St Basil's at St Peters

Performance Report

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**Commission ID:** 6767

**Provider name:** St Basil's Homes for the Aged in South Australia (Vasileias) Inc

**Assessment Contact - Site date:** 8 April 2022

**Date of Performance Report:** 10 May 2022

# Performance report prepared by

Tracey Clerke, 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-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 staff, consumers/representatives and others; and
* the provider’s response to the Assessment Contact - Site report received 27 April 2022.

# 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(a) as part of the Assessment Contact. All other Requirements in this Standard were not assessed; therefore, an overall compliance was not assessed.

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers stated staff were aware of their needs and preferences and these were generally met.
* The service was able to demonstrate how they undertake the assessment process when consumers first enter the service.
* Staff interviewed were knowledgeable about care planning and assessment processes, including reassessment, and confirmed care planning and assessment documents are readily accessible on the electronic system.

Staff interviewed exhibited understanding and knowledge of consumers’ health and well-being, including risks and reporting changes in consumers’ health status to the Registered Nurses on duty. All personal care staff and clinical staff demonstrated knowledge of the electronic system that includes assessments and care plans for consumers. Personal care staff were able to demonstrate they are aware where to locate consumers’ care plans, goals and needs.

The service has policies and procedures to guide staff. Care documentation viewed demonstrated consumers have a care plan and assessments completed that reflected the care and services when they first enter the service, in line with the organisation's 28-day admission process. Management was able to demonstrate how they are monitoring and reviewing consumers’ files to ensure all relevant assessments are completed within a timely manner through an internal auditing system and the review, design and implementation of old and new assessments.

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) Compliant

*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.*

#### The service demonstrated how assessment and planning is undertaken when consumers enter the service to ensure care plans and assessments inform staff how to deliver safe and effective care and services to all consumers. This includes ensuring that risks identified through the assessment process are reviewed and consumers supported and through ‘resident of the day’ assessment. The organisation has a 28-day admission checklist that guides staff when undertaking assessments and planning. Care staff interviewed confirmed they have access to all consumers’ care plans and are always informed by the clinical staff of changes to care needs through the handover process.

# STANDARD 3 NON-COMPLIANT 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

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 Assessment Team also examined relevant documents.

The Assessment Team assessed Standard 3 Requirement (3)(b) only. All other Requirements were not assessed.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The service was unable to demonstrate how they effectively manage high impact or high prevalence risks associated with the care and service for all consumers. The service was unable to demonstrate that effective monitoring of consumers post fall were managed in line with the organisation’s falls management policy, including completing neurological observations of consumers who sustain falls and undertaking a falls risk assessment tool (FRAT) post fall.

The service was unable to demonstrate diabetes management is monitored and actions taken when consumers’ blood glucose levels are outside normal range and actions taken and documented within the consumer’s progress notes monitoring the consumer to ensure they were not hypoglycaemic or hyperglycaemic.

The service was unable to demonstrate consumers with behaviours have a personalised behaviour support plan in place that guides staff in the management of behaviours and personalised strategies in line with the new restrictive behaviour support plan legislation. The service was unable to demonstrate as required medications were administered in line with the Medical Officer’s directives for behaviour management.

Staff interviewed were able to demonstrate knowledge in the process for falls management, diabetic management and as required administration for psychotropic medications, however, could not demonstrate this was occurring in line with the service’s procedures.

However, the service was able to demonstrate effective wound care and monitoring, effective skin integrity for high-risk consumers. The service was able to demonstrate wound management is followed and consumers’ pressure area care is maintained to protect them from developing pressure area wounds.

The service has a high-risk register that is reviewed and discussed at weekly meetings. Staff demonstrated they knew their consumers and were able to demonstrate awareness of consumers who were high-risk and were able to demonstrate they were informed of any additional strategies to assist with consumers’ weight, behaviours and falls risks.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The service was unable to demonstrate how they effectively manage high impact or high prevalence risks associated with the care and service for all consumers. The service was unable to demonstrate that effective monitoring of consumers post fall were managed in line with the organisation’s falls management policy, including completing neurological observations of consumers who sustain falls and undertaking a falls risk assessment tool (FRAT) post fall. The service was unable to demonstrate effective diabetes management and did not demonstrate that all consumers with behaviours have a personalised behaviour support plant in place.

However, the service was able to demonstrate effective wound care and monitoring, effective skin integrity for high-risk consumers. The service has a high-risk register that is reviewed and discussed at weekly meetings. Consumers confirmed that staff were nice and provided them with the assistance they need. Staff demonstrated they knew their consumers and were able to demonstrate awareness of consumers who were high-risk and were able to demonstrate that they knew the organisation’s policies and procedures in relation to falls management, diabetic management and behaviour management, however, were unable to demonstrate they were followed. Staff confirmed they have had training around high-risk areas.

In their response, the provider has committed to rectifying the non-compliance promptly and has commenced a plan for continuous improvement addressing all the issues identified by the Assessment Team.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Ensure there is effective management of high impact or high prevalence risks associated with the care of each consumer.*