St Basil's Aegean Village

Performance Report

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**Commission ID:** 6151

**Provider name:** St Basil's Homes for the Aged in South Australia (Vasileias) Inc

**Assessment Contact - Site date:** 13 October 2020

**Date of Performance Report:** 8 January 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 considered 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
* the provider’s response to the Assessment Contact - Site report received on 3 December 2020.

# STANDARD 2 NON-COMPLIANTOngoing 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 Quality Standard is Non-compliant as one of the five specific Requirements in this Standard has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

The Assessment Team found the service’s assessment and planning processes had not identified and addressed consumers’ current needs, goals and preferences.

Based on the Assessment Team’s report and the Approved Provider’s response I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Non-compliant with Requirement (3)(b) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 2 Requirements

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

*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.*

The Assessment Team found the service’s assessment and planning processes had not identified and addressed consumers’ current needs, goals and preferences. The Assessment Team provided the following information and evidence relevant to my finding:

* Prior to the Assessment Contact the service had identified the inadequacy of assessments and care plans and have developed a plan to reassess all consumers.
	+ The Assessment Team found 23 consumers had been identified as high risk, however, these consumers’ care plans had not been fully completed.
* Assessment and care planning processes have not been effective for individual consumers:
	+ All consumer summary care plans did not contain information in relation to behaviours and medications.
	+ A consumer’s (consumer A) care plan did not contain information in relation to their fluid restriction requirement or management strategies for oedema.
	+ Two consumers (consumer B and consumer C) who are prescribed time-sensitive medications did not have a medication assessment, including that time sensitive medication was a risk.
	+ A consumer’s (consumer D) care plan did not have their preferences in relation to skin or wound management included.

The Approved Provider submitted a response to the Assessment Team’s report which demonstrates a commitment to addressing the issues identified in the Assessment Team’s report. The Approved Provider has developed an action plan which is being regularly reviewed by the Board to ensure resources and actions are sufficient to achieve the Compliance Action Plan within the proposed timeframes. The Approved Provider’s response also provided information to clarify some of the Assessment Team’s findings. Information provided relevant to my finding includes:

* Management reported to the Assessment Team that a weekly Interdisciplinary High-Risk Resident meeting has been established to identify and monitor progress of assessment and care plan completion.
* Consumer A has had their care plan reviewed and updated to include strategies to manage oedema, with all relevant staff notified of changes to care.
* Consumer B and C’s care plans have been updated to reflect that they have time-sensitive medications.
* Consumer D has had their care plan updated to reflect their current needs and preferences in relation to skin management.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge that the service had identified deficiencies in the service’s assessment and planning process prior to the Assessment Contact and have also rectified deficiencies identified by the Assessment Team. In coming to my finding I have considered that four consumers did not have assessments and/or care plans which reflected their current needs/preferences and several other consumers did not have completed summary care plans. I also considered that the service are working to address deficiencies they identified. I find that at the time of the Assessment Contact, the service was unable to demonstrate that actions to date have ensured that consumers’ current needs, goals and preferences have been identified and documented.

For the reasons detailed above I find I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Non-compliant with Standard 2 Requirement (3)(b).

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is Non-compliant as one of the seven specific Requirements in this Standard has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

The Assessment Team found the service was unable to demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer.

Based on the Assessment Team’s report and the Approved Provider’s response I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Non-compliant with Requirement (3)(b) in this Standard. I have provided reasons for my finding in the respective Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to managing risks associated with medication management, falls management, nutrition and hydration, and behavioural management. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer’s (consumer A) medical officer directed a fluid restriction be implemented to manage a clinical condition. However, this directive was not updated in the consumer’s care plan, and clinical staff interviewed were not aware of the fluid restriction and acknowledged there was no monitoring process to ensure compliance with the fluid restriction.
* During a one-week period, a consumer (consumer B) was not administered time-sensitive medications in accordance with the medical officer directives in relation to administration times. The time-sensitive medication is to be administered four times per day, and in this one-week period, it was administered 11 times between 60 to 150 minutes after the directed administration time.
	+ Clinical staff indicated the electronic medication management system initiates an alert if a medication is not signed as administered within a set timeframe. However, the Assessment Team found the set timeframes for all consumers encompassed large time periods.
* A consumer (consumer C) was not administered medication for a chronic condition, prescribed by the medical officer to prevent the consumer from having ongoing falls. The consumer continued to have several falls following the omission of the administration of this medication. Management and four clinical staff interviewed said the consumer was receiving this medication. Consumer C has had several falls, however, staff have not consistently completed neurological observations.
* A consumer (consumer E) had a witnessed fall, however, while an adverse event form had been generated, there was no further documentation in relation to assessment post fall or if injuries had been sustained.
* A consumer (consumer F) sustained a skin tear which has not been effectively managed by clinical staff. The skin tear has not healed and has deteriorated over several months. Clinical staff have not reviewed the wound or completed dressing changes in accordance with the wound protocol and wound regime. Clinical staff have not made a referral to a wound specialist.
* Four consumers have not had their behaviours effectively managed following behavioural incidents and ongoing behavioural issues.
* The service’s policies and procedures are inconsistent to support effective risk management and the service does not effectively use incident data or audits to support effective management of risks associated with consumers’ care.

The Approved Provider submitted a response to the Assessment Team’s report which demonstrates a commitment to addressing the issues identified in the Assessment Team’s report. The Approved Provider has developed an action plan which is being regularly reviewed by the Board to ensure resources and actions are sufficient to achieve the Compliance Action Plan within the proposed timeframes. The Approved Provider’s response also provided information to clarify some of the Assessment Team’s findings. Information provided relevant to my finding includes:

* Consumer A has had their care plan reviewed and updated to include strategies to manage their clinical condition, with all relevant staff notified of changes to the care. Additionally, the Resident of The Day tool is being reviewed to address roles and responsibilities in relation to clinical observations.
* Consumer B had their care plan updated to reflect they had time-sensitive medications and staff were sent an email to remind them of their obligations in administering this medication. Additionally, care managers are now checking the administration times of time-sensitive medication every 24 hours and following-up any issues identified.
* Consumer C’s medical officer had not saved their medication order for the consumer’s chronic condition to support falls prevention. The medication was prescribed on the day of the Assessment Contact and actions in relation to time-sensitive medications have been used for this consumer.
* Consumer E’s fall was witnessed, and it was established that the consumer did not hit her head, however, the agency nurse on duty failed to document clinical observations.
* Consumer F’s wound has been reviewed by a wound specialist and they continued to review the wound. Recommended strategies have been updated in the consumer’s care plan.
* In relation to the four consumers who have not had their behaviours effectively managed, the service has completed several actions to address each consumer’s needs, including but not limited to, referring to specialists, completing and updating assessments and care plans, identifying and implementing new interventions, reviewing clinical health status, and reviewing incidents daily and immediately following-up.
* A monthly key performance indicator report has been implemented to assist in monitoring and analysing clinical data.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge that the service has acted to rectify deficiencies identified by the Assessment Team and implemented several actions to manage the risks associated with the care of consumers identified in the Assessment Team’s report. However, in coming to my finding I have considered the following:

* Clinical staff did not monitor a consumer’s fluid consumption to support the effective management of a clinical condition and minimise risks associated with this health condition.
* Clinical staff did not administer time-sensitive medications on time or in accordance with agreed medical directives to effectively manage the risks associated consumers B and C’s chronic health conditions.
* Clinical staff did not document clinical observations for consumer E following a fall to ensure the consumer did not have adverse clinical outcomes from the fall.
* Clinical staff did not effectively manage consumer F’s skin tear to minimise risks associated with wound healing. The wound has subsequently not healed and deteriorated.
* Staff did not effectively manage four consumers’ behaviours which were impacting other consumers and staff following incidents to ensure further risk of incidents reoccurring were minimised or eliminated.

I find that on the day of the Assessment Contact staff had not effectively managed the risks associated with the personal and clinical care of each consumer and while actions have been implemented to address the deficiencies in this Requirement, the service has not demonstrated they are able to effectively and independtly identify and manage risks associated with consumers’ care.

For the reasons detailed above I find I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Non-compliant with Standard 3 Requirement (3)(b).

# STANDARD 4 Services and support 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)(c) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact. Therefore, an overall assessment of this Standard has not been undertaken for this Performance Assessment Report.

The Assessment Team have recommended Requirement (3)(c) in this Standard as met. The Assessment Team found the service was able to demonstrate consumers are able to participate in their community within and outside the organisation’s service environment; have social and personal relationships; and do things of interest to them.

Consumers interviewed indicated they have a range of things to do of interest to them and provided examples of participating in groups outside of the service. Consumers provided examples of how the service supports them to maintain relationships with friends, representatives and significant others.

Staff interviewed were able to describe how they support consumers to maintain relationships and strategies used to support consumers at risk of social isolation.

The Assessment Team observed a range of activities occurring during the Assessment Contact and the activities calendar demonstrated a variety of activities are scheduled.

The Assessment Team reviewed care files which demonstrated consumers’ needs are preferences are assessed and included in plans of care. Activity records support that consumers have participated in activities outlined in their care plans.

Based on the Assessment Team’s report and the Approved Provider’s response I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Compliant with Requirement (3)(c) in this Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact. Therefore, an overall assessment of this Standard has not been undertaken for this Performance Assessment Report.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met. The Assessment Team found overall consumers interviewed confirmed there were adequate numbers of staff and did not have to wait long for staff to respond to their call bells.

Management interviewed provided examples of how they respond to call bells not answered within a timely manner and reported additional staffing hours have been implemented to meet consumers’ needs.

The Assessment Team reviewed monthly reports which demonstrated the service monitors staff and agency usage and the roster sampled indicated all vacant shifts were filled by agency or internal staff.

Based on the Assessment Team’s report and the Approved Provider’s response I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Compliant with Requirement (3)(a) in this Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is Non-compliant as one of the five specific Requirements in this Standard has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(c) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(c) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

The Assessment Team found the service’s assessment and planning processes had not identified and addressed consumers’ current needs and goals and preferences.

Based on the Assessment Team’s report and the Approved Provider’s response I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, to be Non-compliant with Requirement (3)(c) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found the service was able to demonstrate effective information management, continuous improvement, financial governance, workforce governance and feedback and complaints processes. However, the Assessment Team found that processes in relation to regulatory compliance were not effective in relation to legislative requirements associated with reporting and managing incidents of allegations or suspicions of reportable consumer assault. The Assessment Team provided the following information and evidence relevant to my finding:

* Three incidents on the reportable assault register indicate the service did not manage these incidents in accordance with legislative requirements for incidents for alleged or suspected reportable assaults. Specifically:
	+ The service was unable to demonstrate actions taken to use their discretion not to report incidents of alleged or suspected reportable assaults were in accordance with legislative requirements.
	+ Management said there is no specific process to check that all reportable assaults are managed in accordance with legislative requirements.

The Approved Provider submitted a response to the Assessment Team’s report which demonstrates a commitment to addressing the issues identified in the Assessment Team’s report. The Approved Provider has developed an action plan which is being regularly reviewed by the Board to ensure resources and actions are sufficient to achieve the Compliance Action Plan within the proposed timeframes. The Approved Provider’s response also provided information to clarify some of the Assessment Team’s findings. Information provided relevant to my finding includes:

* Care managers now review all incidents and care plans each morning and ensure identified issues are followed-up and reportable incidents are managed in accordance with legislative requirements.
* All incidents of alleged or suspected abuse of consumers are reported on the care manager’s monthly key performance indicator report, which is then provided to the Board.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge that the service has acted to rectify deficiencies identified by the Assessment Team, however, on the day of the Assessment Contact, the service had not met their legislative responsibilities in relation to the compulsory reporting of alleged or suspected incidents of reportable consumer assaults.

# 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.

* The service has implemented an action plan and taken immediate actions to address the deficiencies identified by the Assessment Team in the Non-compliant Requirements and have included improvements which directly address the issues identified by the Assessment Team. The service should seek to ensure:
* **Standard 2 Requirement (3)(b)**
	+ Assessment and care planning processes are undertaken for all consumers, considering all aspects of care and services in consultation with consumers and/or representatives.
* **Standard 3 Requirement (3)(b)**
	+ Consumers’ time-sensitive medications are administered at the correct time.
	+ Consumers’ wounds are effectively managed, reviewed and escalated to specialists where clinically indicated.
	+ Consumers’ behaviours are effectively reviewed following behavioural incidents.
	+ Consumers are effectively monitored following falls, including ensuring clinical observations are consistently completed and documented.
	+ Consumers’ high risk clinical conditions are known to clinical staff and that monitoring processes are implemented.
* **Standard 8 Requirement (3)(c)**
	+ Staff are aware of their obligations and requirements in relation to compulsory reporting of allegations or suspicions of reportable assaults, including actions required if the discretion not to report the incident applies and is used.