**Performance**

**Report**

**1800 951 822**

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| Name of service: | St Basil's Aged Care Services |
| Service address: | 22 Dianella Drive DIANELLA WA 6059 |
| Commission ID: | 500050 |
| Home Service Provider: | St Basil's Aged Care Services in Western Australia (Vasileias) Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 14 March 2023 |
| Performance report date: | 6 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for St Basil's Aged Care Services (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Services included in this assessment

**Home Care:**

* St Basil's Aged Care Services, 19253, 22 Dianella Drive, DIANELLA WA 6059
* St Basil's Aged Care Services EACH, 19254, 22 Dianella Drive, DIANELLA WA 6059

**CHSP:**

* Centre Based Respite - Care Relationships and Carer Support, 4-89F6C1M, 22 Dianella Drive, DIANELLA WA 6059
* Flexible Respite - Care Relationships and Carer Support, 4-89F6C3W, 22 Dianella Drive, DIANELLA WA 6059

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers version 1.3 January 2023

# Assessment summary for Home Care Packages

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(b) | 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. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is recording consumer goals to guide care and services delivered and discussing and recording advanced care planning and end of life planning discussions with consumers

Requirement 2(3)(b)

The Assessment Team reports that the Approved Provider has now evidenced and demonstrated they have processes in place to support consumers to identify their specific goals and preferences including advance care planning and end of life wishes and are clearly outlined in their care plans. Three of 7 consumers/representatives interviewed said their coordinator discuss their goals and preferences with them and this information is included in the care plan. For example, one consumer said she chose not to have an advanced health directive. She said she was provided all the information about advanced care planning from the service and is aware she can complete this document at any time.

All support workers said they are aware of each consumer’s needs, goals and personal preferences as this information is recorded on the care plan. One support worker said if there are any changes to the consumer’s needs, goals, and preferences he immediately reports it to the service and if needed they will reassess the consumer’s needs. Management said when they admit a new consumer, they discuss their advance care planning and end of life wishes. Management advised a detailed brochure on end of life care is provided to Commonwealth Home Support Program (CHSP) centre-based consumers and Home Care Package (HCP) consumers. This is documented in the consumer’s care plan discussions about their preferences for advance care planning and end of life wishes. A review of documentation evidenced that the service has an advance care planning and end of life policies and procedures.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, one of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant*.*

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, one of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is identifying and recording high-impact and high-risk issues for consumers through assessments using validated best practice tools. It has demonstrated that it has processes in place to address the needs, goals and preferences of consumers nearing end of life.

Requirement 3(3)(b)

The service has now evidenced and demonstrated they have addressed the non-compliance and can demonstrate it effectively manages high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers to manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Management advised high-risk clinical care training was completed in February 2022 and vulnerability risk rating assessment form adopted and updated by the service. Management advised vulnerability risk rating assessment form is completed for all new consumer intakes as well as during reviews and vulnerability register updated.

The Assessment Team sighted the services vulnerability register and clinical/allied health assessments and care plans completed for 3 of 15 high risk consumers identified from vulnerability register. For example, one consumer’s wellness support plan identifies him as an insulin dependent diabetic who manages his own blood sugar levels daily. A risk acknowledgement form – dignity of risk form signed July 2022 identifies that he is at risk of forgetting/missing insulin, over/under medicating and suffers from hypo and hyperglycaemic events.

The service has advised it has documented strategies in place on his wellness support plan to alert support workers to check and report if he is low in energy, confused, sleepy, of low mood or feeling unwell and to encourage him to check his blood sugar and ring next of kin immediately for guidance and submit an incident report. Another strategy is for fortnightly nursing services to check on blood sugar levels has been put in place. The Assessment Team sighted clinical case notes evidencing fortnightly check on blood glucose levels (BGLs) from October 2022 to March 2023. All staff interviewed demonstrated an understanding of the needs of consumers who have high-impact/high-prevalence risks.

Management advised, staff confirmed, and training material and records sighted by The Assessment Team indicate staff are trained to identify and report all risks, incidents/hazards they become aware of during services with consumers. Aide memoires sighted by The Assessment Team, such as incident/accident reporting, dementia care, skin integrity and nutrition and hydration guidelines are discussed with and provided to all support workers.

The care coordinator is provided further training on how to assess risk and vulnerability and document on consumer care plans. Assessment care planning documentation reviewed show risks such as falls, weight loss and pressure injuries are assessed and recorded.

The service trends and responds to high-impact or high-prevalence risks by reporting each incident and completing an analysis. Each incident that occurs is recorded, reviewed, and discussed before being closed off. The number of incidents by individual consumer are documented in a quarterly analysis report which assist with identifying training needs, continuous improvement initiatives, documentation updates and process resets.

Requirement 3(3)(c)

The Assessment Team reports that the Approved Provider is now effectively addressed the non-compliance and can demonstrate it has processes to address the needs, goals and preferences of consumers nearing end of life. Three of 7 consumers/representatives interviewed said the service has discussed end of life planning with them during initial care planning assessment and advised they have been provided advanced care planning and end of life wishes fact sheets. The Assessment Team sighted evidence of factsheets provided to consumers/representatives. The Assessment Team evidenced documented notes on advanced care directive and end of life planning discussions on for 4 HCP consumers in their Home Care Package (HCP) care plans. The Assessment Team note evidence of advanced care directive and end of life planning discussions are also documented on consumer’s integrated wellness assessments.

The registered nurse (RN) advised end of life wishes are discussed with all consumers/representatives at every intake and review and will encourage consumers/representatives to seek referrals for palliative care services from their general practitioner (GP) if palliative care services are required. Management advised whilst they have not had to support any consumers with end of life services at this stage, should they become aware of a consumer entering a palliative care phase the service would ensure staff receive on the job training (pressure area management/mouth care) specific to the palliative care consumer and liaise with the consumer’s GP and the Silverchain palliative care team. All staff interviewed confirmed they have received online end of life care in the home training. Training records reviewed indicate 9 of 26 staff are up-to-date with end of life care training.

Advanced care planning training and tool kit was evidenced to be sent to relevant staff members August 2022. The service has an end of life care and advance care planning and end of life wishes policies that document steps and processes for staff to undertake with consumers/representatives. All staff interviewed confirmed they are aware of policies and have electronic access to policies for reference. The Assessment Team sighted evidence all staff were provided with updated policies September 2022.

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two of the seven specific requirements that were previously assessed as non-compliant are now assessed as compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(d) | 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. | Compliant | Compliant |
| Requirement 8(3)(e) | 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. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring systems and processes effectively manage risks associated with the safe care of consumers, including high-impact/high-prevalence risks and working within a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Requirement 8(3)(d)

The service has now demonstrated it has effective organisation-wide governance systems to ensure the delivery of safe and quality care, that include managing high-impact or high-prevalence risk and an incident management system.

In relation to managing high-impact or high-prevalence risks, the Provider could demonstrate that consumer risk assessments had been undertaken and risks managed. As referred to in Requirement 3(3)(b), review of care documentation showed that risks, and strategies for managing identified risks, are being recorded. Staff and management could describe how incidents are reported, recorded, and followed up. Management demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities. Wellness support plan/care plans, progress notes and assessments reviewed confirmed that a robust risk assessment is conducted by a clinician at the initial assessment to limit risk, vulnerable consumers are flagged, any change or deterioration in the consumers condition is reported and appropriate actions are taken. A review of documentation showed that the service has a vulnerable client register using a traffic light system vulnerability risk rating assessment form to identify the different levels of risk, including trending and monitoring risk individual to each consumer.

In relation to identifying and responding to abuse and neglect support workers interviewed described that they would be able to identify possible consumer abuse and neglect and said they would report to management immediately. The service has an elder protection policy and procedure in place. A review of documentation show that staff have completed training on elder abuse and neglect of consumers, and the Serious incident Response Scheme (SIRS).

In relation to supporting consumers to live the best life they can Management demonstrated through a consumer example of how they support a consumer who initially refused to have any support services. Management advised that they had discussions with the consumer and her representative on how they could gradually introduce effective care services to enable her to live the best life she can at her own pace.

A nursing assessment and review was done which included, a continence assessment and commencement of incontinence aids purchased through her home care package (HCP). Monitoring blood glucose level using the ‘FreeStyle Libre’ system. Social support each week to engage the consumer to have social connections to her community. The service has a dignity of risk policy and could demonstrate that processes are in place to inform consumers about risks and possible consequences, and support consumers to take risks if they wish to enable them to live their best life. In relation to incident management systems, the service has an incident management system which management described as an effective management processes, including timely reporting of clinical and care incidents, analysis and escalation to manage and prevent incidents.

A review of the incident register showed that staff report and document any changes in consumers including where there may have been an incident outside of service delivery and incidents at the day centre for follow up. The service client incident/risk report form also includes an open disclosure documentation process and actions for continuous improvement.

Requirement 8(3)(e)

As part of the ongoing improvements of the organisation and in response to the recent non-compliance with Requirement 8(3)(e), the service is still reviewing its clinical governance framework and was able to demonstrate it has in place a clinical governance framework which guides staff and sets out responsibilities, accountabilities and how the service will deliver safe and quality care and services for consumers. In relation to antimicrobial stewardship, the service provides consumers/representatives with relevant resources and information on antimicrobial stewardship including factsheet ‘Do you need antibiotics?’ and advocate for consumers where possible and when required. The service has policy and procedures on antimicrobial stewardship. Staff were provided with training and demonstrated a good understanding of antimicrobial stewardship and how this relates to their roles.

In relation to minimising the use of restraint, staff were able to describe what restraint might look like in a community setting. Staff said they did not currently have any consumers who had a restraint in place or where they considered there was a restraint. Management advised there was no use of restraint used currently on any of the consumers, and that the use of restraints is identified through the assessment process with a dignity of risk form used when required. The service has policy and procedures on the use of restraint. Documentation reviewed included staff training on minimising the use of restraint in home care using scenario based story boards.

In relation to open disclosure, the service has policy and procedures related to open disclosure which guide staff when resolving complaints and incidents. Staff and management were able to demonstrate open disclosure is used when resolving incidents and complaints raised. The service provides training sessions to staff on open disclosure. Management demonstrated using an example of a consumer where an open disclosure process was used to resolve a complaint made by his representative for the delayed purchase of a raised toilet seat following recommendations from the occupational therapist (OT). The complaint was noted in the complaint register and management followed up with his representative, apologised and addressed their concerns. Email communication to family sighted acknowledges mistake and an open disclosure process followed to resolve complaint.

The Quality Standard for the Commonwealth Home Support Programme services is not applicable as not all requirements have been assessed, two of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant*.*

The Quality Standard for the Home Care Packages service is not applicable as not all requirements have been assessed, two of the five specific requirements that were previously assessed as non-compliant are now assessed as compliant.

1. The preparation of the performance report is in accordance with section s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)