St Basil's Aegean Village

Performance Report

10 Morton Road
CHRISTIE DOWNS SA 5164
Phone number: 08 7424 0950

**Commission ID:** 6151

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

**Assessment Contact - Site date:** 8 June 2021

**Date of Performance Report:** 23 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 management
* the provider did not respond to the Assessment Team’s report for the Assessment Contact – Site conducted 8 June 2021
* the Performance Report dated 8 January 2021 for the Assessment Contact – Site conducted 13 October 2020 to 14 October 2020.

# 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)(b) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. 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 Requirement (3)(b) in Standard 2. This Requirement was found Non-compliant following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where four consumers were found not to have assessments and/or care plans which reflected their current needs/preferences and several other consumers did not have completed summary care plans. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) 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 service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where four consumers were found not to have assessments and/or care plans which reflected their current needs/preferences and several other consumers did not have completed summary care plans. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A document outlines overdue consumer assessments, sorted by number of days overdue. The document indicated seven care plans and assessments have been completed and 46 are due by the end of June 2021, 10 of which are in progress.
* A document identifies the start date for organising a care plan review and what needs to occur, including communicating with Medical officers, commencing charting, allied health reviews and completing assessments and care plans in line with a pathway.
* Developed new admission pathways to guide staff practice.
* Contracted an external auditor to undertake three-monthly care audits; where improvements have been identified, these are actioned.
* For consumers named in previous Assessment Contact Report, care plans have been updated with current needs and preferences.
* An Advance care plan directive audit is being undertaken to determine consumers’ care and cultural care wishes.
* Staff have completed End of life and Palliative care training.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Overall, consumers and representatives confirmed they feel like partners in the ongoing assessment and planning of consumers’ care needs and services. Consumers and representatives confirmed they are consulted during care planning processes and informed of assessment outcomes. Representatives confirmed advance care planning discussions had occurred and consumers’ end of life wishes and preferences documented.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis to identify each consumer’s needs, goals and preferences relating to care and services. Individualised care plans are developed from information gathered, in line with consumers’ goals, needs and preferences and assessed needs. Clinical, care, Medical officers and allied health staff regularly consult with consumers or their authorised representatives to evaluate care and service delivery and ensure consumers’ care needs, goals and preferences are being met. Discussions relating to advance care planning and end of life planning occur and consumers’ individual preferences, including cultural and spiritual needs are identified and documented.

Staff described how they support consumers with their daily care needs, and how this is based on assessment processes. Staff confirmed they have access to information relating to consumers’ end of life wishes and described how each consumer’s end of life wishes are different, indicating they would provide care based on what the consumer wants.

For the reasons detailed above, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, Compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal 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 Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. 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 Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where it was found staff had not effectively managed risks associated with the personal and clinical care of each consumer. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

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

### Assessment of Standard 3 Requirements

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

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where it was found staff had not effectively managed risks associated with the personal and clinical care of each consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Incidents that occur each day are being reviewed, resultant changes to consumer care are documented and staff notified of the changes.
* All ‘barn doors’ have been replaced with regular doors.
* Placed privacy curtains on doors of consumers who were frequently visited by uninvited guests.
* Added a specific behaviour section to the electronic care system for behaviours not identified consumers’ care plans.
* Education provided to staff relating to behaviour management and time sensitive medications.
* Implemented actions in response to consumers identified in the last Assessment Contact Report with responsive behaviours. Actions include care plan reviews, including review of management strategies and referrals to behaviour management specialists.
* Implemented actions in response to a consumer identified in the last Assessment Contact Report relating to wound management. Documentation demonstrated referral to a wound specialist, regular wound reviews, completion of assessments and plans and weekly wound photographs.
* Improved monitoring processes for time sensitive medications, including daily reviews and weekly medication audits.
* Updated the Resident of the day process to include consideration of fluid restrictions.
* The care plan for the consumer identified in the last Assessment Contact Report has been updated to include information relating to fluid restriction.
* Reviewed Falls prevention and management policy and procedure documents.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers stated staff know their care needs and they can see the Medical officer and allied health staff if needed.

Consumer files sampled demonstrated high impact or high prevalence risks are identified and management strategies implemented. A consumer file demonstrated assessment processes in relation to pain, continence, skin and mobility had been completed and management strategies documented. Documentation included appropriate management of skin integrity, pain and continence. Wound management had been undertaken in line with the recommended regime and the wound was noted to be improving. Additionally, charting demonstrated appropriate actions had been initiated where blood glucose levels were outside of therapeutic range.

Clinical staff described high impact or high prevalence risks for sampled consumers in line with their care plan. Staff understood how to mitigate risk/s for individual consumers, and how to support them in their individual choices. Clinical staff were familiar with consumers on time sensitive medications and described the importance of administering these medications within the required time frame.

For the reasons detailed above, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 8 Organisational 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 Assessment Team assessed Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact. 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 Requirements (3)(c) and (3)(d) in Standard 8. Requirement (3)(c) was found Non-compliant following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where it was found the service had not met their legislative responsibilities in relation to compulsory reporting of alleged or suspected incidents of reportable consumer assaults. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

In relation to Requirement (3)(d), the service demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The Assessment Team have recommended Requirements (3)(c) and (3)(d) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirements (3)(c) and (3)(d) and find the service Compliant with Requirements (3)(c) and (3)(d). I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 service was found Non-compliant with Requirement (3)(c) following an Assessment Contact conducted 13 October 2020 to 14 October 2020 where it was found the service had not met their legislative responsibilities in relation to compulsory reporting of alleged or suspected incidents of reportable consumer assaults. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Incidents which have occurred overnight are reviewed each morning and issues identified are followed up.
* A reviewed and refreshed policy and procedure relating to Standard 8 Requirement (3)(c) is accessible on the organisation’s intranet.
* Implemented service procedure changes in response to the Serious Incident Response Scheme (SIRS) reporting requirements.
* Staff training conducted in relation to behaviour management, including care planning, elder abuse and SIRS.

Information provided to the Assessment Team by staff through interviews and documentation sampled demonstrated:

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Staff confirmed they have access to policies, procedures and other documentation to assist them to undertake their roles.

The organisation has a continuous improvement framework and quality framework. Management descried how improvement opportunities are identified, including through audits, incident data, feedback processes and meeting forums. A Continuous improvement plan is maintained and included a range of planned and completed improvement initiates across the eight Quality Standards.

A Feedback framework guides staff with feedback management processes. A Care quality advocate ensures consumers have a direct avenue to provide feedback to the governing body. Complaints and feedback are reported at both site and organisational levels and to the Board.

Site and organisation level resources support workforce governance requirements. Management described how they ensure staff are recruited, supported, trained and monitored to ensure ongoing safe and quality care delivery to consumers.

There are processes to identify changes to legislation and to manage reportable incidents.

For the reasons detailed above, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

Information provided to the Assessment Team by staff through interviews and documentation sampled demonstrated:

Effective risk management systems and practices are in place, including, but not limited to, managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can, and managing and preventing incidents, including use of an incident management system.

Policy and procedure documents describe characteristics and/or clinical indicators which trigger consumer inclusion on the high risk register. High impact or high prevalence risks related to individual consumers on the register are monitored and discussed through regular meeting forums. Management described how the most relevant risks to individual consumers and the broader consumer cohort are known by staff, regularly reviewed and appropriately managed.

Staff described their responsibilities in relation to reporting elder abuse and neglect and provided examples of what signs might make them question whether a consumer was being subjected to abuse or neglect. Ongoing mandatory training is provided to assist staff to understand elder abuse and ensure the ongoing safety of consumers.

A consumer choice and dignity of risk process is in place to ensure consumers who wish to take risks are supported to understand the risks, alternative options, and risk minimisation and/or mitigation strategies. Individual risk activities are regularly reported to the governing body.

The organisation has an incident management system with relevant documentation to support reporting. Training has been provided to staff in relation to serious incidents, including documentation and reporting requirements. There is a structured framework for review of incidents and identification of trends to inform incident prevention, risk mitigation and continuous improvement opportunities. Management demonstrated logged adverse events are easily accessible, including a summary of reportable incidents, such as incidents reported in line with the Serious Incident Response Scheme requirements.

For the reasons detailed above, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s Aegean Village, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.