Society of St Hilarion - SEATON

Performance Report

7 Kelly Avenue
Seaton SA 5023
Phone number: 08 8409 1500

**Commission ID:** 600089

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

**Assessment Contact - Site date:** 17 May 2021

**Date of Performance Report:** 10 June 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | 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 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 staff, consumers/representatives and others.

# 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. All other Requirements in this Standard were not assessed and, therefore, a 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 Standard 2. This Requirement was found Non-compliant following an Assessment Contact conducted on 16 September 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) as 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 Requirement (3)(a) in this Standard and find the service Compliant with Requirement (3)(a). The reasons for the findings are detailed in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted on 16 September 2020 where it was found assessment and planning processes were not reviewed following changes in a consumer’s needs or when an incident occurs.

The Assessment Team’s report dated 17 May 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Standard Operating Procedures have been updated in relation to assessment, review and referrals to support staff in their roles.
* Training was reviewed and provided for care coordinators in relation to risk management and assessment to ensure consumers have individualised preferences identified, assessed and planned for. In addition, all staff were provided training on effective documentation.
* Communication processes have been improved through the implementation of communication books, home visits records and progress notes for updated case notes which are stored at consumers’ homes.
* Risk assessments were completed for consumers to identify and plan for potential and known risks based on a client review priority list.
* An electronic client folder structure and document label process was implemented to ensure relevant assessment and supporting documentation is completed and accessible.
* Fortnightly meetings commenced in May 2021 to oversee consumers who are at high risk, including consumers who have wounds, diabetes or are at risk of social isolation.
* Internal audits have been implemented to monitor the completion and effectiveness of; risk management documentation, care plan assessment and review processes and support staff case notes.

In relation to Standard 2 Requirement (3)(a), information provided to the Assessment Team by consumers, management and documentation sampled demonstrated:

All consumers and representatives interviewed said the service is proactive and conducts care plan reviews on an annual basis or when changes occur. Three representatives said care plans were recently reviewed and the service incorporated more information which they though was beneficial.

Staff sampled confirmed they can access information about consumers’ needs through the care plan via a phone application. Staff described how this includes known risks to alert staff, such as consumers who have dogs, cognitive impairment or behaviours of concern.

A sample of care files viewed showed all consumers had a care and service plan with a schedule outlining care and services being delivered. In addition, care files viewed showed consumers had appropriate assessments completed which also included relevant risk assessments. Additionally, a care file viewed demonstrated one consumer experienced an adverse event which resulted in a decline in health status. Records showed the consumer’s care and service plan was reviewed and the care and services being provided were increased in consultation with the representative.

The Audit Planner for 2021, in relation to Home Care Package clients within the organisation, outlines an audit to be completed in November 2021 which has been updated to monitor assessment, planning and service delivery.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Society of St Hilarion – Seaton, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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.