 9 June 2021 provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Renovated the central courtyard in the secure wing. The courtyard is accessible via two internal doors, which were observed to be unlocked and open all day.
* The Assessment Team observed consumers in all four wings were able to move freely both indoors and outdoors.
* Internal doors from three units leading to the large central courtyard and gardens were noted to be unlocked.

In relation to Standard 5 Requirement (3)(b), documentation viewed, observations and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

Consumers sampled expressed satisfaction at being able to access outdoor areas and with the cleanliness of the environment. The Assessment Team observed the service environment to be clean and well maintained. The indoor temperature was appropriately warm, with all consumers appearing to be comfortable. Consumers in the secure wing were observed mobilising freely indoors, either independently or with assistance from staff and the outdoor areas were freely accessible.

Staff demonstrated awareness of how to raise issues with the environment and equipment. Cleaning staff were observed undertaking their duties throughout the Assessment Contact and communal areas and bathrooms were observed to be clean and tidy.

Complaints in relation to general cleanliness of the environment were noted to have been received in early 2021. In response, a new cleaning provider was contracted. Complainants sampled indicated cleaning issues have since been resolved and they have no further complaints or concerns.

For the reasons detailed above, I find Hellenic Community Benevolent Association, in relation to Hellenic Community Aged Care, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.