St Basil's at Croydon Park

Performance Report

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Croydon Park SA 5008  
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**Commission ID:** 6140

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

**Site Audit date:** 24 May 2021 to 26 May 2021

**Date of Performance Report:** 26 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Standards 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others
* the provider did not respond to the Assessment Team’s report
* the Performance Report dated 27 October 2020 for the Review Audit conducted 30 July 2020 to 7 August 2020.

# STANDARD 1 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 Compliant as six of the six specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirements (3)(a), (3)(c), (3)(d), (3)(e) and (3)(f) met. In coming to my finding for these Requirements, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find Requirements (3)(a), (3)(c), (3)(d), (3)(e) and (3)(f) to be Compliant. I have provided reasons for my findings in the specific Requirements below.

In relation to Standard 1, the Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

In relation to Requirement (3)(b), the following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers have continued connections with family and their community.
* consumers feel safe all the time and that their culture, values and diversity are valued by staff.

Consumer files sampled demonstrated lifestyle assessments and care plans are completed on entry. Information gathered includes aspects relating to lifestyle and activity preferences, important people in consumers’ lives, needs and preferences in relation to emotional support and spiritual and cultural aspects, life history, including past interests and activities, life work and current lifestyle choices. The service actively organises and participates in events within the Hellenic diaspora to maintain links with the communities known to consumers.

The lifestyle program incorporates cultural day celebrations and examples of these celebrations were observed to reflected in photographs displayed at the service and in the Resident newsletter. Lifestyle staff demonstrated an awareness of consumers’ diverse cultural backgrounds and stated they have spoken to each consumer to discuss if and how they would like to acknowledge and celebrate their culture. Staff demonstrated knowledge and awareness of how to provide care and services in line with consumers’ culture and confirmed they had received training on cultural safety.

Based on this evidence, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Values for residents awareness training has been undertaken with staff. The training included information and reminders for staff to apply courtesy and kindness through all services and actions.
* Staff have completed online Cultural training to improve understanding of Greek culture, customs and beliefs and training in relation to the Aged Care Quality Standards.
* Implemented a ‘Getting to know you’ initiative involving consultation conferences with consumers to ensure their preferences and needs have been understood.
* Created a Welcome Agent position. The Welcome Agent provides new consumers with information about the care and services provided by the service to best suit the needs of each individual consumer prior to entering the service.
* Introduced an admission pack detailing the Charter of Aged Care Rights, a Resident information guide and Aged Rights Advocacy Services.
* Developed and implemented an overarching Consumer dignity and choice policy and accompanying policies and procedures relating to consumers’ respect, culture, safety, choice, and decision making.

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

Consumers stated staff ensure their cultural events are celebrated and staff respect their privacy and living room space. The Assessment Team observed staff interacting with consumers respectfully, knocking on their room doors and asking to enter and greeting consumers while carrying out their duties.

Care files included information relating to how individual consumers wish to maintain relationships with their family, friends, or external groups of interest to them. Most consumers stated they had completed a My story form outlining their life experiences, social, religious, and cultural preferences.

Staff demonstrated familiarity with consumers’ backgrounds and described how this influences delivery of care and services, including specific strategies which maintain consumers’ identity, culture and diversity. Staff knew consumers well and spoke about them in a manner that was respectful and kind.

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, to be Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) 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 service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumers were not consistently supported to exercise choice or make decisions about their own care and the way care and services were delivered. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Completed over 60 case conference meetings with consumers and their representatives over a five month period in 2020 to identify gaps with consumers’ service and care delivery and consultation between the service and consumers and their representatives. Feedback from the process showed a positive experience from all stakeholders.
* Created Welcome Agent and Care Advocate positions. These roles provide new and existing consumers with information about the care and services provided by the service to best suit the needs of each individual consumer.
* Developed and implemented a lead Consumer dignity and choice policy and accompanying policies and procedures relating to consumers’ respect, culture, safety, choice, and decision making.

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

Consumers described how they are supported to exercise choice and independence, including in relation to meals, activities and activities of daily living. Consumers also stated they are supported to make changes to their preferences and felt comfortable raising any concerns or issues with management or staff.

Care files reflected consumers’ preferences for personal care, including requirements for female carers and time and frequency of activities of daily living. Information relating to contact details of representatives, guardians and other/or relevant support personnel was included in the care files viewed. The Assessment Team observed signs on consumer doors highlighting preferences for female care staff.

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, to be Compliant with Requirement (3)(c) in Standard 1 Consumer dignity and choice.

### Requirement 1(3)(d) Compliant

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found each consumer was not supported to take risks to enable them to live the best life they can. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed/revised policies, procedures and consent forms to facilitate consumers wishing to take risks.
* Provided training to staff relating to consumer choice, risks and person-centred care, and respecting consumers’ choice without judgement or influence.
* Developed and implemented a monthly Resident of the day initiative.
* Installed motion sensor sliding doors to enable easy access to internal courtyard areas. In relation to the village houses, a technician was engaged to re-program the doors to remain open so consumers have access to the outside Mediterranean garden; for security purposes the doors lock in the evening.
* Fire doors are opened so consumers and their representatives can mobilise between pods. Magnetic door screens have been installed on some consumers’ doors to deter uninvited guests entering consumer rooms.
* Completed choice and risk forms for consumers who have requested electronic swipe passes to gain access to downstairs or outside.

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

Consumers stated they are provided with information to assist them in making choices about their care and lifestyle, including meal selections and daily activities and are supported to engage in activities outside of the service.

A Resident information pack is provided to consumers on entry and includes information relating to decision making and supporting consumers’ values, goals, and preferences. Care files included completed Risk choice forms and identified aspects of care and/or activities consumers are supported to take risks to live the life they wish.

Staff provided examples of individual consumers who undertake activities which include an element of risk and how they support the consumer to understand the benefits and possible harm associated with the activity. Additionally, staff described how consumers are involved in problem-solving solutions to reduce risk, where possible. Organisational policies and procedures are available to guide staff with management of risks, problem solving and supporting the decision making process with information about benefits and risks to the consumer.

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, to be Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

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

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

The service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found representatives were not satisfied with the accuracy or timeliness of information. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Introduced a Welcome Agent who provides information to new consumers and representatives in relation to providing feedback. The Welcome Agent is bi-lingual and attends and coordinates fortnightly activity/meeting forums. These meetings are recorded for management to review and action any issues as required.
* Management now attend fortnightly meeting forums to discuss proposed upcoming changes and seek feedback from consumers.

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

Consumers and representatives confirmed they receive information in a variety of ways, including meeting forums, newsletters, menus, lifestyle calendars and directly from staff, volunteers and management. Staff described how they provide information to consumers, including those from non-English speaking backgrounds and with cognitive and sensory limitations.

The Assessment Team observed a Let’s Talk activity/meeting being held during the Site Audit. Information provided to consumers through this forum included COVID-19 restrictions and upcoming activities.

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, to be Compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

### Requirement 1(3)(f) Compliant

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

The service was found Non-compliant with Requirement (3)(f) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found one consumer’s choice relating to having female staff attend to their activities of daily living had not being consistently respected and consumers’ privacy was not consistently maintained or respected. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed and revised relevant policies and procedures relating to privacy. These documents have been disseminated to staff.
* Completed Privacy, dignity and choice authorisations for consumers consent to release their names for publication and/or display.

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

Overall, consumers said staff and the service respect and uphold their privacy. Additionally, consumers and representatives confirmed they are provided information in relation to privacy and consent, including policy statements and consent forms.

Staff described how they promote and respect consumers’ privacy and confirmed they had received training and information in relation to privacy and confidentiality. Observations of staff practice throughout the Site Audit demonstrated staff respect consumers’ privacy and maintain confidentiality.

Care files demonstrated consumers’ needs and preferences relating to privacy and confidentiality are identified and documented. Additionally, permission is obtained from consumers to indicate their preferences for celebrating/announcing their date of birth and releasing photographs for public display.

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, to be Compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

# STANDARD 2 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 2 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(e) met. In coming to my finding for Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 2, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find Requirements (3)(a), (3)(b), (3)(d) and (3)(e) to be Compliant. I have provided reasons for my findings in the specific Requirements below.

In relation to Standard 2, the Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

In relation to Requirement (3)(c), the following examples were provided by representatives during interviews with the Assessment Team:

* described involvement in six-monthly case conferences and care plan reviews, and stated discussions are held in response to incidents or changes in consumers’ health.

Care and clinical staff described assessment and care planning processes and involvement of consumers, representatives and others. Care files demonstrated regular review and reassessment of consumers’ care and service needs occur. Medical officers and allied health professionals are involved in consumers’ care and progress notes were noted to have been completed following reviews, including a summary of the findings and outcomes. Summaries of case conferences with consumers and/or representatives were noted in care files sampled.

Based on this evidence, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 2 Ongoing assessment .

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented a High risk resident monitoring framework to identify consumers at elevated risk, including new admissions.
* Introduced weekly multi-discipline High risk resident meetings where recommendations and strategy outcomes are reviewed, recorded and used to inform care.
* Created a Return from hospital form with an assessment process to guide staff to review and identify changes to care.
* Created a Risk care plan with changes to care and services highlighted on the handover document.
* Reviewed the Diabetes management procedure, including the introduction of a new management form and updated all plans.
* Allied health staff have completed Risk assessments in relation to use of bed poles and bedrails and Restraint authorisation consent forms have been completed.
* Introduced Quick Meets with clinical staff to discuss gaps or concerns relating to consumer care.

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

Representatives stated staff were very good at communicating changes or incidents to them. Additionally, representatives said staff go through assessments and care plans thoroughly with them during case conferences which are undertaken on a six-monthly basis.

Care files demonstrated a range of validated assessment tools, including risk assessments are completed on entry and ongoing with information gathered used to develop individualised care plans. Consumer care plans sampled included individualised strategies for management of falls, behaviours and specialised nursing care needs. Care plans had been reviewed and updated following behaviour and included triggers and successful strategies.

For consumers sampled, clinical and care staff described identified risks and management strategies in line with consumers’ care plans.

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, to be Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found advance care planning and end of life planning for three consumers was not consistent with their individual needs and preferences for end of life. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Training provided to staff on the stages of palliative care, including end stage of life when the consumer is in the expected last two weeks of life.
* Implemented a High risk resident framework to identify decline in health.
* Management indicated the previous Review Audit was undertaken whilst South Australian borders were closed in response to COVID-19. During this period, the service supported interstate families wanting to travel and visit by identifying frail consumers as ‘palliative’, and this may have caused some confusion during the Review Audit.

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

Representatives indicated the service had spoken with them about consumers’ needs, goals and preferences for care, including advance care planning and end of life wishes.

Consumer files reflected consumers’ current goals, needs and preferences for care. Most consumer files included advance care directives and specified end of life wishes. Advance care plans and end of life wishes were noted to have been discussed during regular case conferences with consumers and/or representatives.

Clinical and care staff described use of the care plan to inform consumer care and stated changes to care plans are discussed at handover and noted on handover sheets. Clinical staff stated advance care directives are discussed with consumers on entry to understand expectations relating to treatment in event of deterioration.

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, to be Compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

### 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) 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 service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumer care files did not contain sufficient information for the management of specialised nursing care needs, behaviour, falls and diabetes. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Introduced a High risk framework to identify decline in consumers’ clinical condition, and a High risk resident register to manage and monitor strategies.
* Training provided to clinical staff in relation to diabetes management, infections, legal obligations of Registered and Enrolled nurses, pharmacy processes and skin and wound care.

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

Consumers and representatives stated staff explain any changes being made to consumers’ care and services and were happy with the communication they received. Representatives indicated they do not receive a written care plan but are provided a recap or summary of the case conference outcomes. Most indicated they felt confident the service would provide a written copy of the care plan if they requested.

A sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available. Care and clinical staff are able to access consumer care plans through the electronic care system or on their work devices.

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, to be Compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

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

The service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found care plans were not consistently reviewed following incidents or when consumers’ care needs changed. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented a High risk resident framework and meetings
* Implemented Quick meets for updates on clinical changes.
* Scheduled reassessments are reviewed weekly review by the Clinical care leadership team.

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

Representatives indicated they are informed of consumer incidents or changes in condition and are advised of any changes to care in response. Consumer files demonstrated care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumers. All care plans sampled had been reviewed within the last six months.

Care staff stated they notify clinical staff or any changes to consumers’ care needs and care plans are updated in response. Clinical staff described processes to update care plans or undertake reassessment in response to changes in consumers’ condition or to incidents. Additionally, clinical staff stated case conferences are conducted six monthly ensuring care plans remain current and reflective of consumers’ current 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, to be Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

All Requirements in Standard 3 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended all Requirements in Standard 3 met. In coming to my finding for all Requirements in Standard 3, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumers’ clinical care needs, specifically in relation oral and dental care, clinical deterioration, palliative care, pain management, skin integrity, falls and diabetes management were not consistently identified, assessed or monitored in line with consumers’ care and service needs or best practice guidelines. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed handover processes, and introduced Handover sheets for carers with information on diet, fluids and mobility and a Seven-day handover sheet outlining critical changes or incidents.
* Engaged a consultant in dementia care to review all consumers with responsive behaviours.
* Reviewed the Diabetes management procedure and Diabetes management plan document to provide clinical staff guidance in the event of high or low blood glucose levels.
* Staff have undertaken training on a range of topics, including palliative needs/end of life care, pain, nutrition and hydration, dysphagia risk, behaviour, continence, catheter care, skin integrity and wounds, mobility and falls, oral and dental care, antipsychotic medication use and importance of neurological observations.

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

All representatives were happy with the care consumers receive and expressed satisfaction with the way consumers’ personal and clinical care needs are met, including management of medications, continence, falls and behaviours. One representative stated they previously had concerns, however, were happy with changes to care that have been made.

The service has policies and procedures, based on best practice, to guide staff and validated assessment tools to assess clinical care needs. Clinical staff sampled indicated they have access to policy and procedure documents and escalate any issues with consumers to senior clinical staff and/or Medical officers.

Care files demonstrated each consumer receives safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises health and well-being. Care files demonstrated appropriate management of diabetes, wounds and weight. Additionally, documentation viewed demonstrated policies, procedures and monitoring processes are in place and assessments and charting processes are initiated in relation to restraint, pain and skin integrity.

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, to be Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the service did not appropriately respond to or manage risks associated with clinical deterioration, behaviours, falls, weight loss, skin integrity and choking. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Introduced a High risk resident framework, register and weekly multi-discipline meetings.
* Training completed by staff on dementia management, including identification of triggers for behaviour and de-escalation strategies; wounds and oral hygiene.
* Reviewed and implemented a weight management process and introduced a Malnutrition screening tool for initial and ongoing assessment of risk.
* Purchased new pressure relieving equipment for consumers identified at risk of potential compromised skin integrity.
* Reviewed and completed Assessment and choice forms for consumers in relation to bedrails, bed poles, self-administrating of medication or other behaviours with risk.
* Implemented weekly meetings with allied health staff and management, and the Physiotherapist has been included in High risk resident meetings for input into risk areas, such as falls, mobility and pressure injuries.
* Reviewed all falls management policies and procedures.

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

Care files demonstrated where high impact or high prevalence risks are identified, management strategies are implemented. Care files demonstrated appropriate management of consumers in relation to depression, pain and behaviours.

Clinical and care staff described required actions in response to new wounds, weight loss and falls, including completion of neurological observations, in line with the service’s processes. Additionally, staff described individualised strategies to minimise impact of risks for in line with sampled consumers’ assessed needs and care plan documents.

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, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(c) 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 service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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 was maximised and dignity preserved. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Conducted an internal Palliative care audit, to ensure all consumer care plans reflected assessed needs and provided clear instruction.
* Implemented a High risk management framework, register and weekly meetings, with assessment of consumers with unmanaged pain.

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

Representatives confirmed staff discuss consumers’ palliative care and end of life wishes during six monthly case conferences and as consumers’ needs change. One representative stated when their parent’s health suddenly deteriorated, staff consulted with them to confirm the consumer’s wishes.

Policies, procedures and associated documents relating to palliative care and end of life are available to guide staff practice. Care files included consumers’ palliative care and end of life needs and preferences, including requests for family attendance, religious requests and funeral arrangements. A care file viewed for a consumer who had recently passed demonstrated palliative care documentation was undertaken in line with the service’s processes. This included medication management and assessment of symptoms and monitoring and management of comfort measures and psychosocial aspects of care. Additionally, the consumer’s progress notes demonstrated care was undertaken in line with the care plan.

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, to be Compliant with Requirement (3)(c) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(d) 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 service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found changes in consumers’ health were not adequately identified, assessed or monitored and management strategies were not implemented or existing strategies reviewed to prevent or manage deterioration and changes in consumers’ health. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented a High risk management framework, register and weekly meeting to identify and manage clinical deterioration through timely and appropriate interventions.
* Reviewed clinical policies and procedures to guide staff practice.
* Introduced Quick Meets meetings between nurses and clinical management to monitor clinical follow up.
* Training for clinical staff in relation to care plan reviews.

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

Most representatives stated the service is very quick to detect and respond to changes in consumers’ health.

Care files demonstrated where changes to consumers’ mental health, cognitive or physical function or condition are identified, additional charting and monitoring are initiated, assessments completed, care plans reviewed and/or updated and referrals to Medical officers and/or allied health professionals initiated. Consumer care files demonstrated appropriate management of pain, falls and behaviours.

Clinical staff stated they have access to protocols and procedures to guide practice and care staff were aware of their responsibilities in relation to escalating issues with consumers’ mental health, cognitive or physical function or condition to clinical staff.

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, to be Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(e) 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 service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found care plans, assessments and incident reports contained inconsistent information relating to the care needs of consumers. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed documentation processes, including staff competency, in accessing and using the electronic care system.
* Conducted a full review of the incident management system, including reporting processes, staff understanding of reporting and use of incident data to inform improvement and practice.
* Training for staff in relation documentation and incident reporting.

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

Care plans sampled had been reviewed within the past six months and included clear information on consumers’ preferences for personal and clinical care. Progress notes demonstrated communication with allied health professionals and Medical officers relating to adverse events, such as falls, blood glucose level readings and clinical deterioration.

Care staff described how they receive information and updates relating to consumers, including through handover processes. Handover documents used by staff included information relating to consumer diet and fluids, pressure area care and mobility needs. Allied health staff stated they receive information relating to consumer referrals in writing or via email and have access to the service’s electronic care system. Clinical and care staff were observed accessing consumer documents electronically.

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, to be Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(f) Compliant

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

The service was found Non-compliant with Requirement (3)(f) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumers were either not referred or referred in a timely manner to Medical officers or allied health professionals where changes to health and/or well-being were identified.

The service’s Plan for continuous improvement did not specifically reflect this Requirement, however, actions implemented in other Requirements of the Standards address the issues identified at the Review Audit relating to Requirement (3)(f).

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

A range of allied health professionals are available to consumers at the service through an external provider, including Occupational therapy, Physiotherapy, Podiatry, Dietitian and Speech pathology. Consumers and representatives were satisfied consumers have access to Medical officers and allied health professionals where required. One consumer stated they see their doctor regularly and can ask staff to arrange a review as required.

Care files demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Sampled consumers had been referred to Medical officers and/or allied health professionals in response to behaviours, weight loss, swallowing difficulties and pain. Clinical staff described instances where Medical officer and/or allied health input would be sought for consumers, including following falls, changes in health/well-being and unplanned 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, to be Compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(g) 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 service was found Non-compliant with Requirement (3)(g) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the service’s infection control processes were not effective to minimise infection related risks and consumers with suspected infections were not effectively managed. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Training provided to staff relating to COVID-19 and use of antibiotics for urinary tract infections.
* Engaged a consultant to undertake an infection control audit and provide recommendations.
* Evaluated the Infection control action plan.
* Reviewed care plans of consumers with multi resistive organisms ensuring staff have clear instruction on care needs and alerts identifying consumers with multi resistive organisms have been included on handover sheets.
* Consultation with catheter nurse and management strategies implemented.

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

The service’s infection control processes and practices to promote appropriate antibiotic prescribing are supported by a framework of policies and procedures, including a COVID-19 outbreak management plan. Staff were familiar with practices to minimise spread of infection, including isolation protocols, use of personal protective equipment and hand hygiene and stated they had received training in relation to various aspects of infection control.

There are processes to assist staff to identify consumers with infections; staff were familiar with these processes and described standard precautions required in response. COVID-19 and influenza vaccination programs have commenced for consumers and staff vaccinations are pending.

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, to be Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# STANDARD 4 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(b), (3)(c) and (3)(f) in Standard 4 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(c) and (3)(f) met. In coming to my finding for these Requirements, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find Requirements (3)(a), (3)(b), (3)(c) and (3)(f) to be Compliant. I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(d), (3)(e) and (3)(g) in this Standard, the Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed consumers’ condition, needs and preferences had been identified and were known by staff.
* described how consumers attend internal church service. Some church services are streamed through the service’s televisions to enable consumers to attend.
* confirmed consumers’ individual equipment is safe, clean, and well maintained.
* the service’s maintenance personnel take good care of consumers’ equipment, and cleaning and care staff keep shower chairs and commodes clean.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Care planning documentation demonstrated consumers are referred to individuals and other providers of care and services as needed in a timely manner. Weekly meetings with management and allied health professionals are held to discuss current consumer issues. Staff described how they are notified any changes, preferences, or specific needs of consumers ensuring care and services continue to meet consumers’ needs and preferences.

The Assessment Team observed equipment provided to consumers to be safe, suitable, clean and well maintained. Maintenance personnel and staff ensure consumers’ individual equipment is maintained and safe to use and there are processes to ensure equipment is cleaned on a regular basis. Lifestyle and care staff stated they have access to the equipment they need to provide care and described actions they would take in response to issues or faults.

Based on the evidence documented above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Training to lifestyle staff relating to use of the electronic system used for recording consumer attendance and evaluation of lifestyle activities.
* Lifestyle staff attended training related to dementia awareness and values for consumers, which covered kindness and respect and culture awareness.
* Aged Rights Advocacy Services Inc provided training to staff, consumers and their families in relation to elder abuse.
* A handover email is provided daily to lifestyle staff to advise of any issues or changes that may impact attendance of consumers at scheduled activities.
* Developed, reviewed, and implemented consumer interests and lifestyle procedures relating to Consumer dignity and choice and Services and support for daily living.
* Continuation of fortnightly Let’s Talk consumer activity/meetings where issues discussed include likes, dislikes, needs and preference lifestyle activities.

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

Consumers stated they are supported to undertake activities, if they choose to do so, and emotional/social support is provided if they prefer to stay in their own space. Consumers and representatives also indicated they feel staff support consumers to do the things they like to do. For sampled consumers, care staff described what was important to consumers and how they assist them to do as much possible for themselves.

Lifestyle staff described initial assessment processes, including the My Story assessment which identifies consumers’ needs, goals and preferences with information gathered used to optimise consumers’ health and well-being. Consumer files included details of consumers’ needs and preferences for emotional support, relationships, spiritual, cultural, social, community needs and specific interests. Assessment information is also used to assist in development of the monthly lifestyle activity calendar and identifies the level of social connection and interaction consumers need and prefer.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Completed over 60 case conference meetings with consumers and their representatives over a five month period to identify any gaps with consumers’ care and services.
* Completed a review of the lifestyle and wellness program’s effectiveness of the individual and group activities provided, the assessment process used to identify consumers’ needs and preferences and the recording and evaluation process.
* Staff practices with lifestyle programs were reviewed. Outcomes from the review included education to staff, additional one-on-one activities scheduled for consumers, implementation of an electronic system for reporting consumer attendance, type of activity and participation level and updated care plans to reflect consumers’ emotional, spiritual and psychological needs and preferences.

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

Consumers were satisfied services and supports for daily living promotes their emotional, spiritual and psychological well-being. Care files included information relating to each consumer’s emotional, spiritual and psychological well-being. Additionally, consumers’ life history, including family structure and religious and/or spiritual needs had been identified and strategies to support consumers’ needs, and preferences, including for management of emotional behaviours, developed.

For sampled consumers, care staff described what was important to consumers and described examples of how they provide emotional and psychological support to the consumers.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

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

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

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumers were not being assisted to participate in social and personal relationships or to do things of interest to them. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Conducted a review of the lifestyle and wellness program’s effectiveness of individual and group activities and the assessment process used to identify consumers’ needs and preferences.
* Reviewed the recording and evaluation processes resulting in the use of the electronic system to clearly record group and one-on-one activities.
* Purchased laptops for lifestyle staff to record relevant information about individual consumer’s participation, needs and dislikes with the activities.
* Training provided to Lifestyle staff on use of the electronic system, including accurately recording attendance and satisfaction levels of consumers taking part in the lifestyle activities.

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

Consumers described attendance at family gatherings, attending church outside of the service’s environment and attending appointments. Representatives described how they keep in touch with consumers, including through use of electronic devices and phone calls. Most consumers spoke about taking part in and enjoying the activities program.

Lifestyle staff stated entry assessment processes assist to identify consumers’ regular visitors, and any assistance needed with personnel relationships, privacy, or intimacy. Care files include information on how consumers wish to maintain relationships either with their family, friends, or external groups of interest to them. A My story document is completed for each consumer and identifies consumers’ important life achievements, events, interests, celebrations and significant people in their lives.

The monthly activity calendar includes a range of events and activities to support consumers culturally and to take part in their community within and outside the organisation’s service environment. Additionally, the Lifestyle events calendar showed regular activities to support consumers’ social and personal relationships. Staff described actions they would take if they identified a consumer feeling low or not participating in activities, including arranging volunteers to spend time with them.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

### 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) Compliant

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

The service was found Non-compliant with Requirement (3)(f) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found observations indicated consumers were not satisfied with meals provided, care planning documents were not reflective of consumer preferences or nutrition requirements and care and clinical staff demonstrated a lack of knowledge in regard to consumers’ additional nutritional requirements and/or weight loss.

The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Reviewed the food services and developed and implemented a Food Safety Plan to guide hospitality staff.
* Reviewed the menu and developed a new seasonal four-week rotating menu in consultation with consumers and their representatives.
* Held a Meet and greet night to present changes to the menu and seek further feedback from consumers and their representatives.
* Developed and implemented a monthly Resident of the day initiative. The process involves reviewing and analysing consumers’ care and service needs, including nutrition, hydration and weight requirements.

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

Overall, consumers and representatives were satisfied with the quality, variety, and choice of meals. Menus included a variety of food options and the Assessment Team noted changes to the menu had been made in response to consumer feedback.

Consumers’ dietary and nutritional needs and preferences are identified through initial and ongoing assessment and review processes. Care plans sampled included information relating to each consumer’s specialised dietary needs and this information was noted to be consistent with information available to hospitality staff. Staff were familiar with sampled consumers’ food likes, dislikes, preferences, and dietary needs.

Clinical staff stated consumers are weighed monthly or as required. There are processes to ensure unexplained weight loss or consecutive weight losses are investigated, strategies implemented and effectiveness monitored. Care and hospitality staff stated they have received training in relation to dysphagia and described processes for altering fluid consistency and maintaining hydration needs of consumers.

Observation of meal service in different Pods and in the village houses demonstrated consumers are provided a choice of two hot meals for lunch. Consumers were able to request more food and where consumers did not like the options on the menu, alternatives meals were observed to be offered.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

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

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

# STANDARD 5 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 Compliant as three of the three specific Requirements have been assessed as Compliant.

Requirement (3)(b) in Standard 5 was found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

In relation to Requirements (3)(a) and (3)(c), the Assessment Team found overall, the majority of sampled consumers considered that they feel at home at the service. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers feel safe living in the service, they have personalised their rooms to make them more homelike and family and visitors are made to feel welcome.
* the environment is safe, clean and well maintained and consumers can access outdoor areas and move freely within the service.
* furniture, fittings and equipment are well maintained.

The service environment was observed to be welcoming and easy to understand with location signs in place to support navigation. The culture of the consumers is reflected throughout the service with the village houses decorated with furnishings to remind consumers of their origin and the gardens have a Mediterranean feel.

Consumer rooms were observed to be furnished with their own furnishings, bedding, personal memorabilia, photographs and decorations from their home. Communal areas were furnished with comfortable chairs, decorated with pictures of consumers, flower arrangements and televisions in main communal areas and stereos for music.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumers. Preventative and reactive maintenance processes are in place and staff were aware of maintenance reporting processes. External contracted services maintain fire equipment and there are processes for testing and tagging of electrical equipment. The Assessment Team observed cleaning and catering staff attending to the service environment and carrying out duties throughout the duration of the Site Audit.

Based on the evidence documented above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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) Compliant

*The service environment:*

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found consumers were not able to move freely to access outdoor areas. Additionally, linen skips were not to be consistently emptied and laundry areas were unlocked and accessible to consumers. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Conducted an Environmental audit, identified areas for improvement to ensure safety of consumers and appropriate actions initiated in response.
* Installed shelving in storage areas to create space to accommodate linen skips when not in use. The Assessment Team observed laundry skips being regularly emptied.
* Conducted a review of chemical storage resulting in the installation of locks on chemical storage cabinets/cupboards to ensure authorised access only.
* Reviewed, revised, and implemented policies, procedures and guidelines for safe handling and storage of chemicals, including up-to-date safety data sheets being readily accessible.
* Installed motion sensor sliding doors to enable free access to internal outside courtyard areas. In relation to the village houses, doors have been re programmed to allow doors to remain open so consumers have access to the outside garden; for security purposes, doors lock in the evening.
* Fire doors are opened to enable consumers to mobilise between Pods. Magnetic door screens have been installed on some consumers’ doors and some consumers have been provided with electronic swipe passes to gain access to downstairs or outside areas.

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

Consumers and representatives confirmed the environment is safe, clean, and well maintained and consumers can move freely both indoors and outdoors. Consumers also stated cleaning staff are friendly, polite, respectful, and clean their room and bathrooms well.

The service environment was observed to be clean and well maintained and outdoor living areas were observed to be accessible to consumers. Hospitality staff undertake regular cleaning in line with a schedule and cleaning records sampled demonstrated staff are aware of their responsibilities in relation to cleaning tasks.

Staff described how cleaning and maintenance issues are managed, including through reactive and preventative maintenance processes. Additionally, staff described how hazards, incidents and maintenance issues are reported and actions to take in an event of an emergency. Cleaning staff stated they clean all consumer rooms and communal areas daily and described processes for daily cleaning of high touch areas.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

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

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

# STANDARD 6 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 Compliant as four of the four specific Requirements have been assessed as Compliant.

Requirements (3)(c) and (3)(d) in Standard 6 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

In relation to Requirements (3)(a) and (3)(b), the Assessment Team found overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* feel comfortable to raise feedback with management.
* the General manager, Care manager and others are approachable, welcome feedback and listen when feedback is provided.
* are aware of and have raised complaints with the Commission.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints mechanisms and advocacy services on entry. A Welcome agent orientates new consumers and their representative to the service on entry, including in relation to feedback processes. Consumers are encouraged to provide feedback through a range of avenues, such as feedback forms, surveys, care plan review processes and meeting forums. Feedback forms and information in relation to internal and external feedback mechanisms and advocacy were also observed displayed throughout the service and easily accessible to consumers and representatives.

Based on the evidence documented above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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) Compliant

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found appropriate action was not taken in response to complaints raised by representatives. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Developed a Feedback framework, incorporating further information relating to open disclosure and how feedback is considered and actioned.
* Implemented a survey which is conducted six monthly.
* A Resident experience committee has been formed to discuss feedback. Meeting minutes demonstrated the Committee is receiving and overseeing feedback received and ensuring appropriate action is being completed.
* Developed Feedback guidelines and updated Feedback procedures to reflect changed responsibilities and escalation processes.
* Updated the Resident handbook to align with the Standard. The Handbook includes the various feedback mechanisms available.
* Implemented a Care advocate report which contains information on actioned feedback and sources categorised by complaint area.
* All staff have received training on managing complaints and grievances, open disclosure and Customer service and complaints.

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

Consumers and representatives said the service had informed them of clinical issues or any other concerns. They said they are informed of all matters in an open and transparent approach, including in relation to care planning, assessments, infections, wounds, falls and challenging behaviours. Additionally, all consumers and representatives indicated communication had significantly improved over the last six months.

Staff sampled were aware of the term open disclosure and documentation, including incidents reports, demonstrated application of an open disclosure approach. A Feedback register is maintained and demonstrated feedback is being captured, recorded and actioned in line with the service’s processes.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

### Requirement 6(3)(d) Compliant

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found feedback and complaints were not being used to identify trends and improvement opportunities to the quality of care and services provided to consumers. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Developed a monthly Care advocate summary report. The report trends complaints and feedback from a range of sources and provides improved oversight of feedback.
* Implemented a Quality framework which provides guidance in relation to monitoring and accountability for feedback and review processes to better identify opportunities for improvement.

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

Consumers and representatives provided overwhelmingly positive feedback indicating they had noted significant improvement, specifically in relation to clinical care and communication.

A register is maintained and feedback and complaints are logged and tracked until they are finalised. Feedback is collated and analysed to identify trends on a monthly basis with the information gathered used to improve the quality of care and services. This was demonstrated through the Continuous improvement plan which included improvement initiatives derived from feedback and complaints.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

All Requirements in Standard 7 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended all Requirements in Standard 7 met. In coming to my finding for all Requirements in Standard 7, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 7 Human resources. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the workforce was not sufficient to ensure effective and safe delivery and management of care and services. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Developed an electronic dashboard to monitor a range of key metrics, including sufficiency of staffing levels.
* Reviewed the clinical structure resulting in changes to senior clinical staff roles and positions.
* Installed a new call bell system resulting in more effective analysis of data.
* Implemented a staff rostering tool via a mobile phone application. The application supports staff in relation to being able to be notified of available shifts and to view their roster.

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

All consumers and staff confirmed they were satisfied with the sufficiency of staffing and skill mix. Representatives indicated there had been significant improvement in the level of care and services provided and stated staff are more responsive and better understand the needs of their family members.

The service demonstrated the workforce is planned to enable safe and quality care and services to all consumers, and the number and mix of members of the workforce deployed ensures the delivery and management of safe and quality care and services. A roster is maintained and there are processes to manage staff shortfalls.

Staff stated they have enough time to complete their duties. Care staff indicated they prefer being allocated to Pods as they have allocated consumers, they are responsible for. Email correspondence sampled demonstrated management consult with staff in relation to staffing levels, leave requests and labour hire usage.

There are processes to monitor staffing levels. Documentation viewed demonstrated in response to an adjustment in staffing levels, consumer call bell response times reduced.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(a) in Standard 7 Human resources.

### Requirement 7(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found feedback provided by consumers, representatives and staff, observations and documentation viewed demonstrated staff did not always ensure consumers were treated with kindness, dignity and respect. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Staff have completed training relating to Behaviour standards, including Values, Code of conduct, Respect in the workplace, Dignity and personal care and Multicultural awareness.
* Implemented a new performance appraisal template which includes consideration of staff practice against the organisation’s values.
* Developed a lead policy, supported by related policy documents, which include information relating to Cultural awareness, Cultural safety and Cultural inclusion.
* Developed new Code of conduct guidelines, Code of ethics for nurses and Respect in the workplace guideline.

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

All consumers sampled confirmed staff are kind, caring and respectful and provided examples, such as “they listen to me”, “treat me with respect” and “talk to me in Greek”. Representatives also confirmed staff are respectful of consumers’ culture and identity and stated staff understand the Greek culture.

Staff interactions with consumers were observed to be kind, caring and respectful. Staff sampled demonstrated familiarity with consumers’ backgrounds and described specific strategies to maintain consumers’ identity, culture and diversity.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(b) in Standard 7 Human resources.

### Requirement 7(3)(c) Compliant

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the service did not adequately monitor or review staff performance to ensure deficits in staff competency, skills and knowledge were identified. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Staff received training on a range of topics across the eight Standards and in line with their roles and duties following the Review Audit.
* Implemented a Training plan strategy incorporating partners involved in training. The document outlines the range of providers the service engaged following the Review Audit and ongoing to meet the Quality Standards.
* A Training plan includes a range of mandatory training on a set schedule, based on job roles. Allocated training has been reviewed to address deficits identified during the Review Audit and is now better tailored to the care and service needs of consumers.

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

Consumers and representatives confirmed staff understand care and service needs of individual consumers and are able to deliver those care and service needs. One representative stated they were satisfied with the care and services and indicated they had noticed a significant improvement in the last six months.

The service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles. Staff are recruited based on skills, qualifications and abilities. Job descriptions are available and outline relevant qualifications for each role.

Staff receive training through the induction process and ongoing to ensure staff are competent and have the relevant knowledge to perform their roles. Staff complete role specific competencies, including in relation to medication management, wound management, infection control and manual handling.

All staff confirmed they had been provided significant training following the Review Audit and described competency training they had completed.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(c) in Standard 7 Human resources.

### Requirement 7(3)(d) Compliant

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the workforce was not supported to ensure their day-to-day practice protected against risk and improved the care outcomes for consumers. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* A range of training across the eight Standards was delivered following the Review Audit.
* Developed a new onboarding checklist to support orientation and induction. The form includes additional areas for ensuring staff are aware of how to manage feedback, values of the service, code of conduct/respect the workplace and has role specific information for various staff which have been further updated and developed following the Review Audit.

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

All consumers and representatives indicated they were satisfied with the level of staff knowledge, skills, and level of training.

The service demonstrated the workforce is effectively recruited and trained. Onboarding and induction processes include buddy shifts and mandatory training components. Training is provided ongoing, based on staff roles and responsibilities and monitoring processes, including audits and clinical indicators assist management to identify further training requirements. Staff completion of the training program is monitored, including mandatory components. Additionally, records demonstrated police clearances, professional registrations, and other legislative requirements are monitored to ensure currency.

Staff provided examples of training completed, including mandatory training components and expressed satisfaction with the level of training provided.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(d) in Standard 7 Human resources.

### Requirement 7(3)(e) Compliant

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

The service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the service did not demonstrate an effective process to ensure regular review and evaluation of staff performance was in place. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Developed a procedure which provides clear guidance for managers in relation to performance management.
* Staff responsible for performance management have received performance management coaching to support them in undertaking effective performance management.
* Developed a new performance appraisal template incorporating information relating to values, behaviours and training needs.
* Updated recruitment processes to include a Statutory declaration in relation to nursing staff and any specific limitations placed on their registrations.
* Position descriptions for the new management workforce structure outline the responsibility of monitoring staff performance.
* Implemented new clinical audits to assist with identification of clinical deficits in staff practice.

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

Staff performance appraisal and development processes are in place. Staff performance reviews are conducted annually or as required. Assessment of performance is based on input from feedback processes, incident data and observations. Performance appraisal completion rates are monitored and reported to the Board.

A formal performance management process is in place. Documentation sampled demonstrated an incident involving a staff member had been managed in line with the service’s processes and additional training provided to the staff member.

Management stated they had completed training on performance management processes and indicated they felt better equipped to monitor staff performance. Staff sampled indicated they had completed a performance appraisal within the last 12 months.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(e) in Standard 7 Human resources.

# STANDARD 8 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

All Requirements in Standard 8 were found Non-compliant following a Review Audit conducted 30 July 2020 to 7 August 2020. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirements below.

The Assessment Team have recommended all Requirements in Standard 8 met. In coming to my finding for all Requirements in Standard 8, I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report. Based on this evidence, I find St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with all Requirements in Standard 8 Organisational governance. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented quarterly Family meet and greet meetings. Documentation sampled demonstrated the service formally met with family members and representatives, introduced the new Resident experience committee, discussed COVID-19 news, staffing, results of the Royal Commission and results of the Review Audit.
* Records showed representatives are attending the meeting and providing feedback on care and services.
* Changed consumer meeting forums from monthly to fortnightly.

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

Consumers are supported to engage in the development, delivery and evaluation of care and services, including through feedback processes, care plan reviews, meeting forums and surveys. Representatives described being involved in care plan reviews and providing feedback in relation to the new Resident information pack. Documentation viewed further supported consumer engagement, for example, the introduction of a Welcome agent, installation of an intercom and amendments made to font size of information in the Resident information pack all occurred in response to consumer and/or representative feedback.

Management indicated consumers and staff are satisfied with the allocation of staff assigned to the various Pods within the service. The Feedback register viewed indicated staff and consumers are satisfied with the Pod staffing arrangement ; no complaints in relation to the Pods staffing and consumer allocations had been recorded.

Documentation sampled demonstrated Board members attend consumer and representative meeting forums.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(a) in Standard 8 Organisational governance.

### Requirement 8(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found the organisation’s governance processes did not effectively promote a culture of safe, inclusive and quality care and services for consumers. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* A Results review completed by an external consultant included information on a review of the skills matrix and performance of the Board. Further education will be scheduled for the Board in response to the report.
* Developed an Organisational reporting matrix which outlines relevant reports to be completed to inform the Board. The majority of reports have been reviewed to ensure the Board is well informed of undertakings at the service.
* Implemented a Feedback framework outlining the Board’s key responsibilities in relation to feedback and complaints.

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

The organisation has a range of reporting mechanisms to ensure the Board is aware of undertakings at the service. Additionally, information provided by senior management indicated the Board actively seeks information relating to service. Examples provided included Board requests for information relating to psychotropic medication usage and antimicrobial stewardship and requesting the Pharmacist to present to them in relation to the monthly pharmacy reports. Monthly reports, based on the Commission’s risk based questions, have been requested by the Board to assist them to understand risk in the same way as the Commission.

All Board members have received training on the Standards and training relating to the Serious Incident Response Scheme is scheduled.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(b) in Standard 8 Organisational governance.

### Requirement 8(3)(c) Compliant

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

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was the organisation’s governance processes were not effective to ensure accountability and action at all levels of the organisation. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented a clinical management workforce restructure.
* Provided significant mentorship to the Care manager and Clinical nurses to ensure they understand their roles and responsibilities, how to complete and undertake incident reporting and analysis and ensure effective oversight.
* Implemented a new audit schedule to monitor against the Standards.
* Documentation sampled demonstrated the service is monitoring the completion rates of continuous improvement initiatives. A range of improvements across the Standards have been initiated, completed and evaluated, including 35 initiatives for Standard 3 and 15 for Standard 2.
* Reviewed the feedback framework and implemented additional surveys and opportunities to provide feedback. All feedback, positive and negative, is logged on the electronic register with information analysed to identify opportunities for improvement.

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

The service demonstrated effective organisation wide governance systems relating to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. Governance systems are underpinned by a range of policies and procedures and meetings to ensure effective communication.

Staff have access to policies and procedures through the staff intranet and there are processes to ensure the service receives notification of changes to these documents. Training has been provided to staff in relation to the Serious Incident Response Scheme (SIRS) and reports viewed demonstrated staff are aware of their legislative responsibilities in relation to SIRS. A new Feedback management framework has been developed and outlines the role of the Board, including accountabilities relating to feedback.

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

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

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

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was found 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented a High risk framework to identify decline in consumers’ clinical condition and a High risk resident register to manage and monitor strategies.
* Created a Risk care plan which provides an overview of identified concerns.
* Reviewed handover processes and introduced Quick meets meeting forums, Handover sheets for carers and a Seven-day handover sheet for critical changes and incidents.
* Introduced a High risk resident action plan assessment and outcomes reporting, weekly High risk resident meetings and a High risk resident procedure to guide staff in the identification of high risk consumers.
* Reviewed policies and procedures in relation to supporting consumers to take risks.

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

The organisation demonstrated effective risk management systems and practices related to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The service has an electronic incident management system which benchmarks incidents to identify opportunities for improvement. Management described how they manage high impact or prevalence risks associated with the care of consumers, including through weekly High risk meetings and High risk resident action plans. Staff stated they have completed training on SIRS and explained how the training has assisted them to identify and respond to abuse and neglect of consumers.

Staff described how they support consumers to take risks to ensure they live the best life they can and were aware of internal policies and procedures. Documentation viewed demonstrated Risk choice forms are completed, in consultation with consumers, where activities they choose to partake include an element of risk.

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

### Requirement 8(3)(e) 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 service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 30 July 2020 to 7 August 2020 where it was 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. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Implemented Quick meets meetings between nurses and clinical management to monitor clinical follow up and better identify consumer deterioration.
* A review of all consumers on as required psychotropic medication was conducted by an external consultant; in consultation with the medical staff, strategies for use were developed and psychotropic orders reduced.
* Training provided to staff on adverse events, restrictive practices, use of antibiotics for urinary tract infections and open disclosure.
* Reviewed the organisational clinical governance meeting forum agenda to better capture incident data for reporting.
* Implemented a monthly Clinical excellence committee to address a gap between care managers and clinical governance.

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

The organisation demonstrated a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. Policies and procedures in relation to these areas are available to guide staff. A range of monitoring mechanisms are in place to oversee clinical care, including clinical audits and service and organisational meeting forums.

For the reasons detailed above, I find The St Basil’s Homes for the Aged in South Australia (Vasileias) Inc, in relation to St Basil’s at Croydon Park, to be Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.