St Basil's at Croydon Park

Performance Report

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**Commission ID:** 6140

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

**Review Audit date:** 30 July 2020 to 7 August 2020

**Date of Performance Report:** 27 October 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

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| --- | --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** | |
| Requirement 1(3)(a) | | Non-compliant |
| Requirement 1(3)(b) | | Compliant |
| Requirement 1(3)(c) | | Non-compliant |
| Requirement 1(3)(d) | | Non-compliant |
| Requirement 1(3)(e) | | Non-compliant |
| Requirement 1(3)(f) | | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | | **Non-compliant** |
| Requirement 2(3)(a) | | Non-compliant |
| Requirement 2(3)(b) | | Non-compliant |
| Requirement 2(3)(c) | | Compliant |
| Requirement 2(3)(d) | | Non-compliant |
| Requirement 2(3)(e) | | Non-compliant |
| **Standard 3 Personal care and clinical care** | | **Non-compliant** |
| Requirement 3(3)(a) | | Non-compliant |
| Requirement 3(3)(b) | | Non-compliant |
| Requirement 3(3)(c) | | Non-compliant |
| Requirement 3(3)(d) | | Non-compliant |
| Requirement 3(3)(e) | | Non-compliant |
| Requirement 3(3)(f) | | Non-compliant |
| Requirement 3(3)(g) | | Non-compliant |
| **Standard 4 Services and supports for daily living** | | **Non-compliant** |
| Requirement 4(3)(a) | | Non-compliant |
| Requirement 4(3)(b) | | Non-compliant |
| Requirement 4(3)(c) | | Non-compliant |
| Requirement 4(3)(d) | | Compliant |
| Requirement 4(3)(e) | | Compliant |
| Requirement 4(3)(f) | | Non-compliant |
| Requirement 4(3)(g) | | Compliant |
| **Standard 5 Organisation’s service environment** | | **Non-compliant** |
| Requirement 5(3)(a) | | Compliant |
| Requirement 5(3)(b) | | Non-compliant |
| Requirement 5(3)(c) | | Compliant |
| **Standard 6 Feedback and complaints** | | **Non-compliant** |
| Requirement 6(3)(a) | | Compliant |
| Requirement 6(3)(b) | | Compliant |
| Requirement 6(3)(c) | | Non-compliant |
| Requirement 6(3)(d) | | Non-compliant |
| **Standard 7 Human resources** | | **Non-compliant** |
| Requirement 7(3)(a) | | Non-compliant |
| Requirement 7(3)(b) | | Non-compliant |
| Requirement 7(3)(c) | | Non-compliant |
| Requirement 7(3)(d) | | Non-compliant |
| Requirement 7(3)(e) | | Non-compliant |
| **Standard 8 Organisational governance** | | **Non-compliant** |
| Requirement 8(3)(a) | | Non-compliant |
| Requirement 8(3)(b) | | Non-compliant |
| Requirement 8(3)(c) | | Non-compliant |
| Requirement 8(3)(d) | | Non-compliant |
| Requirement 8(3)(e) | | 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 Review Audit; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Review Audit report received 4 September 2020
* the Assessment Team’s report for the Assessment Contact – Site conducted 22 July 2020.

# STANDARD 1 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as five of the six specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to Requirements 3(a), (3)(c), 3(d), 3(e) and 3(f) in this Standard. Based on the Assessment Team’s report and the approved provider’s response, I find the service Non-compliant with Requirements 3(a), (3)(c), 3(d), 3(e) and 3(f) in this Standard and have provided reasons for my finding under the specific Requirements.

Most consumers interviewed said staff value their culture, values and diversity and generally show respect towards them. However, some representatives did not consider consumers are treated with dignity and respect, can maintain their identity, make informed choices about care and services and live the life they choose. Representatives were not satisfied information provided to them in relation to consumers is accurate and provided in a timely manner.

The Assessment Team found the service does not always ensure consumers are treated with dignity and respect. Some staff were dismissive of consumer behaviours, stating they were due to ‘cultural reasons’. Some staff spoke in a disrespectful manner when discussing consumers and demonstrated a lack of empathy.

The service did not demonstrate it consistently supports consumers to exercise choice and make decisions about their own care and the way care and services are delivered. The service implemented a new living arrangement, ‘Pods’, without ensuring sufficient input of consumers and representatives prior to implementation.

The service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can. One consumer with known behaviours which place them at risk has not had these behaviours reviewed. Additionally, consumers are not able to freely access outdoor areas independently.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found the service does not always ensure consumers are treated with dignity and respect. The Assessment Team provided the following evidence relevant to my finding:

* A staff member’s comment relating to multiple physical incidents of aggression between consumers did not demonstrate appropriate understanding of aspects of Greek culture.
* Staff comments in relation to consumers with cognitive impairment and/or challenging behaviours demonstrated staff do not consistently speak about consumers in a kind and respectful manner.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(a) include staff training and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Staff comments to the Assessment Team in relation to specific consumers demonstrated staff do not consistently speak about consumers in a kind and respectful manner.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Non-compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team found the service did not demonstrate consumers are consistently supported to exercise choice and independence and make decisions about their own care and the way care and services are delivered. The Assessment Team provided the following evidence relevant to my finding:

* The service implemented a Pods living arrangement. Management said the Pods were introduced to enable better control in the event of an outbreak, with the example of COVID-19 provided.
* Management acknowledged they had not sought consumer and/or representative feedback prior to implementation of the Pods.
* One representative said the Pods were introduced without consumers or representatives being notified. The representative described impacts for consumers, including consumers being told to gather in different dining rooms, to sit in communal areas with other consumers they were not familiar with and not being able to maintain friendships within the service.
* Since implementation of the Pods, there have been seven complaints from consumers and representatives. Three complaints indicate representatives had not been consulted in relation to the change.
* One consumer provided feedback to the service relating to their preferred bedtime. However, the consumer’s care plan had not been updated to reflect their preferences.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(c) include staff training, review of all consumer care plans and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not demonstrate consumers are consistently supported to exercise choice, make decisions about their own care and the way care and services were delivered. Representatives stated the service had not consulted with them or consumers prior to implementation of the Pods. This was also demonstrated through complaints received by the service. Additionally, management acknowledged they had not sought consumer and/or representative feedback in a timely manner prior to implementation of the Pods.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team provided the following evidence relevant to my finding:

* One consumer has known behaviours which places them at risk of falls. Management were aware of the risks and meeting minutes demonstrated this risk had been discussed. However, formalised discussions relating to the behaviour and associated risks have not been undertaken with the consumer or representative in line with the service’s processes.
* Staff confirmed they do not have enough time to undertake regular checks on the consumer.
* Consumers are not able to go outside or move around freely from indoors to outdoors independently. The Assessment Team observed all external and internal courtyard doors to be locked and operated by a swipe card. Management stated consumers can ask staff to open the door to allow them to go outside when they wanted to. However, management could not describe how consumers with a cognitive or speech deficit are able to ask staff to open the doors.
* One consumer said they cannot go outside to the garden without supervision, they are not allowed to by themselves. The consumer said, “I think that’s the rules”.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(d) include ‘Quick meets’ staff meetings, staff training, installation of sensor beams to doors to enable consumers to freely access outdoor areas and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, each consumer was not supported to take risks to enable them to live the best life they can. Discussions with a consumer and/or representative relating to a consumer’s known behaviours and associated risks had not been undertaken in line with the service’s processes placing them at risk of falls. Additionally, staff commented they did not have time to undertake regular checks on this consumer.

Consumers are unable to move freely to outdoor areas without asking a staff member to open the door to ‘allow’ them outside. When the Assessment Team asked management how consumers with a cognitive or speech deficit are able to ask staff to open the doors, management agreed they cannot.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 1(3)(e) Non-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.*

The Assessment Team found the service was unable to demonstrate information provided to each consumer is accurate or timely. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives were not satisfied information was provided to them in a clear manner prior to implementation of the Pods.
* A representative was not satisfied the service had accurately discussed with them a consumer’s weight loss.
* A representative was not satisfied the service had communicated changes to a consumer’s palliative care status in a timely manner.
* A representative was not satisfied the service communicated changes to a consumer’s health in a timely manner.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(e) include staff training and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, representatives were not satisfied with the accuracy or timeliness of information. Two representatives were not satisfied changes to consumers’ health or weight had been accurately discussed or communicated with them. Additionally, consumers and representatives were not satisfied information was provided to them prior to implementation of the Pods living arrangements.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 1(3)(f) Non-compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

The Assessment Team found staff do not always respect each consumer’s privacy. The Assessment Team provided the following evidence relevant to my finding:

* One consumer stated a care staff member put their hand in their biscuit box and when they asked what they were doing, they left.
* The consumer’s care plan and a sign on the consumer’s door indicates female staff only for activities of daily living. Charting for a one month period indicates the consumer’s activities of daily living, including continence care were attended by a male care staff member on 11 occasions.
* Two male staff said they attend to the consumer’s personal hygiene. The staff members stated the consumer “is ok with male staff, maybe the family requested it”.
* Behaviour charting for two male consumers indicated ‘inappropriate behaviours in public areas’. However, these behaviours were noted to be conducted in the privacy of their own bedrooms. When asked about the entries on the chart, a staff member stated it’s an “inappropriate behaviour and we have to document it”.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(f) include staff training, review of all consumer care plans, review of staff allocations and rosters to ensure consumer staff gender preferences are identified and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, one consumer’s choice relating to having female staff attend to their activities of daily living had not being consistently respected. Additionally, consumers’ privacy was not consistently maintained or respected. Staff had incorrectly reported and documented consumers having displayed inappropriate behaviours in public areas; these consumers were noted to be in their own bedrooms at the time.

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 at Croydon Park is Non-compliant with this Requirement.

# STANDARD 2 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as four of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to Requirements 3(a), (3)(b), 3(d) and 3(e) in this Standard. Based on the Assessment Team’s report and the approved provider’s response, I find the service Non-compliant with Requirements 3(a), (3)(b), 3(d) and 3(e) in this Standard and have provided reasons for my finding under the specific Requirements.

Overall, consumers and/or representatives described having input into consumer care plans on a regular basis. Consumer files viewed demonstrated six monthly case management conferences are conducted in consultation with consumers and/or representatives prior to care plan reviews. However, the Assessment Team noted reassessment and planning does not consistently occur outside of these case conferences in response to incidents or changes to consumers’ care and service needs.

The service was unable to demonstrate assessments and care planning consistently included sufficient information relating to consideration of risks to consumers’ health and well-being to enable the delivery of safe and effective care and services.

A sample of consumer files viewed by the Assessment Team included significant information deficits relating to management of specialised nursing care, behaviour, falls, diabetes and nutrition. Additionally, care plans had not been reviewed in response to changes in consumers’ health and well-being or when incidents impacted on their needs, goals or preferences.

Care plans and assessments were not consistently reflective of consumers’ current needs and preferences and did not contain sufficient information to inform and guide staff. Three consumer files sampled demonstrated care is not always provided in line with consumers’ assessed needs and/or preferences. Additionally, staff do not consistently document consumers’ care in line with their assessments and care plans.

## 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 assessments and care planning documentation consistently contained sufficient information relating to consideration of risks to consumers’ health and well-being in order to inform the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

* Care plan reviews do not consistently occur following changes and incidents impacting on consumers’ health and well-being. Ten consumer files showed significant deficits in information required to manage behaviours, falls, specialised nursing care needs and diabetes.
* Care plans and assessments had not been reviewed for five consumers following incidents of physical aggression. Additional behavioural management strategies and/or supervision were not implemented to maintain the safety of other consumers.
* Care plans and assessments had not been reviewed for two consumers who had known behaviours which increased their risk of falls. Additional behavioural management strategies and/or supervision were not initiated to assist falls prevention strategies.
* One consumer had 11 falls in a three month period which did not result in review of the care plan, falls risk assessment or behaviour management strategies.
* A consumer with a known behaviour which places them at increased risk of falls had not had behaviour management strategies reviewed. The consumer had nine falls over a three month period which did not result in a re-evaluation or reassessment of falls management strategies.
* Care plans and assessments were not reviewed for one consumer following a fracture. The service did not assess or identify any pressure injury risk and/or management strategies until the consumer developed a stage 1 pressure injury.
* A diabetic management plan had not been commenced for one consumer. The consumer had two episodes of low blood glucose levels which were not effectively managed.
* A care plan for one consumer did not contain information for staff to guide effective management of a specialised care need. Specialised nursing care needs on five occasions over a four month period were not consistently undertaken in line with the documented plan. Inconsistent information was noted relating to care of specialised nursing care needs and staff interviewed provided inconsistent information relating to management of the care needs.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(a) include implementation of a High risk resident monitoring framework, reassessment and review of all consumers to ensure care plans reflect assessed needs and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, assessment and care planning documentation did not consistently contain sufficient information relating to risks to consumers’ health and well-being to inform and ensure the delivery of safe and effective care and services. Ten consumer files showed deficits in relation to key clinical care areas and did not contain sufficient information to inform and guide care in line with consumers’ preferences and assessed needs.

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 at Croydon Park is Non-compliant with this Requirement.

### 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 care plans and assessments were not consistently reflective of consumers’ current needs and preferences or contained sufficient information to inform and guide staff. The Assessment Team provided the following evidence relevant to my finding:

Three consumer files showed care provided was not consistently in line with consumers’ assessed needs or preferences.

* Hospital discharge information for one consumer included palliative care information. Two staff stated the consumer had been receiving palliative care “since return from hospital”. However, palliative care needs had not been identified or assessed on return to the service.
* Effective symptom management has not been documented for a consumer currently receiving palliative care. A palliative care assessment and care plan do not include information relating to the consumer’s current needs, goals or preferences to support palliation.
* A palliative care assessment and plan was not completed until 33 days after entry to the service.
* The palliative care assessment states the consumer has ‘no pain requiring palliative care pain management’. However, progress notes indicate the consumer has ongoing palliative care symptoms which were not identified and documented in the comfort care chart.
* The Palliative care plan does not include personalised needs, goals and preferences.
* A consumer commenced an End of life pathway following weight loss and poor health. Whilst the consumer’s health has improved and weight stabilised, the consumer’s palliative care status has not been reviewed.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(b) include review of consumer care plans, reassessment and care plan review of palliating consumers, establishment of ‘Quick meets’ staff meetings and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find that at the time of the Review Audit, advance care planning and end of life planning for three consumers was not consistent with their individual needs and preferences for end of life. One consumer’s palliative care needs, and preferences have not been identified or assessed following return from hospital.

A consumer did not have a palliative care assessment or plan completed until 33 days after entry. A Palliative care assessment states the consumer has no pain requiring palliative pain management, however, progress notes indicate the consumer has ongoing palliative care symptoms.

Despite improvement in one consumer’s health, the consumer’s current needs, goals and preferences have not been reassessed and an End of life pathway remains in place.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

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

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team found assessment and planning does not consistently capture sufficient information to provide the basis of safe care and services for all consumers. The Assessment Team provided the following evidence relevant to my finding:

* A care plan did not reflect specialised nursing care management processes.
* Care plans for five consumers had not been reviewed following incidents of physical aggression. Additional behaviour management strategies were not implemented to prevent further incidents and ensure a safe environment for all consumers.
* Care plans and assessments were not reviewed for two consumers with known behaviours which increased their risk of falls. Additional behaviour management strategies were not commenced to minimise risk of falls.
* A diabetes management plan was not implemented for one consumer to enable staff to effectively manage their diabetes.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(d) include staff training, reassessment and review of all consumers to ensure care plans reflect assessed needs and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, consumer care files viewed by the Assessment Team did not contain sufficient information for the management of specialised nursing care needs, behaviour, falls and diabetes. This was evidenced by 10 consumer care files viewed.

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 at Croydon Park is Non-compliant with this Requirement.

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Whilst care plans are reviewed on a six monthly basis, the Assessment Team found care plans had not been reviewed when consumers’ circumstances changed or when incidents impacted on their needs, goals or preferences. The Assessment Team provided the following evidence relevant to my finding:

* A care plan for one consumer was not reviewed following a change in specialised nursing care needs.
* Care plans and assessments were not reviewed for effectiveness for seven consumers when incidents impacted their care needs.
* Care plan and assessments were not reviewed for one consumer who had a change in care needs following an adverse incident.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(e) include initiating weekly High risk management meetings, review of reassessment schedule and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, care plans were not consistently reviewed following incidents or when consumers’ care needs changed. This was evidenced through nine consumer care plans viewed by the Assessment Team.

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 at Croydon Park is Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as seven of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to all Requirements in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with all Requirements in this Standard and have provided reasons for my findings under each specific Requirement.

Overall, sampled consumers and/or representatives did not consider consumers receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Five representatives were not satisfied the service effectively manages consumers’ clinical needs.
* Three representatives were not satisfied with management of consumers’ clinical care and/or behaviour management.
* Three representatives were not satisfied the service effectively identified and managed consumers’ deteriorating health.

The service did not demonstrate high impact or high prevalence risks associated with the care of consumers are effectively managed. Areas of risk related to management of clinical deterioration, falls, behaviour, weight loss and specialised nursing care. Reassessment of consumers to identify potential risks following incidents which have impacted their health and well-being are not consistently conducted.

The service did not demonstrate the needs, goals and preferences for consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Consumers’ palliative care status is not consistently reviewed and adequate interventions to support resumption of health provided. Staff do not consistently document effective symptom management in line with the service’s processes. The need for referral of consumers to allied health specialists was not consistently identified by clinical staff or management.

The service did not demonstrate changes to consumers’ mental or physical condition are identified and responded to in a timely manner. Alterations in one consumer’s behaviour were not identified and a referral for medical and/or mental health supports following allegations of assault did not occur.

The service did not demonstrate an effective infection control process, specifically in relation to obtaining information to prevent the potential spread of infections. Additionally, infection management for two consumers was not effective or in line with the service’s processes.

Processes to assess and review consumers’ specialised nursing care needs are not effective. Documentation, including care plans and assessments to guide staff in the safe delivery of care and services were found to be inaccurate and/or inconsistent. Care plans for four consumers were not reflective of current needs and/or preferences. Information was not consistent across multiple care domains in care plans, assessments and incident reports.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team was not satisfied the service demonstrated each consumer receives safe and effective personal care and/or clinical care. The Assessment Team provided the following evidence relevant to my finding:

* Five representatives were not satisfied the service effectively managed consumers’ clinical care needs. Examples provided related to management of behaviours, clinical needs, weight loss, dental hygiene, urinary tract infections and changes in consumer behaviour.
* One consumer’s ongoing symptoms of a urinary tract infection were not adequately managed.
* A consumer’s ongoing symptoms of anxiety, pain and distress were not effectively managed.
* A consumer had pain and swelling for seven days before staff referred them to the Medical officer. Additionally, staff did not identify the consumer’s decreased mobility following a fracture as a risk factor for development of pressure injuries until the consumer developed a stage one pressure injury.
* A consumer’s care plan has not been reviewed or updated to reflect appropriate safety management strategies following 11 falls in a three month period. Additionally, monitoring in relation to falls risk and pain were not initiated following each fall in line with the service’s process.
* Ongoing blood glucose levels outside acceptable parameters had not been effectively managed or reported in line with Medical officers’ diabetic management procedures for four consumers. Diabetic management strategies were not in place for one consumer.
* A diabetic management plan and guidelines to direct staff in the event of high or low blood glucose levels were not initiated for one consumer recently diagnosed as requiring insulin.
* Significant weight loss was not effectively managed in line with the service’s process for two consumers.
* Information provided to the Assessment Team by staff during interviews indicates they do not always have:
* sufficient staff to answer consumer call bells and falls prevention alarms in a timely manner to prevent falls
* sufficient staff to allow them to monitor consumers’ behaviours to ensure safety of all consumers
* time to document in the electronic care system.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(a) include staff training, including in relation to palliative care, diabetes management, managing infections, behaviour and skin integrity and improved staff monitoring processes.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not ensure consumers received clinical and/or personal care in accordance with best practice, consumers’ needs, or which optimised their health and well-being. Consumers’ clinical care needs, specifically in relation oral and dental care, clinical deterioration, palliative care, pain management, skin integrity, falls and diabetes management have not been consistently identified, assessed or monitored in line with consumers’ care and service needs or best practice guidelines.

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 at Croydon Park is Non-compliant with this Requirement.

### 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 was not satisfied the service demonstrated it consistently manages high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

In relation to management of clinical deterioration:

* A consumer’s clinical deterioration was not identified, close monitoring of clinical care needs implemented or changes reported to the Medical officer in a timely manner. The consumer’s clinical deterioration was noted to have occurred over a period of approximately three months. The Assessment Team’s report indicated the following:
* Urine specimens were not consistently obtained in a timely manner despite a urinary infection being suspected. Where specimens were collected, these were not consistently sent to pathology.
* Where urine results had not been received by the service, these were not followed up with pathology services.
* Medical officer directives were not consistently followed, including in relation to oxygen saturation and blood glucose levels
* Further monitoring was not implemented following low blood pressure readings.
* Low blood glucose level readings were not recognised as possible hypoglycaemic episodes. The consumer’s blood glucose levels were noted by the Assessment Team to be frequently high.
* No fluid charting to monitor intake or output was initiated following a catheter blockage and a plan to push fluids.

In relation to oxygen management:

* Oxygen saturation levels have not been effectively monitored for one consumer.
* Staff consistently applied oxygen without a medication order.
* On three occasions, the consumer was noted to have oxygen saturation levels above the desired levels without staff identifying the oxygen should be removed.
* Documentation relating to oxygen saturation levels was not consistent and noted to be documented in three different areas. Additionally, oxygen saturation levels were not consistently documented in line with directives.

In relation to weight management:

* One consumer recorded weight loss over a five month period following a change in clinical condition. The consumer’s health subsequently improved and weight stabilised, however, the consumer has not been reassessed or strategies to maintain current health and well-being implemented.
* Progress notes demonstrate the consumer was unwell over a five month period and lost a significant amount of weight. However, review of the weight loss or appropriate strategies to minimise weight loss were not commenced or referral to a Dietitian initiated.
* A food and fluid chart indicated charting occurred on one day with only entries for breakfast and lunch recorded. No further charting was recorded until 56 days later. Food charting over a one month period was not consistently completed.
* A progress note entry in indicates a weight loss of 3kg in three months. However, the Assessment Team notes the consumer lost 16.6kg in this period. Another notation indicates a weight loss of 1.7kg in the previous three months, however, actual weight loss was noted to be 6.8kg over this period.
* One consumer recorded a weight loss over a 19 month period which was not identified or reviewed in a timely manner. The consumer was not identified as nutritionally at risk and a review of weight loss has not been implemented.
* A Nutrition and hydration assessment indicates the consumer’s ‘weight is stable’, they are ‘well nourished’ and ‘do not require a nutrition and hydration management plan’.
* A note was sent the Medical officer requesting commencement of nutritional supplements. The Medical officer did not prescribe supplements and there is no documented review by the Medical officer relating to the consumer’s weight loss.
* Food charting was not undertaken for the consumer over a 19 month period. A food chart was commenced following the Assessment Team’s feedback to the service.

In relation to post falls management:

* Neurological observations following falls were not completed for four consumers in line with the service’s processes.

In relation to wound management:

* Categorisation of wounds for four consumers was noted to be inconsistent with photographs and descriptions of current wounds.

Information considered from the Assessment Contact conducted 22 July 2020 to 23 July 2020:

In relation to management of choking episodes:

* One consumer requires full supervision of staff for all mealtime activities and is known to eat too fast and put too much food in their mouth at once. However, the consumer experienced two choking episodes whilst being assisted and supervised with meals and a referral to a Speech pathologist in response to the choking episodes has not occurred.

In relation to behaviour management:

* Behaviour management strategies have not been reviewed for one consumer following seven incidents of physically aggressive and inappropriate behaviours over a two week period. The behaviours have impacted on other consumers’ physical and emotional well-being.
* One consumer has been involved in five incidents by other consumers over a three month period. The incidents are triggered by the consumer’s behaviours. Management stated there have been no further incidents since a consumer was moved to another area of the service and safety measures to protect the consumer are in place. However, effective behaviour management strategies have not been commenced for the consumer’s behaviour and other consumers to prevent ongoing physical assaults.
* The consumer’s representative is not satisfied staff effectively manage the prevention of physically aggressive behaviours.

In relation to falls management

* One consumer had 11 falls in a three month period. Falls risk assessments or pain monitoring charts were not initiated following each fall and management strategies were not reviewed or updated.
* One consumer had a fall resulting in a fracture. The consumer was not assessed, and pressure injury prevention/management strategies were not implemented until the consumer developed a stage 1 pressure injury.
* The consumer’s falls risk was not reviewed and falls management strategies to minimise risk of falls were not implemented.
* One consumer had nine falls in a two month period. Whilst staff were aware of the consumer’s contributing behaviours, revised strategies to manage behaviours and minimise risk of falls have not been implemented.

Actions implemented since the Assessment Contact

* One consumer was referred to behaviour management specialist services.
* All consumers with known behaviours have been commenced on behaviour charting. This includes documenting strategies trialled, interventions and whether they have been successful.
* Charting viewed by the Assessment Team demonstrated description of behaviours, cause, interventions and impact were generally recorded.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(b) include referral of consumers to allied health professionals, commencement of a High risk resident action list, review of risk treatment plans, comprehensive consumer assessments to be undertaken and care plans reviewed and staff training.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not consistently manage risks related to the care of each consumer. Specifically, the service did not appropriately respond to or manage risks associated with clinical deterioration, behaviours, falls, weight loss, skin integrity and choking. I find the service’s failure to recognise, manage and respond to these risks has impacted the health, safety and well-being of consumers.

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 at Croydon Park is Non-compliant with this Requirement.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

The Assessment Team found the service was unable to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The Assessment Team provided the following evidence relevant to my finding:

* Signs and symptoms associated with a consumer’s palliative phase have not been adequately captured or managed.
* A Palliative care plan does not identify ongoing agitation and pain. A Palliative care assessment states ‘no pain requiring pain management’. These assessments were completed 33 days post entry to the service.
* Progress notes reflect ongoing palliative care symptoms, however, these have not been identified or documented on the comfort care chart.
* Over a 12 day period, as required medication was administered on 23 occasions, however, only seven were reflected on the comfort care chart.
* Staff administered as required antipsychotic medications on 18 occasions over a 19 day period without documenting non pharmalogical interventions trialled prior to administration. On two occasions the medications are noted as having ‘nil’ or ‘little effect’, however, no further actions were documented.
* Over a 14 day period, pain reliving medications were administered on seven occasions without noting further actions taken when pain relief was noted to have ‘little effect’.
* Over a 12 day period, staff administered both as required pain reliving and antipsychotic medications simultaneously without identifying if one was effective prior to administration of the second medication.
* A consumer’s hospital discharge summary indicates ‘not for resuscitation’. Two staff stated the consumer was “palliative care”. A palliative care plan has not been completed.
* One consumer had a decline in health over a five month period, which included weight loss, and an End of life pathway commenced.
* A Dietitian referral was not initiated due to palliation.
* All entries on the comfort care chart are identical and progress notes are not reflective of care provided aside from ‘comfort care charting’.
* The consumer’s health has improved, and weight has remained stable. However, the palliative care status has not been reviewed. Following discussion by the Assessment Team, the consumer is no longer on an end of life pathway or considered palliative care.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(c) include review of palliating consumers by Palliative care specialists, consumers with unmanaged pain to be referred to weekly High risk resident meeting and improved monitoring of staff practice.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service’s processes were not effective to identify and monitor consumers’ needs, goals and preferences when nearing the end of life to ensure their comfort is maximised and dignity preserved. Additionally, a consumer was placed on an End of life pathway in response to deterioration of health and weight loss. Whilst the consumer’s health has improved and weight stabilised, the consumer’s palliative care status was not reviewed until the Assessment Team highlighted this with management.

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 at Croydon Park is Non-compliant with this Requirement.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team was not satisfied the service consistently identified changes in consumers’ mental health or physical condition and respond in a timely manner. The Assessment Team provided the following evidence relevant to my finding:

* Three representatives were not satisfied consumers’ deterioration in health was effectively identified or managed.
* One consumer was identified as having a potential urinary tract infection. However, a specimen was not obtained for testing for 26 days delaying commencement of treatment.
* One consumer was diagnosed with a urinary tract infection 14 days following a request for a urinalysis.
* A specialist raised concerns regarding the consumer’s weight loss. The following day, staff noted the consumer had lost 2kg in three months. However, the Assessment Team notes a loss of 5.94kg in seven months which has not been identified by the service.
* One consumer had a weight loss over a five month period which had not been identified or effectively managed. A referral to a Dietitian was not initiated until the Assessment Team provided feedback to management.
* One consumer had a weight loss over a 19 month period which had not been identified or effectively managed. The consumer’s representative was informed of the weight loss following the Assessment Team’s feedback.
* One consumer had an escalation of physically aggressive and inappropriate behaviours towards other consumers. Over a 17 day period, eight incidents were recorded which did not result in review or implementation of further behaviour management strategies to maintain the safety of other consumers.
* Referral for review by an external behaviour management specialist was not initiated until after seven incidents had occurred in a two week period.
* Pressure injury prevention strategies were not implemented for one consumer following a fracture. Pressure relieving equipment was not provided until development of a stage 1 pressure injury, despite the service noting the consumer was ‘mainly bed bound’.
* A diabetic management plan was not implemented despite the consumer being newly diagnosed with insulin dependent diabetes.
* The service did not identify the consumer has a medical condition which may cause lower limb swelling and require urgent medical review despite the consumer complaining of pain for seven days.
* Since entry, staff have consistently documented one consumer as displaying unsettled behaviours, however, sufficient strategies to support the consumers’ emotional well-being have not been implemented.
* Staff have documented effective behaviour management strategies on four occasions over a 30 day period, however, this has not resulted in review of the consumer’s emotional needs.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not ensure deterioration or changes in consumers’ health were identified and acted upon in a timely manner. Where there has been deterioration and changes in consumers’ health, these have not been adequately identified, assessed or monitored by clinical staff. Additionally, management strategies have not been implemented or existing strategies reviewed to prevent or manage deterioration and changes in consumers’ health.

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 at Croydon Park is Non-compliant with this Requirement.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found care plans for four consumers included inconsistent information across multiple care domains, assessments and incident reports. The Assessment Team provided the following evidence relevant to my finding:

* A representative indicated a consumer is not assisted to go to bed at their preferred time. While management said they would update the care plan in response to this feedback, the Assessment Team identified the consumer’s care plan does not reflect the consumer’s preferred bedtime as indicated by the representative, and charting indicates several occasions where the consumer was assisted to bed later than their preferred time.
* A care plan included incorrect information relating to the consumer’s specialised nursing care needs.
* A consumer’s care plan has not been updated to reflect their palliative care status.
* An incident report for a consumer’s fall indicates ‘no injuries found’ However, the incident report also noted the ambulance service attended for a laceration.
* Information on a consumer’s initial care plan is inconsistent with information in assessments and progress notes. An assessment indicates the consumer requires two staff to transfer and assist with mobility. The care plan indicates one staff assist is required with transfers and mobility.

### The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

### I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, care plans, assessments and incident reports contained inconsistent information relating to the care needs of consumers. Additionally, care plans and information used by care staff to deliver care and services was not consistently reflective of consumer needs and/or preferences.

### 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 at Croydon Park is Non-compliant with this Requirement.

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### The Assessment Team was not satisfied the service effectively identified and referred consumers to other health care specialists and/or Medical officers when required. The Assessment Team provided the following evidence relevant to my finding:

* One consumer was not referred to an external specialist and/or supports when current behaviour management strategies were ineffective. Behaviours escalated over a 27 day period where the consumer was physically aggressive towards other consumers and staff.
* A consumer was not referred to an allied health specialist for review following two choking episodes.
* A consumer was not referred to the Medical officer until seven days after staff noted pain and swelling.
* The consumer was assessed by a nurse on two occasions during the seven days, however, reassessment of skin or complex nursing to identify the consumer’s current care needs was not initiated.
* Following a Medical officer review, the effectiveness of the medication prescribed was not monitored and/or the care plan updated to reflect additional care interventions.
* A consumer was not referred to an allied health specialist following a fracture and a change in mobility. A referral was not initiated until the consumer developed a stage 1 pressure injury.
* A consumer was not referred to a palliative care specialist for review of their palliative care status.
* Referral to a Medical officer for antibiotic therapy did not occur for one consumer following a delay of 26 days in obtaining a urine specimen when a urinary tract infection was suspected.
* Three consumers were not referred to the Medical officer for review for blood glucose levels outside of acceptable range.
* Three consumers were not referred to the Medical officer or Dietitian for review of weight loss.

### The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

### I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, consumers were either not referred or referred in a timely manner to Medical officers or allied health specialists where changes to health and/or well-being were identified. As a result, consumers have experienced poor clinical outcomes, such as ongoing pain and discomfort, development of pressure injuries, hospitalisation and increased risk of harm as a result of a consumer’s behaviours.

### 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 at Croydon Park is Non-compliant with this Requirement.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team was not satisfied the service’s infection control system is effective to obtain information in a timely manner and prevent potential spread of infection. The Assessment Team provided the following evidence relevant to my finding:

* One consumer was diagnosed with a urinary tract infection, 26 days after a request to obtain a specimen for a potential urinary tract infection was made.
* One consumer was diagnosed with a urinary tract infection 14 days after a request to obtain a specimen for a potential urinary tract infection was made.
* The Assessment Team was required to contact the service prior to entering each morning to ascertain if there were any actual or potential consumers and/or staff displaying cold or flu-like symptoms or undergoing COVID-19 testing/awaiting results. The following was noted over the period of the Review Audit:
* A consumer in isolation and undergoing COVID-19 testing attended the dining room to eat their meal with other consumers. A clinical staff member stated they hadn’t been “provided any instructions”, so they “didn’t identify they should have isolated”.
* Prior to entering the service, the Assessment Team were advised a consumer and a staff member were being COVID -19 tested. The Assessment Team asked clinical staff why they had not been informed the morning prior. The clinical staff stated they “are not the normal Clinical nurse there and is unsure of the process”.
* A staff member who called in sick had not been asked if they had cold or flu-like symptoms.
* Three staff who called in sick had not been asked if they had cold or flu-like symptoms. Clinical staff stated they “didn’t think to ask them”. Asked if there were any other consumers with cold or flu like symptoms, clinical staff stated they “haven’t had a chance to check on consumers today” and they “hadn’t thought of this” and would implement a “process to gather this information”. This information had been requested by the Assessment Team on a daily basis since commencement of the Review Audit.

Observations by the Assessment Team identified:

* Clinical staff were observed to request a Medical officer not enter the service as they had visited another Residential service which was in lockdown. The Medical officer refused to abide by the staff’s request and entered the service to review a consumer.
* The portable handwashing station at the front entrance had no running water.
* Three staff were observed to don face masks incorrectly, including one who applied the mask inside out and upside down and had to be guided on how to apply the mask correctly.
* Throughout the Review Audit, laundry skips were observed stored in corridors outside consumer rooms with a strong smell.
* Two complaints had been lodged in relation to linen bags and skips in July 2020.
* Three staff said they don’t empty the skips as they don’t have time.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(g) include engagement of an external consultant to undertake an audit of infection control processes and staff training.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service’s infection control processes were not effective to minimise infection related risks. Consumers with suspected infections were not effectively managed. Clinical staff were unaware of or provided inconsistent information to the Assessment Team in relation to staff and consumers who were displaying cold or flu like symptoms.

Observations made by the Assessment Team demonstrated the service’s infection control processes are not effectively implemented. Specifically, the Assessment Team observed linen skips filled with dirty linen stored outside consumer rooms emanating a strong smell, a hand washing station with no running water and a Medical officer entering the service to review a consumer despite being denied access after having visited another service in lockdown.

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 at Croydon Park is Non-compliant with this Requirement.

# STANDARD 4 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as four of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to Requirements 3(a), (3)(b), 3(c) and 3(f) in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirements 3(a), (3)(b), 3(c) and 3(f) in this Standard and have provided reasons for my finding under the specific Requirements.

Some consumers and/or representatives interviewed did not consider consumers receive services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. One representative stated they were not satisfied with how the service supports and promotes consumers’ emotional and psychological well-being following incidents.

Four consumer files viewed did not demonstrate adequate emotional support and/or supervision had been provided to consumers to optimise their health, well-being and quality of life. Consumers are not consistently supported in their daily living in order to maintain independence during meals or when mobilising. Additionally, adequate supports for consumers’ emotional, spiritual and psychological well-being was not consistently demonstrated, specifically following physical assaults or for consumers receiving palliative care.

The service did not ensure consumers are assessed to participate in their community within the service to support emotional well-being and maintain personal relationships of importance to them. Leisure and lifestyle activities documented for consumers were not an accurate reflection of their actual attendance

Consumer files generally demonstrated consumers are referred to both individuals and other organisations for supports and services. Where equipment is provided, it is safe, suitable, clean and well maintained. Consumer files demonstrated Physiotherapy reviews occur and equipment is supplied to enable consumers to maintain their mobility.

The Assessment Team found meals provided are not always of suitable quality. Six consumers were observed to vocalise their dislike of a meal, however, alternative options were not offered. Two consumers with significant weight loss were not identified as requiring alternatives to their current dietary plans. Food and fluid charting was not consistently undertaken to identify consumers’ nutritional deficits.

The service was unable to demonstrate information is effectively shared across the organisation to ensure staff and allied health personnel have access to information about each consumer’s condition, needs and preferences.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found the service does not ensure each consumer gets safe and effective services and supports for daily living to meet their needs, goals and preferences and optimises their independence, health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* One consumer entered the service following a clinical event. Progress notes indicate the consumer spends most of the time in their room and displays unsettled behaviours. Staff stated they provide reassurance, however, do not have time to do this on all occasions when the consumer is distressed.
* One staff spoke in a disrespectful manner when referring to the consumer’s behaviours.
* One consumer is not provided adequate supervision and support to enable them to maintain independence whilst eating and to minimise risk of choking. The consumer has experienced two recent episodes of choking.
* One consumer is not supported to take twice daily walks as requested by the representative and Physiotherapist to maintain mobility and prevent falls. Activities attendance records for a one month period note only a single walk on nine of 31 days.
* One consumer provided feedback to the service in relation to staff use of their private wheelchair for other consumers.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service had not ensured safe and effective services and supports for daily living to meet the needs, goals and preferences and optimise independence, health and well-being for each consumer had been implemented. Appropriate strategies to address one consumer’s emotional well-being had not been implemented. Additionally, supports and strategies to maintain mobility, prevent falls, maintain independence with mealtime activities and minimise risk of choking had not been implemented for a further two consumers.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 4(3)(b) Non-compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found the service’s processes for emotional, spiritual and psychological well-being do not consistently support each consumer. The Assessment Team provided the following evidence relevant to my finding:

* Additional emotional and psychological supports were not provided for one consumer following incidents by other consumers. The consumer has been involved in five incidents by other consumers over a four month period. However, effective behaviour management strategies have not been commenced for the consumer or the consumers with unmanaged behaviours.
* Progress notes show minimal emotional support provided to the consumer following each incident. Additional supports for other consumers to ensure they were not distressed by the consumer’s behaviours were not provided.
* The consumer’s representative stated they were told the consumer would be supervised one-on-one following the incidents, however, on multiple occasions when they visit, the consumer has been wandering around with other consumers nearby without any staff in the area.
* One consumer entered the service following a significant medical event.
* The consumer spends most of the time in their room. Lifestyle staff said the consumer has only had two one-on-one visits documented for a total of 25 minutes since entry.
* Staff have consistently documented the consumer displays unsettled behaviours, however, sufficient strategies to support their emotional well-being have not been implemented.
* As required medications have been administered to the consumer on 52 occasions over a 45 day period. Of the 52 occasions these medications were administered, only eight included interventions recorded, such as reassured and ‘TLC’ being offered.
* Staff identified effective strategies on four occasions over a one month period which resulted in the consumer’s behaviours settling. However, this has not resulted in a review of the consumer’s emotional needs.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, consumers were not consistently provided with sufficient emotional and psychological supports following incidents of inappropriate and/or physical incidents and decline in physical and cognitive health. One consumer was noted as displaying unsettled behaviours, however, additional strategies to support emotional well-being have not been implemented. Additionally, whilst effective strategies have been noted by staff on four occasions, however, this has not resulted in a review of strategies to support the consumer’s emotional well-being.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 4(3)(c) Non-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.*

The Assessment Team found the service does not ensure consumers are assisted to participate in their community within the service to support their emotional well-being and maintain personal relationships of importance to them. The Assessment Team provided the following evidence relevant to my finding:

Documentation for activities does not accurately reflect consumers’ participation. The following information was provided to the Assessment Team by Lifestyle staff:

* ‘Discussion/reminiscing’ may be documented as up to 90 minutes in duration. However, if a consumer attends for five or 10 minutes, they are recorded as attending the entire session.
* Reading may be documented as two hours or more in duration. However, if a consumer attends for five or 10 minutes, they are recorded as attending the entire session.
* For activities, such as walking, multiple consumers are assisted one-on-one, however, the time selected is for all consumers who have had assistance to go for a ‘walk’.

One consumer spends most of the time in their room. Documentation indicates the consumer displays unsettled behaviours.

* Only two one-on-one visits with staff are documented for a total of 25 minutes since entry.
* Discussion with Lifestyle staff indicates the consumer did not attend many of the activities documented for them. For example:
* A family visit was documented, however, times documented for the visit is when the service is open to visitors, not the actual time the consumer’s family visited.
* Attended bingo for 30 minutes. It was noted 80 consumers attended this activity. Lifestyle staff said the consumer would not have attended bingo, and the area would not hold 80 consumers, and this was “an error”.
* Attended happy hour, skype and radio music. Lifestyle staff said the consumer would not have attended these activities and this was “an error”.
* Similar inconsistencies relating to activity attendance records were noted in documentation for a further five consumers. Examples included:
* Three consumers were documented as attending activities over a two month period, however, all three consumers were noted to be in hospital at some time during this period.
* One consumer who was noted to be out of the service, was documented as attending activities during these times on two occasions.
* One consumer is documented as attending walking group for an hour with six other consumers and a staff member. The Assessment Team noted the walking group would require a minimum of five staff to assist with all of the consumers’ mobility requirements. Lifestyle staff stated these consumers would not have walked in a group as indicated by activities records.
* One representative stated as a result of the Pods, their relative was moved to another area for meals, however, the consumer did not like it as their friends were not there. Whilst the consumer was moved back to their regular dining area, the representative stated the dining area has a different feel, as their relative is no longer sitting with consumers they used to sit with and doesn’t enjoy the companionship of their previous friends as they are now eating in other dining areas.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, consumers were not being assisted to participate in social and personal relationships or to do things of interest to them. Lifestyle documentation, including activity participation records for six consumers was not reflective of activities consumers had actually participated in. Additionally, for a consumer, sufficient, meaningful activities have not been provided to assist with their psychological health and well-being.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found the service was unable to demonstrate meals provided to all consumers were of a suitable quality and quantity and dietary care plan documentation was consistent with consumers’ needs. The Assessment Team provided the following evidence relevant to my finding:

* Six consumers were observed to taste their lunch time meal, however, did not eat it. Several of these consumers vocalised their dislike of the meal served. Staff took the meal away and offered dessert, however, no consumers were offered an alternative to the main meal.
* Dietary care planning documents were not consistent with consumers’ needs, for example:
* A care plan for one consumer did not contain current nutritional information relating to diet type.
* Care planning documentation for a consumer notes a nutritional supplement. However, staff and family stated the consumer does not enjoy these supplements and further nutritional interventions have not been implemented.
* Care planning documentation did not include additional nutritional requirements for one consumer following significant weight loss.
* Food and fluid charts were not consistently completed for one consumer or commenced for another consumer despite significant weight loss.
* Two staff were not aware of weight loss for two consumers or that nutritional supplements were being provided to these consumers. A clinical staff member was unaware of a consumer’s weight loss.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, observations indicated consumers were not satisfied with meals provided and an alternative meal was not offered. Care planning documents were not reflective of consumer preferences or nutrition requirements. Additionally, care and clinical staff demonstrated a lack of knowledge in regard to consumers’ additional nutritional requirements and/or weight loss.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the three specific Requirements has been assessed as Non-compliant.

The Assessment Team found the service not met in relation to Requirement (3)(b) in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirement (3)(b) in this Standard and have provided reasons for my finding under the specific Requirements.

The majority of consumers and representatives interviewed said consumers feel at home at the service. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer was observed sitting in a quiet area and stated, “I enjoy sitting here in the sun and watching people go by”.
* Consumers and representatives described how visits are restricted due to COVID-19, however, families are able to visit consumers regularly.

However, representatives interviewed were not satisfied with the recent introduction of the smaller living and staffing areas, Pods, implemented as part of the service’s COVID-19 action plan to ensure infection prevention and control.

The service environment was observed to be welcoming and home like. Consumer rooms are large, clean and decorated with personal belongings. Communal areas are open and provide sufficient space for consumers to mobilise and interact and furniture, fittings and equipment were observed to be clean, well maintained and suitable for consumers.

Staff interviewed said, and documentation viewed demonstrated there are regular and as required cleaning programs in place. A reactive and preventative maintenance program ensures furniture, fittings and equipment are safe, clean and well maintained.

However, the Assessment Team found the service did not adequately demonstrate the environment is consistently safe, clean and comfortable or enables consumers to move freely both indoors and outdoors. The environment was noted to be malodorous due to linen skips not being regularly emptied and cleaning products were observed not to be safely stored.

## 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.*

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found the service did not adequately demonstrate the environment is consistently safe, clean and comfortable or enables consumers to move freely both indoors and outdoors. The Assessment Team provided the following evidence relevant to my finding:

* Consumers are not able to move freely from indoors to outdoors. Throughout the Review Audit, the Assessment Team observed doors to the outdoor courtyard were locked.
* One consumer said they cannot go to the garden by themselves or without supervision and stated, “I think that’s the rules”.
* Staff advised doors leading to outdoor areas are kept locked and consumers need to ask staff if they wish to access outdoor areas as they need to be supervised.
* Management stated consumers need to ask staff to let them out when they want to go outdoors. Management could not demonstrate how consumers who are unable to communicate would request to go out.
* Linen skips full of soiled linen were observed stored in corridors. This resulted in malodour, including outside consumer rooms and while consumers were having meals.
* Staff said linen skips should be emptied regularly, however, some staff do not listen or are too busy to empty the skips as required.
* Management stated skips are stored in corridors as there is not enough storage space in utility rooms.
* Cleaning and laundry detergents were observed to be stored in unlocked cupboards or on laundry benches in two areas. These areas are accessible to consumers.
* Staff confirmed laundry cupboards and doors leading to laundry areas are usually unlocked, however, consumers do not enter these areas without staff.
* Management were unaware laundry cupboards were left unlocked and stated consumers in these areas are provided with a home-like environment, including access to laundry areas.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit consumers were not able to move freely to access outdoor areas as doors to courtyard areas were locked. Staff stated consumers needed to ask staff if they wished to access outdoor areas as they need to be supervised. However, management could not demonstrate how consumers who are unable to communicate would request to go outside.

Linen skips, located in corridors and outside consumer rooms, were observed not to be consistently emptied resulting in malodour, including during meal service. Additionally, laundry areas were unlocked and accessible to consumers and cleaning and laundry detergents were observed in these areas not securely stored.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as two of the four specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to Requirements (3)(c) and 3(d) in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirements (3)(c) and 3(d) in this Standard and have provided reasons for my finding under the specific Requirements.

Overall, consumers and representatives said they feel comfortable providing feedback about care and services and raising issues and concerns directly with the service. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer provided a recent example of where they had completed a feedback form and talked to clinical staff about their concern.
* A representative said, “when I see things not right, I tell them, and they respond quickly”.
* Representatives confirmed they advocate on behalf of their relatives and other consumers.
* Representatives confirmed they are aware of external methods for raising complaints.

The service has processes to capture, follow up and action verbal and written feedback. The feedback register showed consumers and representatives have provided feedback to the service, including complaints and compliments.

However, the Assessment Team found the system for managing and resolving complaints is not always effective. Six consumers and/or representatives said they were not satisfied appropriate action is taken when they provide feedback and/or feedback is not always to their satisfaction. Consumers and representatives are not always involved in finding solutions to their complaints and an open disclosure approach to complaints is not consistently applied.

The Assessment Team also found the service could not demonstrate how feedback is systematically and effectively monitored to enable identification of trends and improvement opportunities. Consumers and representatives interviewed said, and documentation viewed demonstrated feedback does not always improve quality of care and services delivered to consumers.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service’s system for managing and resolving complaints is not always effective and an open disclosure approach is not consistently applied. The Assessment Team provided the following evidence relevant to my finding:

Six consumers and/or representatives were not satisfied appropriate action is taken when they provide feedback and/or feedback is not always to their satisfaction. Examples documented in the Assessment Team’s report include:

* One representative expressed concern relating to open disclosure processes. Staff had not notified the representative of the extent of a consumer’s weight loss. The representative said they were concerned the service did not adequately respond to their complaints. Feedback from this representative was not recorded in the service’s feedback register.
* One representative said their parent has issues communicating and has behaviours which makes them vulnerable to incidents from other consumers. The representative said they had spoken to the service several times. There are no complaints or feedback recorded in the service’s feedback for this representative.
* One representative had concerns relating to a consumer’s multiple falls. The representative stated they had discussed their concerns with the service, however, they still have concerns and appropriate action has not been taken.
* One representative expressed concerns relating to the introduction of the Pods and described the impact on their parent. Feedback to the representative from the service provided background on the implementation of the Pods, described benefits to consumers and staff and stated they had received mostly positive feedback. The service’s response did not include an open disclosure approach, an apology or address the representative’s concerns.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(c) include review of the Feedback framework, including policies and procedures, review of Job descriptions to include accountability for complaints management and staff training.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, appropriate action was not taken in response to complaints raised by representatives. Representatives stated they had provided feedback and/or complaints to the service, however, the feedback/complaints were not noted on the service’s feedback register to ensure appropriate action and follow-up was taken. Additionally, where feedback to representatives had been provided, an open disclosure process was not consistently applied.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found the service did not adequately demonstrate feedback is effectively reviewed and used to improve the quality of care for consumers. Additionally, the service did not demonstrate it systematically and effectively monitors feedback to enable identification of trends and improvement opportunities. The Assessment Team provided the following evidence relevant to my finding:

* The feedback register indicated nine complaints were received in a one month period relating to poor communication/open disclosure related to clinical care, personal hygiene and grooming, behaviours, consumer deterioration or weight loss, choking risks and equipment/infection control.
* Fourteen complaints were received in a two month period relating to personal hygiene, behaviour of other consumers, continence care and equipment and infection control. Seven of 14 complaints related to implementation of the Pods.
* Over a six month period, the feedback register indicates consumers and representatives raised concerns relating to behaviours of other consumers, risk of choking, infection control, falls, dental care, sleep management and implementation of the Pods. Information in relation to actions taken in response to these complaints was not provided to the Assessment Team.
* The continuous improvement register did not identify areas for improvement from the feedback provided.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(d) include review of Governance frameworks to include reference to feedback.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, feedback and complaints raised by consumers and representatives were not being used by the service to identify trends and improvement opportunities to the quality of care and services provided to consumers. Information in the feedback register over a six month period demonstrated consumers and representatives had raised complaints relating to aspects of personal and clinical care. Information in relation to actions taken in response to these complaints was not provided to the Assessment Team and the continuous improvement register did not identify areas for improvement from the feedback provided. Additionally, the Assessment Team’s report highlights issues in relation care and services provided to consumers, particularly personal and clinical care, which are reflective of complaints and feedback provided to the service by consumers and representatives.

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 at Croydon Park is Non-compliant with this Requirement.

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as five of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to all Requirements in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with all Requirements in this Standard and have provided reasons for my finding under each specific Requirement.

The Assessment Team found the organisation did not adequately demonstrate there is a workforce that is sufficient, competent, skilled and qualified to provide safe, respectful and quality care and services.

Representatives stated there is not always enough staff to provide consumers with adequate care. Feedback from consumers and representatives demonstrated staff do not consistently respect consumers’ privacy or ensure consumers are treated with respect.

Staff said they do not always have enough time and/or staff to monitor consumers at risk of falls and/or with challenging behaviours, to provide care needs to consumers or complete their duties.

The organisation did not demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. The organisation did not demonstrate the service currently has workforce numbers and range of skills to deliver safe and quality care and services. Deficits identified by the Assessment Team in relation to falls, behaviour management, personal and clinical care and infection control demonstrate the service does not have sufficient number and mix of staff to provide consumers with safe and effective care.

The organisation did not adequately demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. Processes to monitor staff performance and identify skills and knowledge gags are not effective. Staff performance is not adequately monitored to identify and respond to deficits in staff competency, skills and knowledge.

The organisation did not demonstrate it provides staff with effective, ongoing training, education, and support to ensure they fulfill their roles and responsibilities, identify and respond to changes in consumers’ health and well-being in a timely manner and provide safe and quality care and services to consumers.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found the service did not demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. The Assessment Team provided the following evidence relevant to my finding:

* Two representatives stated there is insufficient staff to ensure their family members are supervised in line with their assessed needs.
* One representative was not satisfied adequate supervision is provided to prevent incidents against a consumer.
* One representative said often when they visit, consumers are wandering around alone with no visible staff monitoring their behaviours.
* Comments and complaints data showed a trend in consumers and/or representative complaints relating to staffing numbers to ensure consumer safety, personal care, continence needs, behaviour and falls management.
* Two staff said they do not have enough time to monitor a consumer who requires regular sight checks.
* In relation to consumers at high falls risk, staff said they try to attend to their “buzzer” quickly, however, there is not always enough staff to enable them to do so before someone falls.
* Staff said they do not have enough staff to allow them to supervise consumers with known behaviours to prevent incidents of physical aggression.
* One staff said two staff are required for mobility and transfer needs of almost all consumers in the memory support unit and this impacts on their ability to provide care.

Evidence and outcomes for consumers in relation to Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care demonstrates the service does not have sufficient staff to ensure:

* Reassessments are completed for consumers when incidents or changes occur.
* Assessments and care plans are reviewed to ensure care provided to consumers is consistent with their current needs and preferences.
* Safe and quality care and services are provided to consumers relating to management of specialised nursing care needs, behaviours and falls.
* Adequate end of life care for consumers who are palliating.
* Deterioration of consumers’ mental health, physical function, capacity or condition is recognised and responded to in a timely manner.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(a) include Nurse educator to support Registered nurses to monitor staffing based on consumer acuity and Workforce strategy meetings.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service’s workforce was not sufficient to ensure effective and safe delivery and management of care and services. This was evidenced through information provided in the Assessment Team’s report in relation to Standard 2 and Standard 3 Requirements which have been found Non-compliant. Additionally, staff interviewed stated they do not have sufficient time to provide care and services to consumers in line with their assessed needs, specifically in relation to management of behaviours, falls and mobility. Comments and complaints data demonstrated a trend in consumer and/or representative complaints relating to staffing numbers, including behaviour and falls management.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 7(3)(b) Non-compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team found the service did not demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team provided the following evidence relevant to my finding:

* Evidence and outcomes for consumers in relation to Standard 1 Requirement (3)(a) demonstrated staff interactions with consumers are not always kind, caring and respectful, for example:
* A management team member’s comment relating to multiple physical incidents of aggression between consumers did not demonstrate appropriate understanding of aspects of Greek culture.
* Staff comments in relation to consumers with a significant cognitive impairment and/or challenging behaviours demonstrated staff do not consistently speak about consumers in a kind and respectful manner.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, feedback provided by consumers, representatives and staff and observations and documentation viewed by the Assessment Team demonstrated staff do not always ensure consumers are treated with kindness, dignity and respect.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 7(3)(c) Non-compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found the service did not demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* A representative was not satisfied a clinical staff member had the adequate skills and knowledge during an emergency situation.
* Two representatives said clinical staff don’t recognise changes in consumers’ behaviours and assess for urinary tract infections.
* Three representatives are not satisfied staff have sufficient knowledge to manage consumers with ongoing physically aggressive behaviours.
* Evidence and outcomes for consumers in relation to Standard 2 Ongoing assessment and planning with consumers, Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living demonstrates staff do not have the knowledge to effectively perform their roles as evidenced by:
* Assessments and care plans are not reviewed following incidents or changes in consumers’ health and are not reflective of consumers’ current needs and preferences.
* Specialised nursing care provided to consumers is not adequate or reflective of consumers’ assessed needs. This includes care related to diabetes management, oxygen therapy, nutrition, catheter care, wound care, behaviour and falls management.
* Symptoms associated with palliative care and deterioration in consumers’ health or well-being are not identified or adequately managed.
* Deterioration to consumers’ health and/or well-being and changes to consumers’ behaviours, palliative care needs, mental health needs are not being identified and/or referred to Medical officers and/or allied health specialists.
* Potential infection related risks to the health of consumers and/or staff are not being identified or effectively managed.
* Consumers are not provided sufficient support to minimise risk of choking or to maximise their emotional health and well-being.
* Training in relation to diabetes management and clinical deterioration of consumers is not provided as part of the service’s training program.
* Management advised a previous senior clinical staff member was responsible for management and monitoring staff performance and were not aware of issues related to care and clinical staff performance as identified by the Assessment Team.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(c) include review of management job descriptions and update of Human resources manual and procedures.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not adequately monitor or review staff performance to ensure deficits in staff competency, skills and knowledge were identified. Sufficient training has not been provided to staff to ensure changes to consumers’ health and well-being are promptly identified and responded to. Additionally, six representatives stated they were not satisfied staff have the skills and knowledge to effectively identify and/or manage consumers’ clinical care needs.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found the service did not adequately demonstrate staff are provided with effective ongoing training and/or support to ensure they carry out their roles and responsibilities and provide safe and quality care and services. The Assessment Team provided the following evidence relevant to my finding:

* Training records indicate eight staff are overdue to attend mandatory training requirements, including five new staff. Information was not provided to the Assessment Team relating to how far overdue the staff were with required training.
* Evidence of staff attendance was not provided for the following training sessions included on the service’s training schedule, including:
* Clinical care – palliative care and electronic care and clinical system.
* Dementia and behaviour management.
* Performance management for management and clinical staff.
* Clinical and care staff education days.
* Palliative care and end of life workshop.
* Training needs have been identified and planned, however, have not yet been provided. The following examples were identified by the Assessment Team:
* Training for wound care/skin care, changing urinary catheters, diabetes – managing complications and detecting and managing urinary tract infections indicates the date of training as ‘various’ and does not identify when the organisation intends to provide the training.
* Training relating to pain management, contemporaneous documentation, clinical care, including diabetes, wound and palliative care and identifying signs of deterioration shows date of training as March to November 2020, however, does not identify when the organisation intends on providing the training.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service’s workforce was not supported to ensure their day-to-day practice protected against risk and improve the care outcomes for consumers. Ongoing support, training and professional development has not been consistently provided to staff to effectively support them to carry out their roles and responsibilities. Additionally, the Assessment Team’s report demonstrates deficits in care provided to consumers in relation to identifying deteriorating health, catheter care, diabetes management and palliative care. Whilst training needs have been identified, including in relation to these key clinical areas, there is no indication as to when these sessions will be conducted.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found the service did not demonstrate assessment, monitoring and review of performance of members of the workforce is consistently and effectively undertaken. The Assessment Team provided the following evidence relevant to my finding:

* Management advised they have not recently conducted staff performance appraisals and documentation showing when they were last conducted was not provided to the Assessment Team.
* The organisation became aware through the Australian Health Practitioner Regulatory Agency (AHPRA) of restrictions related to a staff member’s professional registration.
* A letter to the service outlined action taken in relation to the staff member. In response, the staff member’s probation period was extended until conditions were removed by AHPRA. However, this was not formally documented, and the extension did not include additional supervision or monitoring of the staff member’s performance.
* Review of the Registration in two months prior to the Review Audit indicated there were no conditions listed. However, the registration showed conditions were still attached.
* Management stated they and an audit conducted by an external consultant did not identify any gaps in the staff member’s performance.
* Management stated they were not aware of issues with clinical and care staff performance as the senior clinical staff member had responsibility to manage and monitor staff performance.
* Documentation relating to the senior clinical staff member’s duties did not include ongoing monitoring and review of clinical and care staff performance or guidance on how to conduct staff performance management.
* A Clinical staff member stated they had commenced performance management for staff identified as not adequately performing their roles. However, documentation relating to performance management undertaken was not provided to the Assessment Team.
* Results of a Standards audit conducted by an external consultant indicates, whilst performance reviews are conducted as part of the probationary process, there is no process for ongoing review and evaluation of staff performance.
* Evidence and outcomes for consumers documented by the Assessment Team in relation to Standard 2 Ongoing assessment and planning with consumers, Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living indicates staff do not consistently demonstrate the skills and knowledge to effectively perform their roles.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not demonstrate an effective process to ensure regular review and evaluation of staff performance was in place. Management stated staff performance appraisals had not recently been conducted and documentation demonstrating when they were last conducted was not provided. Additionally, results of a Standards audit indicated there is no process for ongoing review and evaluation of staff performance.

In relation to a senior staff member, conditions related to their registration were not identified in a timely manner. Whilst the staff member’s probation period was extended until conditions were removed, the extension did not include additional supervision or monitoring of the staff member’s performance.

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 at Croydon Park is Non-compliant with this Requirement.

# STANDARD 8 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as all of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team found the service not met in relation to all Requirements in this Standard. Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with all Requirements in this Standard and have provided reasons for my finding under each specific Requirement.

The Assessment Team found the organisation did not adequately demonstrate effective organisational governance to ensure consumers are provided with safe and quality care and services that meet the Quality Standards.

The organisation did not adequately demonstrate consumers are consistently engaged in development, delivery and evaluation of care and services. Whilst the organisation has processes to engage consumers, these processes were not effectively undertaken prior to implementation of the new Pods living arrangement.

The organisation did not adequately demonstrate the governing body understands the requirements to ensure performance of the organisation against the Quality Standards and to ensure effective monitoring processes are in place for the governing body to meet its responsibilities under this Standard.

The organisation has processes and delegations to account for budgeting and expenditure within the organisation. However, effective, organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints were not adequately demonstrated.

Effective risk management systems relating to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can were not adequately demonstrated.

The Assessment Team noted the organisation has implemented a clinical governance framework, however, it is not consistently effective, specifically in relation to antimicrobial stewardship, open disclosure and ensuring effective management and monitoring of clinical care provided to consumers.

## Assessment of Standard 8 Requirements

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

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team were not satisfied the organisation adequately demonstrated consumers are consistently engaged in the development, delivery and evaluation of care and services. The Assessment Team provided the following evidence relevant to my finding:

* One representative said the Pods were introduced without consumers and representatives being notified.
* Seven complaints have been received from consumers and representatives since implementation of the Pods. Three complaints from representatives indicated they had not been consulted.
* Management did not provide evidence of consumer and/or representative engagement or involvement in relation to development and/or delivery of the Pods prior to implementation. A meeting was held with consumers following implementation to gain feedback.
* Management acknowledged implementation of the Pods could have been handled better.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the service did not demonstrate consumers and representatives were involved in the development, delivery and implementation of a new care and service delivery model, Pods. Seven complaints were received from consumers and/or representatives in relation to the Pods, including three which indicted consultation had not occurred.

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 at Croydon Park is Non-compliant with this Requirement.

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

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Management described and demonstrated the organisation’s governance framework and how the governing body oversees care and services provided to consumers. However, the Assessment Team found the organisation did not adequately demonstrate organisational governance is effective to ensure safe and quality care and services are provided to consumers. The Assessment Team provided the following evidence relevant to my finding:

* The governing body did not adequately demonstrate it understands the requirement to ensure performance of the organisation against the Aged Care Quality Standards.
* Effective monitoring processes are not in place for the governing body to meet its responsibilities under this Requirement.
* The organisation did not demonstrate effective governance in relation to consumer engagement, risk management, clinical governance, information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* The organisation did not demonstrate consumers are consistently provided with safe and quality personal and clinical care and/or services.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(b) include engagement of consultants to provide Board and management governance and risk refresher training.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the organisation’s governance processes did not effectively promote a culture of safe, inclusive and quality care and services for consumers. This was demonstrated through deficits identified by the Assessment Team across all eight Quality Standards.

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 at Croydon Park is Non-compliant with this Requirement.

### 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 organisation demonstrated effective systems in relation to financial governance. However, The Assessment Team found the organisation was unable to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The Assessment Team provided the following findings and evidence relevant to my finding:

In relation to information management

* Staff processes for documentation are not consistent, for example, recording blood glucose levels, neurological observations and oxygen saturation levels which are documented in different areas of the electronic system.
* Current versions of forms are not consistently used to document neurological observations.
* Incident forms are not consistently completed and incidents are not consistently categorised.
* Care plans, assessments and clinical care information is not consistently updated to reflect consumers’ current needs and preferences.
* Leisure and lifestyle activities are not documented accurately as staff do not know how to use the electronic system.
* The electronic system is not being effectively used in relation to clinical incidents. Staff do not know how to run reports to review incidents.
* Clinical reports were not reflective of actual clinical incidents.
* The Mandatory reporting and elder abuse policy refers to the Department of Health and is not in line legislative requirements in relation to review and implementation of behaviour management strategies.

In relation to continuous improvement

* The service did not adequately demonstrate opportunities for improvement are effectively identified.
* Twelve improvements over a 10 month period are documented on the Continuous improvement plan August 2019 to August 2020.
* Three improvements originating from consumer/representative feedback are yet to be implemented.
* Planned actions, intended results and/or due dates are not consistently documented.
* Gaps in relation to infection control were identified through an external audit. An improvement activity in response includes development of an infection control manual. The improvement is yet to be implemented and no due date is documented.
* Other improvements are documented relating to palliative care, lack of appropriate information documented related to care and communication with families and consumers. Improvements have not been completed and due dates are not recorded. Management could not provide evidence of completion for an improvement relating to carers’ ability to identify and manage behaviours and aggression identified eight months prior to the Review Audit.
* Issues relating to consumer blood glucose monitoring, staff training and performance review were identified through an external audit. Evidence to demonstrate opportunities for improvement as a result was not provided.
* The feedback register includes complaints relating to issues identified during the Review Audit, including behaviours, falls management, consumer engagement, consumer choice, infection control and staffing. Evidence to demonstrate opportunities for improvement in response to feedback was not provided.
* Clinical incidents and complaints are analysed and reported monthly. Evidence to demonstrate identification of trends and opportunities for improvement as a result was not provided.

In relation to workforce governance

* The organisation did not demonstrate the service has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services. as evidenced by the service’s performance in relation to Standard 7 Human resources.

In relation to regulatory compliance

* An adverse event was not reported in line with legislative requirements.
* The representative stated the consumer had reported somebody came into their room and hit them. This was confirmed by the consumer.
* A progress note indicates the representative did not want the Police involved. However, staff discussed with them their duty of care.
* The incident was not reported to the Police or the Aged Care Quality and Safety Commission until 44 hours after the incident was reported.
* Management said the incident was not reported within legislated timeframes as, when it was reported, they were busy collating information to be sent to the Aged Care Quality and Safety Commission in response to a complaint relating to another consumer.
* The organisation did not monitor registration status for one staff member when it was established their professional registration was subject to conditions.

In relation to feedback and complaints

* The organisation did not demonstrate feedback and complaints are used to identify trends and improvement opportunities to the quality of care and services provided to consumers.
* The feedback register included complaints raised by consumers and representatives in relation to aspects of personal and clinical care. Actions taken in response to these complaints was not provided to the Assessment Team and the continuous improvement register did not identify areas for improvement from the feedback provided.
* Appropriate action was not taken in response to complaints raised by representatives. Representatives stated they had provided feedback and/or complaints to the service, however, these were not noted on the feedback register to ensure appropriate action and follow-up was taken.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report. Improvements planned and/or completed in relation to Requirement 3(c) include establishment of governance frameworks reflective of the Quality Standards requirements.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the organisation’s governance processes were not effective to ensure accountability and action at all levels of the organisation. Several key governance systems were not effective impacting on outcomes for consumers.

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 at Croydon Park is Non-compliant with this Requirement.

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the organisation was unable to demonstrate the organisation’s risk management framework has been effectively implemented. The Assessment Team provided the following findings and evidence relevant to my finding:

* Effective management in relation to managing high impact or high prevalence risks associated with the care of consumers was not adequately demonstrated. Specifically, in relation to specialised nursing care, choking risks, falls, pain, infections, skin integrity, wounds, clinical deterioration, weight loss and behaviours.
* In relation to identifying and responding to abuse and neglect of consumers, consumers’ behaviour management strategies have not been consistently recorded, reported or reviewed following allegations of assault.
* In relation to supporting consumers to live the best life they can, the organisation did not adequately demonstrate consumers are supported to take risks, including being able to move freely to outdoor areas. Additionally, processes to reduce risks, such as physical assaults and falls have not been effective.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the organisation did not have effective systems and processes to assist to identify and assess risk to the health, safety and well-being of consumers.

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 at Croydon Park is Non-compliant with this Requirement.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team were not satisfied the organisation adequately demonstrated an effective clinical governance system to ensure consumers are provided with safe and quality clinical care. The Assessment Team provided the following evidence relevant to my finding:

* The service’s failure to meet all but one Requirement in Standard 2 Ongoing assessment and planning with consumers and all Requirements in Standard 3 Personal care and clinical care demonstrates the service’s clinical governance framework is not consistently effective.
* Effective management of chemical restraint was not demonstrated. This included documenting alternatives trialled before administration of ‘as required’ psychotropic medications and not evaluating and/or documenting effectiveness.
* Effective open disclosure processes were not demonstrated in relation to clinical care. Feedback from consumers and/or representatives indicated they were not consistently informed of clinical incidents in a timely manner.
* Effective management and control of infections was not demonstrated.
* Clinical incidents reported and discussed at clinical meetings and escalated to the governing body are not reflective of actual clinical incidents, for example:
* Infections and/or behaviour incidents are not consistently documented in the incident management system and/or reported.
* Consumers’ weight loss monitored and recorded is not reflective of actual loss or accurately reported.
* Incidents are incorrectly categorised. Behaviours are reported as falls or behaviours conducted in the privacy of consumers’ own rooms are reported as ‘inappropriate sexual behaviour’.
* Physical and or sexual assaults are not consistently documented in the reportable assault register and/or reported.
* Skin integrity or wounds are not consistently accurately categorised or reported.
* Clinical deterioration is not effectively identified, documented and/or reported.

The approved provider’s response indicates they accept the Assessment Team’s findings. The approved provider has provided a Compliance action plan with a commencement date of 7 August 2020 which includes planned actions, outcomes and due dates based on the information in the Assessment Team’s report.

I acknowledge the approved provider’s proactive response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Review Audit, the organisation did not have effective systems and processes to ensure the delivery of safe, quality clinical care and for continuously improving services, including in relation management and reporting of clinical incident data, open disclosure processes and management and control of infections.

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 at Croydon Park is Non-compliant with this Requirement.

# 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 1 Requirements 3(a), 3(c), 3(d), 3(f) and 3(e)**

* Ensure consumers are:
* provided opportunities to make decisions and provide feedback about care and services they receive and the way they are delivered.
* supported to maintain connections and maintain friendships within and outside of the service.
* supported to take risks and the consequences of these risks are discussed and agreed management strategies implemented in consultation with consumers and/or representatives.
* Ensure staff have the skills and knowledge to:
* identify, assess, monitor and review consumers who wish to take risks.
* respect consumers’ privacy.
* recognise and respect consumer preferences relating to activities of daily living and whom they wish to undertake these tasks.
* recognise, document and manage consumers’ challenging behaviours.
* Ensure staff interactions with consumers are monitored to maintain kind, caring and respectful interactions at all times.
* Ensure information provided to and/or communicated with consumers and representatives is accurate and timely. This includes information relating to deterioration and changes in consumers’ health and well-being.
* Ensure the privacy of consumers’ who wish to have alone time in the privacy of their own bedrooms is respected.
* Review processes, policies and procedures relating to supporting consumers to exercise choice and independence.

**Standard 2 Requirements 3(a), 3(b), 3(d) and 3(e)**

* Ensure staff have the skills and knowledge to:
* initiate assessments and update care plans where changes to consumers’ health are identified or when incidents occur.
* identify consumers’ end of life and advance care planning wishes, needs and preferences.
* implement, assess, monitor and review care and service needs of consumers who are palliating.
* recognise changes to consumers’ health and well-being and initiate assessments, implement and/or review strategies and monitor effectiveness. Ensure assessment processes include processes for staff to identify consumers’ needs and wishes in relation to palliation and terminal phase of life.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**All Requirements in Standard 3**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including clinical deterioration, suspected urinary infections and weight loss, implement appropriate management strategies and initiate referrals to Medical officers and/or allied health specialists.
* appropriately manage, assess, review and monitor consumers who are palliating.
* report, document and manage clinical incidents.
* initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to palliative care, behaviour management, weight loss, oral and dental care, changes in consumers’ health and well-being, pain and skin integrity.
* implement appropriate behaviour management strategies to minimise the impact of these behaviours on other consumers’ safety.
* implement appropriate falls management strategies to minimise risk of injury for consumers.
* monitor consumers’ blood glucose levels in line with Medical officer directives and implement appropriate monitoring strategies where readings are outside of acceptable ranges. This includes notifying Medical officers.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* identify changes to consumers’ clinical care needs following return from hospital and implement appropriate assessments and changes to care plans.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, palliative care and specialised nursing care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, palliative care and specialised nursing care.
* Ensure policies, procedures and guidelines in relation to infection control and management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to infection control and management.

**Standard 4 Requirements 3(a), 3(b), 3(c) and 3(f)**

* Ensure staff have the skills and knowledge to:
* identify, assess, review and monitor each consumer’s emotional and psychological care needs and preferences. Specifically following incidents of physical and sexual assault and changes/deterioration to health.
* support consumers’ independence, health, well-being and emotional and psychological needs and preferences.
* identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and support them to attend activities of interest to them.
* ensure activity attendance records are an accurate reflection of activities actually attended by consumers.
* identify, assess, monitor and review each consumer’s nutritional needs, preferences and requirements.
* identify consumers at risk of malnutrition and/or weight loss and implement appropriate management strategies.
* Ensure consumers are supported to maintain friendships within the service.
* Review monitoring processes in relation to meals and meal service.
* Ensure policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle.

**Standard 5 Requirement 3(b)**

* Review processes in relation to consumers’ ability to access outdoor areas independently.
* Review processes relating to management of soiled linen and storage of full linen skips.
* Review processes in relation to storage of chemicals in areas accessible by consumers.

**Standard 6 Requirements 3(c) and 3(d)**

* Ensure feedback and complaints, including those received verbally are documented on the feedback register and appropriately actioned.
* Ensure feedback and complaints data is regularly reviewed to identify trends and improvement opportunities to the quality of care and services.
* Ensure feedback is provided to consumers, representatives and others in relation to receipt of complaints and action taken in response.
* Ensure an open disclosure approach to complaints is implemented. This includes in relation to clinical incidents, such as behaviours, falls and weight loss.

**All Requirements in Standard 7**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and acuity.
* Ensure staff interactions with consumers are monitored to maintain kind, caring and respectful interactions at all times.
* Ensure staff skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff are provided appropriate training to address the deficiencies identified in all eight Quality Standards.
* Ensure training is provided to staff in line with the service’s training schedule.
* Ensure attendance at training sessions is monitored and non-attendance managed and addressed.
* Ensure regular staff performance review processes are conducted, staff are effectively monitored, and issues identified with staff practice and competency appropriately addressed.

**All Requirements in Standard 8**

* Ensure consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Ensure the Board effectively monitors the timelines of implementation of actions to address deficiencies related to the Non-compliance with the Quality Standards, including ensuring regular reporting from management.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.
* Review the organisation’s clinical governance framework in relation to Non-compliance identified in all but one Requirement in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.