Society of St Hilarion - SEATON

Performance Report

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**Commission ID:** 600089

**Provider name:** The Society of St Hilarion Inc

**Assessment Contact - Site date:** 16 September 2020

**Date of Performance Report:** 9 November 2020

# Publication of report

This Performance Report **may 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Non-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, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received on 8 October 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(e) in Standard 1 and recommended the Requirement as met. All other Requirements in this Standard were not assessed.

Overall consumers and representatives said they receive information that is clear, easy to understand and enables them to exercise choice. For example:

* Consumers and representatives said they receive information and updates by telephone, verbally from staff or by post. If they are unable to understand, consumers said they contact the office staff who will explain the information to them either in English or Italian.
* Consumers said they have recently received letters in Italian and English about how to keep safe during COVID-19.
* Representatives said staff are knowledgeable and helpful and provide information to them in a way which is easy to understand.

Management said consumers are provided with information that is current, accurate and timely and is provided in various ways, including verbally, by telephone, email and by post. Information on consumers’ care and services are contained in the Home Care Consumer Agreement and includes information on fees and charges, services to be provided, monitoring and changes to care plans, and complaints and feedback processes. The Home Care Package support plan and schedule of support identifies each consumer’s goals, assistance required and outcomes. The Registered Nurse said they will take an Italian interpreter with them when carrying out assessments and undertaking reviews with Italian-speaking consumers.

Management said the organisation has Italian, Maltese and Vietnamese speaking staff who are available to assist consumers understand the information provided.

The Assessment Team viewed the Consumer information pack, newsletters, brochures and complaints information which were available in English and Italian.

Based on the information detailed above, I find the approved provider, in relation to Society of St Hilarion – Seaton, is Compliant with Requirement (3)(e) of Standard 1.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) Compliant

*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

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in Standard 2 and recommended the Requirement as not met. All other Requirements in the Standard were not assessed.

The Assessment Team found that while the service undertakes initial and ongoing assessments and planning in consultation with consumers and family members, the service was unable to demonstrate that the assessment and care planning process identified the care needs and risks associated with consumers’ health and well-being.

The Assessment Team found the service could not demonstrate that staff follow the policies and procedures available to guide them through the assessment, care planning and risk management process.

While communication notes are completed by support staff following the delivery of care, documentation completed by staff does not always sufficiently identify the consumer and what care and services have been provided.

I have considered the Assessment Team’s report and the approved provider’s response to come to a view that the service is Non-compliant with this Requirement. I have provided the reasons for my decision below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate assessment and care planning identifies the care needs and consideration of risks associated with consumers’ health and well-being.

The Assessment Team reviewed five consumer files which indicated the following:

* Care plans were not reflective of the care needs of the consumers.
* Risk assessments and monitoring were not completed following incidents.
* Care workers have no clear guidance to the care they should be delivering to the consumer.
* The service did not review assessments and care plans for one consumer who experienced changes in their care needs following an adverse incident.
* Communication notes are not completed appropriately by support workers after they have delivered care.

For example:

In relation to one consumer, the service plan does not contain information about their complex needs, including information on bowel and oxygen management. There are no clear directions for staff regarding how to change and assist the consumer with their stoma and bag and manage oxygen. Communication notes by support workers are not informative, regularly did not detail the care provided, and did not identify the consumer by name. Care staff said they assist the consumer with their stoma care requirements and registered nursing staff said they were aware of the consumer’s care needs. However, this information was not contained in the consumer’s care plan. While the consumer is not on continuous oxygen, management were unable to provide a risk assessment for the administration of oxygen.

The Assessment Team noted behavioural incidents had been recorded for two consumers. Risk assessments had not been completed as per the service’s policy and as directed in the incident form. There was no record of the incident for one consumer in the care plan review and no monitoring and review of the consumer’s emotional and mental well-being was undertaken following the incident to ensure the safety and well-being of the consumer and staff.

Falls risk assessments were not completed for one consumer; however, progress notes showed the consumer had been reviewed by an Occupational Therapist on two occasions.

The Assessment Team noted one consumer had requested additional social support as they were lonely and isolated; however, the support plan did not contain any information on the consumer’s social needs. Management acknowledged the consumer’s social needs are not reflected in their care plan as no assessment has been undertaken.

Consumers and representatives provided the following information:

* Consumers and representatives said staff are friendly, professional and know what they are doing.
* One consumer said they have been involved in their care plan re-assessment process with the Registered Nurse and changes were made. The consumer has a copy of the plan in their home.
* One representative said they were involved in their family member’s planning and are informed when changes to their care occur. The representative said that if the regular support worker is unable to attend, the service will send another support worker who has been before.
* One representative said they had reminded staff of a previous request which had been made regarding social interactions, but to date no action has been taken.

The approved provider indicated they agreed with the Assessment Team’s findings and submitted a Plan for Continuous Improvement outlining the actions to be taken by the service. Improvements include a checklist will be developed to guide staff during the assessment process, and training to be provided to nursing staff on when re-assessments should occur.

Based on the Assessment Team’s report and the approved provider’s response, I find the service is Non-compliant with this Requirement. I find that while assessment and planning processes initially occur, these are not reviewed following changes in a consumer’s needs or when an incident occurs. While care staff may be aware of the needs of consumers, care plan documentation is not updated to reflect consumers’ current care needs. In addition, the service has not undertaken an assessment of a consumer’s social needs following a request for additional support.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Society of St Hilarion – Seaton, is Non-compliant with Standard 2, Requirement (3)(a).

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2 Requirement (3)(a)**

* Ensure risk assessments and monitoring are completed following incidents.
* Ensure appropriate re-assessments occur following changes in consumers’ health care needs.
* Ensure care plans are reflective of the care needs of consumers.
* Ensure care workers are provided with guidance on the care to be provided to consumers.