The House of Saint Hilarion

Performance Report

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Phone number: 08 8409 1500

**Commission ID:** 6504

**Provider name:** The Society of St Hilarion Inc

**Assessment Contact - Site date:** 23 June 2021

**Date of Performance Report:** 17th August 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 15th July 2021

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

### Consumer outcome

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service was able to demonstrate effective management of high impact and high prevalence risks as evidenced through the assessment and care planning of four consumers files, including a respite consumer file. Consumers are reviewed by allied health and have risk screening tools completed, however, strategies to mitigate risks and reduce the potential impact of clinical risk are not always evaluated and updated. The assessment team identified deficits for one consumer in relation to documentation of falls, wound and weight management. However, the approved provider response submitted information to demonstrate documentation was adequate and risks are evaluated and updated. The service has clinical monitoring and clinical trending systems in place and recorded on a monthly governance and risk committee report.

The Quality Standard is not assessed as only one of the seven specific requirements have been assessed. The requirement assessed was found to be Compliant.

### Assessment of Standard 3 Requirements

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

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

The assessment team found review of four consumer files demonstrated that the service has systems in place for the effective monitoring and management of high impact or high prevalence risks. However, the assessment team identified deficits related to falls, wound and weight management for one consumer. While the falls are recorded the documentation does not provide additional strategies to mitigate the risk of further falls. The assessment team found that the consumer had been reviewed by physiotherapy and that management advised that falls management is evaluated through the care evaluation form. Additionally, a summary report was completed consistent with the managing falls flowchart, however this report provided an overview of clinical activity and not an evaluation of risk mitigation. The consumer representative expressed satisfaction with the care their consumer was receiving.

The assessment team found that wound management plans for a consumer do not consistently record wound dimensions or comment on the healing status of a wound. Review of this consumers wound management form indicated the form does not include a specific area to document excoriations and the wound details section was not completed. Additionally, the assessment team found that a consumer who had lost weight over successive months was reviewed by a dietician, however monitoring of food and fluid intake or strategies to reduce the risk of further weight loss had not been evaluated.

The assessment team reviewed the governance risk committee report dated May 2021 and found the service had reported on total number of consumers in relation to mandatory reporting incidents, restraint, falls, medications, behaviours, pressure injuries and skin tears, weight loss and infections. However, this related to reporting on key performance indicators and the report did not include consumers names. Additionally, the assessment team reported that information contained in the report was not current as data was from end of April and did not include collation of incidents from May 2021.

The approved provider response submitted information to refute the assessment teams’ findings. The approved provider submitted an incident log for a consumer who had sustained multiple falls, and this contained a completed section on evaluation of strategies. Additionally, the approved provider asserted that despite the consumer sustaining falls, assessments and interventions have ensured that the consumer has not sustained any injuries.

The approved provider submitted completed wound charts which demonstrated that the status of a consumer’s wound was documented, and wound dimensions recorded. Additionally, the approved provider submitted progress notes which confirmed that staff had been monitoring a consumer’s food and fluid intake; and advised that this consumer’s weight loss never exceeded two kilograms within any given month.

The approved provide submitted a copy of the June governance and risk report and advised that consumer details are de-identified on this report for confidentiality purposes although identifiable data can be provided on request. Additionally, the approved provider asserted that the risk and governance report is to provide a summary of the previous month, so this can be compared to previous months for the purposes of identifying trends and risk mitigating factors in the development of continuous improvement plans.

Although deficits in documentation were identified at the time of the site audit, the additional documentation submitted by the approved provider demonstrates that the service evaluates falls interventions, documents wound status and dimensions and monitors food and hydration for a consumer. Additionally, a copy of the most recent risk and governance report was provided and the rationale of the approved provider for this report containing de-identified data and the purpose of this report is accepted.

I am satisfied this requirement is Compliant.

# 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

### Consumer outcome

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* One consumer said, “staff take good care of me”.
* One consumer said they like seeing the same staff regularly and they knew how they like things done.
* One consumer said, “I just pressed the button and staff attended within two minutes”. The consumer said, “the girls are lovely and take good care of me”.

Staff confirmed they are provided with appropriate training to perform their roles and are supported by management. Staff also confirmed that they usually have sufficient time to complete their designated duties.

The Quality Standard is not assessed as only one of the five specific requirements have been assessed. The requirement assessed was found to be Compliant.

## 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 assessment team found the service was able to demonstrate their 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 is maintained. Consumers were satisfied and, although staff did raise some issues regarding some time restraints, these did not impact on the service delivery.

The assessment team viewed the rosters and allocation sheets dated 6 June 2021 to 19 June 2021. All allocated shifts were filled, unplanned sick leave was filled by casual staff where possible and with agency where staff is not available. The assessment team noted that review of the call bell report demonstrated that the service consistently meets their target of responding to call bells within 12 minutes over 90% of the time and usually above 95% of the time.

I am satisfied that the service can demonstrate the workforce is planned to enable the delivery of safe and quality care and services.

I find this requirement Compliant.

# 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.