Performance

Report

**1800 951 822**

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| Name of service: | St Basil’s at Croydon Park |
| Service address: | 83-93 Regency Road Croydon Park SA 5008 |
| Commission ID: | 6140 |
| Approved provider: | St Basil’s Homes for the Aged in South Australia (Vasileias) Inc |
| Activity type: | Site Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 11 July 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 at Croydon Park (**the service**) has been prepared by M. Nassif, 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.

# Material relied on

The following information has been considered in preparing the 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 staff, consumers, representatives, and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives considered consumers were treated in a dignified way that respected their identity, culture, and diversity. Care planning documents contained individualised information to inform the delivery of care and services, to meet consumers’ needs and preferences. Staff were observed interacting with consumers in a respectful and dignified way.

Consumers provided examples of how their culture was supported. Management explained how the service supported staff to deliver culturally safe care and services, such as training and education. Policies and procedures were in place outlining expectations relating to diversity, cultural safety, and inclusivity.

Consumers and representatives said consumers were supported to maintain independence and relationships of importance, and make decisions about their care. Staff explained how they involved and supported consumers to make decisions, maintain their independence and relationships. Care planning documents included information about consumers’ relationships, family and community connections, choices, preferences, and goals.

Consumers and representatives provided examples of how consumers were supported to continue to live the life they choose, and do things important to them through discussion and assessment of risks. Staff said they were aware of consumers’ right to take risks and advised they supported consumers to do so through assessment processes. Care planning documents evidenced potential risks and benefits were discussed and assessed.

Consumers and representatives considered they were provided information that was current, easy to understand, and helped consumers make decisions about care and services. Staff explained how they communicated information to consumers in an accessible, easy to understand way, such as translating information into other languages. Documentation demonstrated timely and accurate information was provided to consumers to help them exercise choice.

Consumers and representatives said the service protects and respects consumers’ privacy, for example, staff always knock before entering and keep the door closed during personal cares. This was consistent with observations. Staff described how they know consumers’ privacy preferences and how they protect consumers’ information to ensure confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| 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 |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives considered assessment and planning processes were appropriate and identified ways to support the delivery of consumers care and services. Staff explained how assessment and planning processes identified risks to consumers safety, health, and well-being, as evidenced in care planning documents.

Consumers and representatives said they have had discussions on advance care and end of life wishes. Staff explained they discussed advance care and end of life planning with consumers and representatives on admission to the service, or when the consumers wishes or needs changed. Care planning documents demonstrated advance care and end of life wishes were identified and addressed, and included information about consumers’ needs, goals, and preferences.

Consumers and representatives said they were involved in assessment and planning on an ongoing basis and this was evidenced in care planning documents. Care planning documents also evidenced other providers of care and services were involved in the care of the consumer. Staff explained how they involved consumers, representatives, and others in assessment and planning processes to identify ways to provide appropriate care.

Consumers and representatives said they could request a copy of care and services plan. Staff explained how they communicated the outcomes of care plan reviews, such as through face to face interactions, email, or telephone communication.

Consumers and representatives said care and services were regularly reviewed, including when there were changes to consumers circumstances or when incidents impacted on consumers’ needs, goals, or preferences. Staff explained how care and services were reviewed for effectiveness and the processes in place. Documentation demonstrated care and services were reviewed every 6 months and when circumstances changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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 |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received appropriate care, which was tailored to their needs, and optimised their health and well-being. Staff provided examples of how they supported consumers to receive safe, effective personal and clinical care. Care planning documents demonstrated consumers received safe, effective care tailored to consumers specific needs and preferences. Policies, procedures, and guidelines were in place to guide staff practice, for example, relating to restrictive practices, falls management, and wound care.

Consumers and representatives said risks associated with consumers care and services was appropriately managed. Staff demonstrated knowledge of high impact and high prevalence risks impacting consumers and explained how they minimised these risks. Care planning documents identified and assessed high impact and high prevalence risks, including risk mitigation strategies.

Consumers and representatives considered consumers would be supported with end of life care in a comfortable and dignified manner. Staff described how the delivery of care changed for consumers nearing end of life and how they supported them, for example, providing reassurance, encouraging time with family, monitoring pain, and attending to personal care.

Consumers and representatives said, and care planning documents confirmed, staff recognised changes in consumers health and responded in a timely manner. Staff explained how they identified and responded to deterioration or changes in consumers condition, such as completing observations, contacting the medical officer, informing representatives, and transferring the consumer to hospital as needed.

Staff explained how they shared information about consumers within the organisation and with others responsible for care, such as verbal and documented shift handover processes. Documentation demonstrated adequate information is documented to support effective and safe sharing of consumers’ information to support care.

Consumers and representatives said referrals were timely and appropriate, and confirmed consumers had access to relevant health professionals. Staff explained the process and procedures in place for completing referrals to health professionals outside the service in a timely manner, as evidenced in care planning documents.

Consumers and representatives considered there were appropriate infection control practices. Staff demonstrated an understanding of how to minimise the need of antibiotics to ensure they are prescribed appropriately, and explained how they minimised the risk of infections. The service was observed to follow appropriate infection minimisation practices, and had an outbreak management plan in place.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers daily living needs were supported. Staff explained how they supported consumers to maintain their independence, and tailored activities to meet consumers diverse needs. Documentation demonstrated consumers were supported to do a range of activities and things of interest including consumers with different mobility and sensory needs.

Consumers and representatives explained how consumers emotional and spiritual well-being was supported. Staff provided examples of how they supported consumers emotional, spiritual, and psychological well-being, and explained consumers were referred to other services and supports to help them if required. Care planning documents contained information about ways to support consumers well-being.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, have social and personal relationships, and do things of interest. Care planning documents contained information about consumers preferences, interests, and significant relationships. Staff explained how they encouraged social visits and participation, and supported consumers to do things important to them.

Staff explained how they communicated information about consumers needs, goals, preferences and condition through documented and verbal handover processes, including when circumstances changed. Care planning documents evidenced information was shared to guide the delivery of consumers care and services, consistent with observations.

Consumers and representatives said consumers had access to a range of services and supports, such as volunteers, counselling services, and activities delivered by external providers. Staff explained the referral process in place for external services and supports to best support consumers’ needs. Care planning documents demonstrated timely and appropriate referrals were completed to supplement lifestyle and daily living services.

Consumers and representatives said meals were of a suitable quality and quantity, and received assistance with meals as appropriate. Management explained the menu was reviewed by a dietician, and consumers and representatives were supported to provide feedback through consultation sessions and forms. Care planning documents contained dietary information to assist staff with providing appropriate meals in line with consumers’ needs and preferences.

Consumers and representatives said equipment was safe, clean, and well-maintained. Staff explained the maintenance processes to keep equipment safe, suitable, and clean for consumers. Documentation demonstrated processes were in place to maintain the safety and cleanliness of equipment, with maintenance requests resolved in a timely manner.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service was safe and welcoming, easy to navigate, and encouraged consumers to be independent. The service was observed to be homely and welcoming, with wide clear pathways and handrails to support consumers interaction and function, and personalised rooms contributing to consumer’s sense of belonging. The service environment had dementia-friendly principles of design, with signage to support consumers with cognitive or visual impairments.

Consumers and representatives said they found the service environment to be clean, safe, and comfortable, and consumers were able to access both indoor and outdoor areas. Staff explained the maintenance and cleaning processes.

Consumers and representatives said furniture, fittings, and equipment were safe, clean, and suitable for the needs of consumers. Staff explained shared equipment was cleaned between use, and safety checks were conducted prior to use. Furniture and equipment were observed to be well-maintained. Documentation demonstrated appropriate systems were in place to maintain the safety and cleanliness of the service environment, furniture, fittings, and equipment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were encouraged and supported to raise concerns or provide feedback. Information about feedback and complaints pathways, and feedback forms were observed throughout the service environment to assist consumers, representatives, and others.

Management and staff described how they would access advocacy and interpreter services for consumers, and explain options available to consumers. Consumers and representatives said they were aware of external advocacy services and other ways to raise complaints as outlined in the consumer handbook. Advocacy and interpreter services was observed displayed around the service.

Consumers and representatives said the service responded to their complaints in an appropriate manner. Management and staff explained the complaint and feedback management processes in place, and demonstrated knowledge of open disclosure. Documentation demonstrated complaints were actioned appropriately and an open disclosure process was used.

Consumers and representatives said, and documentation demonstrated, feedback and complaints were reviewed to improve the quality of care and services. Management described how they reviewed complaints and feedback to make changes to care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there were enough staff to meet consumers needs, with staff promptly attended to calls for assistance. Management explained the processes in place to appropriately enable the workforce, to deliver safe and quality care and services. Staff said there were enough staff available to meet consumers needs. Documentation demonstrated an adequate level of staff was rostered on and timely responses to call bells.

Consumers and representatives considered staff interacted with consumers in a kind, caring, and gentle manner. Management and staff were observed to be familiar with consumers and interacting with them in a respectful way. Policies and procedures relating to cultural inclusion and cultural safety were in place to guide staff delivery.

Management said policies and procedures were in place to guide the appropriate recruitment of competent, qualified, knowledgeable staff. Documentation demonstrated an appropriate system was in place to recruit appropriately qualified and knowledgeable staff.

Consumers and representatives said staff performed their duties well, and were confident staff were appropriately trained. Management explained an ongoing education program was in place covering topics relevant to the Quality Standards. Staff said they were satisfied with the training provided by the organisation, and had attended training on topics relevant to their role.

Management explained staff performance was monitored through weekly informal conversations and formal performance appraisals on an annual basis, with a system in place to track completion. Management outlined how they would respond to underperformance, consistent with documentation reviewed. Staff said, and documentation confirmed, annual performance appraisals were conducted.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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 |
| 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 |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were involved in the development, delivery, and evaluation of care and services. Management explained consumers were encouraged to provide feedback about care and services through meetings, care plan reviews, case conferences, surveys, and events. Documentation evidenced consumers were engaged and supported to provide feedback about care and services.

Management explained the board was accountable for the delivery of care and services through various mechanisms such as a governance framework, sub-committees, audits, reports, and meetings, as evidenced in documentation. Management said the Board satisfies itself that the Quality Standards are met through audits.

The service had effective organisation wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, the organisation had a financial governance structure in place and management gave an example of when they sought changes to budget or expenditure to support the changing needs of consumers.

Effective risk management systems and practices were in place relating to managing high impact high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Staff provided examples relevant to their position of how they would identify and respond to high impact and high prevalence risks, abuse and neglect, and incidents.

The organisation’s clinical governance framework was supported by policies and procedures, staff training and competency requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Management and staff demonstrated knowledge of antimicrobial stewardship, minimising the use of restraint, open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)