St Simeon Village Community Services

Performance Report

261 Hyatts Road
ROOTY HILL NSW 2766
Phone number: 02 9675 3285

**Commission ID:** 200292

**Provider name:** Serbian Orthodox Diocese Aged Care and Education Property Fund

**Assessment Contact - Site date:** 8 October 2020

**Date of Performance Report:** 18 November 2020

# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 30 October 2020.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

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

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

The service identifies and assesses consumer needs, goals and preferences through a face to face interview with consumers and representatives, and a consumer self-assessment form which includes personal goals and advance health directives. Files reviewed for consumers sampled include, individual needs, goals and preferences across a range of clinical and social care domains and demonstrated changes to care planning documents where health needs or preferences have changed. Advance care planning and end of life directives are included unless consumers have elected not to participate.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

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

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

Consumers interviewed were happy with the care staff and their knowledge and skills. Staff undergo an orientation and are given job descriptions and an employee handbook. There is a wide range of mandatory training both on line and in person across the Standards and processes to follow up on anyone not completing the training. Updates on COVID are emailed regularly to staff. Staff complete a self-appraisal form and then meet with their manager with the discussion including any further education needs or requests. Care workers confirmed they are trained, have sufficient equipment and personal protective equipment and supported by the service to deliver safe quality care and services.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8

### 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.*

The service has effective management systems to minimise the risk associated with care delivery to its consumers. This is done by tailoring the services provided to each consumer’s needs and identifying and minimising risk through a consultative assessment process while respecting the consumer’s right to make decisions that are informed and where the risks have been discussed and strategies implemented to support the consumer’s choice.

The organisation has a risk management plan with categories including strategic, operational, safety, quality assurance/compliance, governance, market/competitor, governance, financial and infrastructure. There is a risk register and a suite of policies and procedures covering various areas of risk such as elder abuse, privacy, choice and decision making, cultural diversity and safety, dignity, falls prevention and management which support consumers to live the best way they can.

# 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.