Villa St Hilarion-Fulham

Performance Report

21 Farncomb Road   
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**Commission ID:** 6145

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

**Assessment Contact - Site date:** 4 November 2021

**Date of Performance Report:** 3 December 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management
* the provider did not submit a response to the Assessment Contact - Site report
* the Performance Assessment Report dated 30 June 2021 for the Assessment Contact conducted 8 April 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(e) in Standard 2. This Requirement was found Non-compliant following an Assessment Contact conducted 8 April 2021 where it was found the service did not effectively demonstrate care and services were reviewed regularly for effectiveness or when consumers’ circumstances changed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 2 Requirements

### 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) an Assessment Contact conducted 8 April 2021 where it was found the service did not effectively demonstrate care and services were reviewed regularly for effectiveness or when consumers’ circumstances changed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Appointed an external Clinical systems implementation specialist.
* All consumers have been reviewed to ensure appropriate skin, wound and pain assessments have been conducted.
  + Skin assessments for all consumers have been reviewed and updated in accordance with their needs.
  + Identified assessments requiring review and a review schedule has been implemented.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Three consumers confirmed they are involved in the planning of their care.
* Care files sampled for three consumers demonstrated the need of consumers had been identified and addressed, specifically in relating to pain management and following incidents.
* Clinical staff described care review processes, including six-monthly assessments, updating of care plans and communication of changes to consumers’ changing care needs.
* Management stated care plans are reviewed regularly and as required to meet the changing needs or circumstances of consumers. Additionally, management provided examples of how incidents inform review of consumers’ care and service needs, including medication and fall incidents.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 8 April 2021 where it was found high impact or high prevalence risks, specifically in relation to pressure injury and pain management, were not effectively managed for one consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Compliant with Requirement (3)(b) 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)(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) an Assessment Contact conducted 8 April 2021 where it was found high impact or high prevalence risks, specifically in relation to pressure injury and pain management, were not effectively managed for one consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to staff relating to skin, wound and pain assessments.
* Commenced Buzz meetings relating to pressure injuries and repositioning.
* Appointed an external Clinical systems implementation specialist.
* Conducted an audit of all consumers’ care requirements with corrective actions implemented in response to gaps identified.
* Conducted a review of all consumers to ensure appropriate skin, wound and pain assessments had been undertaken.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Three consumers expressed satisfaction with the care they receive, specifically in relation to management of pain and medications.
* A sample of three care files demonstrated appropriate management of behaviours, falls, pain and medication management.
* Where high impact or high prevalence risks had been identified, care files demonstrated additional monitoring had been implemented, assessments completed and referrals to Medical officers and/or allied health specialist initiated. Additionally, management strategies had been reviewed and/or implemented to manage risks identified.
* Care staff sampled described strategies implemented to prevent further incidents or to minimise harm for the consumers sampled.
* Policies and procedure documents relating to management of high impact or high prevalence risks are available to guide staff practice.
* Clinical indicator reports are prepared monthly in relation to weight loss, infections, pressure injuries, behaviour incidents, falls and incident reports. Report data is analysed and reported on, including at Board level. Additionally, the reports are used to inform staff education and care audits.

For the reasons detailed above, I find The Society of St Hilarion Inc, in relation to Villa St Hilarion-Fulham, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.