**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | St Basil's Homes - CROYDON PARK |
| Service address: | 100a Henley Beach Road MILE END SA 5031 |
| Commission ID: | 600206 |
| Home Service Provider: | St Basil's Homes for the Aged in South Australia (Vasileias) Inc |
| Activity type: | Quality Audit |
| Activity date: | 11 September 2023 to 13 September 2023 |
| Performance report date: | 15 November 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 Homes - CROYDON PARK (**the service**) has been prepared by A. Kasyan, 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

**CHSP:**

* St Basil's Homes for the Aged in SA (Vasileias) Inc - Community and Home Support, 24267, 100a Henley Beach Road, MILE END SA 5031

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit 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 team’s report received on 20 September 2023 that acknowledged receipt of the assessment team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Not applicable as not all requirements have been assessed** |
| **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| 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

The Plateia Social Support Group is a culturally and linguistically appropriate centre-based social program for people from a Greek speaking background that aims to reduce social isolation and provide consumers the opportunity to interact and feel included within their community. The service operates once weekly, providing social support and allied health services of podiatry and physiotherapy.

All consumers and/or representatives interviewed described in various ways how they are treated with dignity and respect, and the service recognises and values their identity, culture and diversity. Consumers advised the service recognises and supports their religious needs and provides food that recognise their cultural heritage. They advised information received from the service is timely, clear, and easy to understand, and communicated in their native language.

Staff and volunteers are provided education related to consumer risk management and consumer rights and choice as part of their mandatory training. Staff demonstrated a commitment to support each consumer to take risks to live the best life. Documentation showed consumers are supported to make choices about their care and services, promoting their autonomy and independence.

The service has established data security measures, ensuring the confidentiality and privacy of personal information. The assessment team observed paper-based files were kept in a locked cupboard with access only available through designated personnel. Staff and volunteers are provided information about privacy and confidentiality as part of their mandatory induction training.

Based on the evidence summarised above, I find six out of six requirements in Standard 1 compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | CHSP |
| 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

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services and they were informed of outcomes of assessment and planning. Consumers and representatives are invited to meet with staff to discuss consumers’ care and services, including specific care needs, goals and preferences.

The service has processes to ensure relevant assessments, such as in relation to dietary needs, mobility and diabetes management are completed for each consumer when required to develop care plans. The service has assessment tools to identify risks and monitor and record changes and deterioration in consumers which then inform strategies recorded in the care plan. Care plans are provided to consumers and accessible to staff at point of care.

Care plans are reassessed every twelve months or when consumer care needs, goals and preferences change. Reviews are also conducted as required, for example, following incidents or when risks are identified. Care planning documents showed that consumers’ reviews had been undertaken as per the service’s process.

Based on the evidence summarised above, I find five out of five requirements in Standard 2 compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | CHSP |
| 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

The service does not provide personal care, and clinical care is limited to physiotherapy group exercises for strength and balance and maintenance podiatry.

Care planning documentation and progress notes showed individualised approach to physiotherapy and podiatry care tailored to the unique needs of each consumer. Consumers described how their health and well-being improved because of physiotherapy and podiatry interventions, with some consumers reporting improved mobility and strength and others saying receiving podiatry service gives them comfort to know their feet are cared for.

Whilst the service does not provide end of life care, there are processes to ensure consumers are referred to the appropriate service providers in a timely manner. Documentation reviewed evidenced referral processes and effective communication of consumer’s condition, needs and preferences.

Staff described how they identify and respond to consumer deterioration through assessing a change in consumers’ mobility, eating habits and mental health. Care planning documents showed evidence of identification and actions taken when consumers’ health changed or deteriorated, such as referrals to health professionals and changes to care plans.

There are processes to minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives advised Rapid Antigen Tests (RAT) are used for all consumers to identify and control spread of COVID-19 infection. Consumers expressed satisfaction with infection control measures in podiatry.

Based on the evidence summarised above, I find seven out of seven requirements in Standard 3 compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | CHSP |
| 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. | Not applicable |

Findings

Consumers provided positive feedback regarding the effectiveness of services describing how they aligned with their goals and improved their independence, health and well-being. They expressed their satisfaction with the level of supports provided to participate in community activities, relationships and engagement in activities of personal interest.

The service delivers a program which includes a variety of group activities, outings and exercises designed to promote emotional, spiritual and psychological well-being of consumers.

Care planning documentation and progress notes showed information about each consumer’s condition, needs and preferences is accurately and promptly shared within the organisation and with external service providers. Documentation reviewed showed referrals are made to specialists and providers of other care and services with staff demonstrating their knowledge of and application of the processes for making referrals.

Care planning documentation includes dietary needs and preferences of each consumer, and this information is used to ensure meals provided are varied and meet nutritional needs of consumers. Overall, consumers provided positive feedback about quality and variety of meals and drinks which meet their cultural needs.

Based on the evidence summarised above, I find six of the six assessed requirements in Standard 4 compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| 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

The assessment team observed the service space to be large, well-lit, clean and easy to navigate and access.

Consumers and/or representatives said they feel safe when attending the venue for the social group and allied health services, and the service environment is always clean, with staff applying infection prevention and control practices to ensure it is safe.

Staff described the processes to ensure the service environment remains safe and well maintained, including preventative and reactive maintenance processes. Consumer and staff interviews supported the observations and confirmed the environment enables free movement.

Regular safety inspections provided evidence of a safe and well-maintained environment. Consumers expressed satisfaction with the condition, comfort and suitability of furniture, fittings and equipment.

Based on the evidence summarised above, I find three out of three requirements in Standard 5 compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| 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

Consumers and their representatives interviewed confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. Consumers said they felt comfortable talking to staff and management and when they have raised complaints they have been responded to in a timely manner and were satisfied with actions taken to resolve the issues.

Consumers have access to advocacy services and other methods for raising and resolving complaints. Staff reported they are aware of the feedback process and encourage and support consumers provide feedback when they have a complaint or compliment.

Feedback, including complaints, suggestions and compliments are recorded and used to improve the quality of care. Management described how information from feedback is used to improve the care of consumers. Consumers and representatives provided examples of improvements made at the service following consumers and/or representatives’ feedback.

The assessment team observed an Aged Care Rights and Advocacy Service brochure at reception, and the consumer handbook contained information about how consumers can access advocacy services.

Based on the evidence summarised above, I find four out of four requirements in Standard 6 compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | CHSP |
| 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

Interview with management showed staffing ratios and the mix of healthcare professionals is appropriate for the specific care requirements of consumers and types of services provided.

Staff qualifications and training records confirmed the workforce is adequately qualified and trained to provide safe and quality care. Management described how they monitor staff members are up to date with the necessary certifications and training. Documentation is maintained to evidence staff have appropriate contracts, registrations and qualifications.

Consumers said staff are kind, caring and respectful towards them and have necessary skills and knowledge to provide safe care and services, and staff spoke about consumers in a kind and respectful way.

Performance evaluation reports and assessments of staff members showed, and staff interviewed confirmed regular assessment, monitoring and review of the performance of each member of the workforce. Consumers provided positive feedback regarding staff performance.

Reviewed records related to staff training demonstrated staff are being equipped and supported to deliver the required outcomes.

Based on the evidence summarised above, I find five out of five requirements in Standard 7 compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | CHSP |
| 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

Documentation viewed showed consumer involvement in care planning and service development, such as surveys and feedback forms. Consumers confirmed management and staff are engaging them in decision-making processes.

Minutes of governing body meetings demonstrated a commitment to promoting a culture of safety, inclusivity and quality care. Organisational policies and procedures related to safety and quality care align with the Quality Standards and reflect the organisation’s commitment to these principles.

There are organisation-wide governance systems to support effective information management, continuous improvement, the workforce, compliance with regulation, clinical care and feedback and complaints. Policies and procedures are regularly reviewed to ensure staff are provided with best practice care guidelines to deliver safe and quality care.

The service has a system to support the reporting, recording and reviewing of Serious Incident Response Scheme (SIRS) incidents. Risk assessments are used to identify potential risks to consumers’ health and safety, and policies and procedures related to identifying and responding to abuse and neglect outline the reporting processes and steps taken to mitigate them.

As the service is not providing personal care, and the clinical care is limited to podiatry maintenance and physiotherapy group exercises, the service does not have a clinical governance framework that is specific to the service. The organisation's clinical governance framework is used and referred to where required.

Based on the evidence summarised above, I find five out of five requirements in Standard 8 compliant.

1. The preparation of the performance report is in accordance with section s57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)