

**Performance Report**

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| Name: | St Basil's Kogarah |
| Commission ID: | 0526 |
| Address: | 18-20 Garden Street, KOGARAH, New South Wales, 2218 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 October 2024 |
| Performance report date: | 25 November 2024 |
| Service included in this assessment: | Provider: 736 St Basil's Homes Service: 539 St Basil's Kogarah |

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 Kogarah (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives, and others
* information received by the Commission in relation to care provision.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements 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 to remain compliant with the Quality Standards.

# Other relevant matters:

St Basil’s Kogarah is a 49-bed residential aged care service located in Kogarah and owned/operated by the Greek Orthodox Archdiocese of Australia. The Board has made recent changes to the organisation’s senior executive key personnel and service personnel, plus improvements to the organisation’s workplace culture. The organisation’s governing body demonstrated development/implementation of frameworks/systems to support a safe, inclusive culture and quality care/services.

# Standard 8

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

**Findings**

Requirement 8(3)(b) - The service demonstrated the organisation’s governing body promotes a culture of safe and inclusive care via review of consolidated reports to ensure compliance with the Quality Standards, initiate improvement actions and monitor care and service delivery. Board members possess a diverse range of skills and knowledge, including experience in law, clinical expertise, business development, corporate finance, and education.

Consumers and representatives consider the service creates a positive culture supported by the governing body. A process ensures issues raised at Quality Care Advisory Board (QCAB) and Consumer Advisory Board (CAB) meetings are communicated to the governing body for consideration/feedback/action.

Staff and management outlined communication and reporting opportunities and regular reports (including information, gap analysis, recommendations of clinical care, quality indicators, incident reports, feedback/complaints) are provided to the governing body for review/action. Board members visit the service to meet with consumers and identify areas for improvement. The service’s continuous improvement plan (CIP) has both immediate mitigation strategies, and long-term system improvements at service and organisational level.

Requirement 8(3)(c) – Organisational governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints are supported by an overall organisational governance framework/accountability structure.

Information systems ensure all stakeholders received needed information. Consumers/representatives receive ongoing information relating to care/services, including changes. Staff communication processes include multiple formats and interviewed staff consider they have information required to deliver appropriate individualised care. A program of meeting forums exist, after which minutes are included in management reports reviewed by the Board.

A continuous improvement system (integrated into a quality management system) includes feedback/complaints, audits, surveys, clinical indicators/incidents, organisational initiatives, and external reviews. Documents demonstrate improvements are evaluated post implementation. Management considers receipt of required resources for care delivery including an organisational budget and delegated authority for discretionary spending, plus a process to seek further expenditure as required. Regular reviews track budget outlays. Several planned environmental renovations are approved and recent changes to key personnel/implementation of new executive roles and restructure includes appointment of CEO and Director of Care, Quality and Risk, changes/improvements to staff enterprise agreement and implementation of a master roster.

The Board recently dismissed 3 members of the management team, 2 senior registered nurses and made subsequent reports to Australian Health Practitioner Regulation Agency. The organisation demonstrated ongoing planning of service workforce is managed via review of consumer care needs, clinical data and feedback from consumers and staff. A recent recruitment program provides stability, plus changed rostering to provide increased staffing resulting in a reduction in consumers’ unmet behaviours and incidents occurring at night.

Changes to aged care regulation/legislation is monitored, organisational policies/procedures updated, and Management/staff receive regular updates and training. Feedback and complaints are used to inform continuous improvement. Complaint trends are monitored, and results provided to the governing body. Consumers and representative expressed satisfaction with complaints management and responsiveness/openness when things have gone wrong.

Requirement 8(3)(d) – Organisational systems exist for management of risks. A system includes trending/analysis of incidents, use of quality indicators and a documented risk matrix. Senior executives proactively ensure currency of risk information to enable timely response. Oversight of service and organisational risk occurs via reporting, monitoring, and onsite observations by senior Management. Consumers/representatives consider receipt of support enabling consumers live the best life they can, representatives noting recent improvements as a result of Management changes. Documents detail key clinical risks include pressure area/wound care, behaviour management, medications, restrictive practices and SIRS reporting, plus appropriate actions taken. Planned RN education includes subjects relating to Serious Incident Response Scheme (SIRS) reporting, ‘resident of the day’ program, behaviour recording/management and restrictive practices. A nurse practitioner noted improved staff ability to identify/manage risk. Documents relating to SIRS reporting reflect appropriate management, communication at Board level and responsive outcomes/care improvements including staff education, plus a representative from Older Person’s Advocacy Network (OPAN) presentation to consumers/representatives regarding elder abuse.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)