Performance

Report

**1800 951 822**

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| Name of service: | St Basil's Kogarah |
| Service address: | 18-20 Garden Street KOGARAH NSW 2218 |
| Commission ID: | 0526 |
| Approved provider: | St Basil's Homes |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 8 November 2022 |

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 E Woodley, 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 six of the six Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team confirmed consumers are treated with dignity and respect. Staff demonstrated extensive knowledge of consumer’s background and preferences which was consistent with consumer’s goals and well-being needs. Consumer care documentation reviewed reflected consumer’s individual needs and preferences with tailored support strategies to deliver personalised and culturally safe care.

The service demonstrated that each consumer is supported to exercise choice and maintain their independence. Consumers are supported to make their own decisions about the way care and services are delivered and identify who they would like to be involved in their care and services.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumer risk assessments have been completed to support consumers to undertake risks related to food choice, mobility, alcohol consumption, external outings and use of restrictive practices. The service has dignity of risk policies and procedures to inform and guide consumers to make choices that may carry inherent risks with appropriate risk mitigation plans and, where required, utilising referrals.

The service demonstrated the information provided to each consumer is current, accurate and timely. Communication is clear, easy to understand and enables consumers to exercise choice.

Consumers and representatives interviewed said their privacy is respected and felt consumer’s personal information was kept confidential. Staff demonstrated they respect consumer’s privacy and maintained consumer’s personal information confidentiality by knocking before entering consumer rooms, closing doors when providing care, speaking privately behind closed doors, and not talking to consumers about other consumers. The Assessment Team observed all computer monitors are positioned so their screens are not visible to the public, care documentation is kept behind locked doors and staff were respectful of consumer’s privacy when their family or friends were visiting.

# 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 five of the five Requirements have been assessed as Compliant.

Documentation reviewed, and interviews with consumers and representatives, demonstrated consideration of risks to the consumer’s health and well-being informs the delivery of safe and effective care and services. The service demonstrated the consumer’s current needs, goals and preferences, including advance care planning, are identified on entry to the service and reviewed regularly. The service has a 3-monthly care plan review process, and staff interviewed could describe how and when consumer care plans are reviewed. The service monitors clinical incidents, including pressure injuries, medication incidents, restrictive practices and falls.

Consumers and representatives interviewed confirmed they are involved in the assessment, planning and review of consumer’s care and services. Care documentation reviewed reflects the consumer, representative and others are involved in assessment and planning including medical officers, dementia specialists, physiotherapist, dietitian, podiatry and speech pathologist. A review of consumer files demonstrates the outcomes of assessment and planning are documented. Most consumers and representatives interviewed said they have been offered, or are aware they can access, a copy of care documentation if they wish.

# 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 seven of the seven Requirements have been assessed as Compliant.

The service demonstrated timely identification, effective assessment, management and evaluation of restrictive practices, skin integrity and pain for consumers sampled. Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated. Care planning documentation identifies risks associated with the care of each consumer including falls, infections, unplanned weight loss, diabetes and behaviours requiring support. Documentation reviewed by the Assessment Team identified the service was effectively managing high impact and high prevalence risks.

The service demonstrated the needs, goals and preferences of consumers nearing the end of their life are recognised and addressed. For a consumer who recently passed away at the service, documents reviewed demonstrated care and services were provided in accordance with the consumer’s end of life care documentation, and regular pain assessment and management was provided to maximise the consumer’s comfort.

For the consumers sampled, care planning documentation reflects the timely identification of, and response to, deterioration or changes in their condition. Consumers and representatives interviewed by the Assessment Team said the consumer’s needs and preferences are effectively communicated between staff and they receive the care they need. Staff interviewed described how changes in consumer’s care and services are documented in progress notes and communicated at handover for each shift.

For consumers sampled, care planning documents demonstrate input from other health services. Timely referrals were made to speech pathology, physiotherapy, podiatry, geriatricians and dementia services. Consumers sampled have access to a medical officer and other health professionals when they need it.

The service has documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of an infectious outbreak. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

# 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 seven of the seven Requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team were satisfied they receive services and support for daily living that meet their needs, goals and preferences, and maintain their independence, wellbeing and quality of life. Consumers described services and supports available to promote emotional, spiritual, and psychological well-being. Care planning documentation recorded consumer’s individual emotional support strategies and how these are implemented.

Consumers interviewed felt supported to participate in activities within the service and in the outside community. The service enabled consumers to maintain social and personal connections that are important to them. All consumers and most representatives interviewed spoke positively about the activity and lifestyle program at the service. However, one representative said that services and supports are not effective for their consumer and they can feel bored, left out or lost at the service.

The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including when these requirements change. Consumers said the services and supports provided to them by staff consistently meet their needs, and they do not have to repeat their preferences to different staff members. The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. The service uses providers such as dementia support specialists, the National Disability Insurance Scheme, dietitians, and Older Adult Mental Health Team to support consumer’s daily living.

All consumers and representatives interviewed regarding this Quality Standard said the service provides meals which are varied and of suitable quality and quantity. The service has processes and systems in place to include consumers in the development of the menu, and to provide feedback on the quality of food provided. Consumers are offered a range of other options when the meals are not to their liking. Staff described how they meet individual consumer dietary needs and preferences.

Consumers felt safe when using the service’s equipment and said that it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities for daily living and to support mobilisation were observed by the Assessment Team to be safe, suitable, clean and well maintained.

# 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 three of the three Requirements have been assessed as Compliant.

The Assessment Team found consumer rooms were spacious, comfortable and well-appointed with ensuites. The design of the service facilitates easy access to all internal and outdoor living areas including the balconies, activities and entertainment areas and courtyard gardens. The service has clear signage throughout, structural strategies to support consumers to mobilise independently, adequate lighting, heating and cooling, and a comfortable atmosphere. A review of maintenance records and observations on site indicated that regular preventative and corrective maintenance is carried out effectively, and as scheduled. The service has adequate supplies of indoor and outdoor furniture, fittings and equipment, that are safe, clean, well maintained and suitable for the consumer.

Consumers interviewed by the Assessment Team confirmed the service, and the equipment used, is clean and well maintained.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team were comfortable providing feedback and complaints when necessary and confirmed appropriate action is taken in response to complaints. The service demonstrated it has processes in place to review feedback and complaints to continuously improve the quality of care and services for consumers. For example, results from consumer satisfaction surveys were used to inform improvements to the menu. Staff demonstrated they were aware of open disclosure principles in relation to their responsibilities.

The Assessment Team observed promotional material for internal and external complaints mechanisms and other advocacy service displayed throughout the service. Staff interviewed stated, if needed, they could request assistance with advocacy services for consumers or could engage the social worker or pastoral care workers if preferable. The consumer handbook provided to consumers and representatives upon entry to the service includes information about the internal and external complaint mechanisms available, including language interpreter 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 five of the five Requirements have been assessed as Compliant.

The service demonstrated the workforce is planned, and the number and mix of staff enables the delivery of safe and quality care and services for consumers. All consumers and representatives interviewed said there are enough staff and that they receive the care and services they require. The service has plans in place to replace staff when required and rosters are reviewed to ensure staff allocations are adequately meeting changing consumer needs and preferences.

All consumer and representative feedback and the Assessment Team’s observations identified that staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity.

The service has systems in place to recruit and ensure staff are competent and have qualifications to deliver effective and safe quality care and services. Feedback from consumers and representatives identified that they felt the workforce is competent and that staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Management monitors and reviews staff to ensure they are competent to carry out their roles. The service has induction and orientation processes that include training and buddy shifts. Documentation reviewed demonstrated these processes are being followed by new staff at the service. Staff complete training on a regular basis and the organisation has processes to ensure staff complete mandatory training.

The service has a system to ensure all formal performance appraisals are conducted in a timely manner. Staff interviewed confirmed their performance is being monitored regularly.

# 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 five of the five Requirements have been assessed as Compliant.

The service was able to demonstrate it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service engages consumers and incorporates their feedback and suggestions into changes implemented at the service and organisational level. One consumer interviewed said they attend the fortnightly leadership and governance meetings to provide feedback and suggestions. The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services.

The service demonstrated it has effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrates it has systems in place to manage high impact or high prevalence risk associated with the care of consumers, identify and respond to abuse and neglect of consumers, and support consumers to live the best life they can. The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages and acts to prevent future incidents. The service has an electronic incident management system where all incidents are recorded. Staff enter incidents directly into the system and service management is alerted of all incidents. Management conducts a root cause analysis of each incident to find out what went wrong and implement processes and strategies to prevent it from happening again. All staff are aware and have received education on logging incidents within the incident management system which is regularly monitored for trends, incident information and governance purposes to drive continuous improvement.

The service has a clinical governance framework in place that is underpinned by policies and procedures to guide staff in antimicrobial stewardship, open disclosure and restrictive practices.

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