Performance

Report

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| Name of service: | St Basil's Miranda |
| Service address: | 29H Wandella Road North MIRANDA NSW 2228 |
| Commission ID: | 0715 |
| Approved provider: | St Basil's Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 to 26 July 2023 |
| Performance report date: | 30 August 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 Miranda (**the service**) has been prepared by B Bassett, 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 - 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Following a Site Audit conducted 4 October 2022 to 6 October 2022, the service had previously been found Non-compliant in Requirements 1(3)(a) and 1(3)(f). The identified deficiencies related to delays with staff answering call bells and consumers saying their dignity and respect was not upheld due to these delays resulting in episodes of incontinence as well as consumers clinical care being discussed in communal areas.

The service has acted following the Site Audit to address the deficiencies that were identified. For example, staff interviewed said they received training in December 2022 in relation to dignity and choice, focusing on the importance of attending to consumers’ needs in a timely manner. Training records reviewed by the Assessment Team identified dignity and choice training had been conducted and evaluated with regular ongoing monitoring occurring. The service also acted to ensure consumer’s personal information was kept confidential.

Consumers and representatives provided examples of how they are treated and respected by the service, including consumer’s relaying how staff spent time with them talking about their interests and respect their personal preferences.

Staff were able to describe how they respond to consumers individual preferences and consumers’ care documentation identified culture backgrounds and religious preferences to guide staff in delivering care and services.

Staff confirmed that all consumer personal information is kept confidential and is not discussed in front of other consumers, and that consumers’ files are kept locked, and all computers are password protected. Staff could describe the individual privacy preferences of sampled consumers.

Staff were observed ensuring consumers’ privacy was protected when providing cares and providing personal space when their family or friends visited the service. Staff were observed to lock computers that were not in use. Staff advised they had completed training in relation to respecting consumer’s privacy.

The Assessment Team did not observe any unattended personal information left on desks or workstations, or amongst other information posted in nurses and carer workstations.

Taking the above information into consideration, I find that that Requirements 1(3)(a) and 1(3)(f) have returned to Compliance and are Compliant.

# 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 |

Findings

Following a Site Audit conducted 4 October 2022 to 6 October 2022, the service had previously been found Non-compliant in Requirement 3(3)(a). The identified deficiencies related to consumers receiving a chemical restraint without having authorised consent by an appropriate decision maker or a Behaviour Support Plan (BSP) identifying triggers and non-pharmalogical interventions.

The service has acted following the Site Audit to address the deficiencies that were identified. For example, review of the service’s Plan for Continuous Improvement (PCI) and restrictive practice register identified consumers on a chemical restraint had authorised consent from their decision-maker and Medical Officer (MO). The service’s psychotropic register regularly reviewed to identify chemical restraint. Regular audits were conducted of the service’s restrictive practice register to ensure regulatory compliance was upheld. A review of care documentation for sampled consumers receiving chemical restraint identified a current BSP, up to date informed consent by the MO and decision-makers and interventions to guide staff in supporting consumers as an alternative to the administration of medications.

Registered staff said they received restrictive practice education in relation to chemical restraint in January 2023. Training records confirmed staff attendance.

The service was able to demonstrate consumers were receiving safe and effective tailored personal and clinical care through regular assessments that identified their current individual needs. The Assessment Team reviewed care documentation for consumers requiring management of wounds, diabetes, challenging behaviours, pain and maintenance of skin integrity and where a consumer is assessed as being subject to restrictive practices.

Consumers and representatives sampled said consumers were receiving individualised care which was safe and right for them. For example, consumers with diabetes said staff helped them to manage their condition without adverse impacts and consumer’s requiring modified foods due to choking risks were monitored and assisted as required.

Review of care documentation showed wound care photographs, measurements and care were recorded in accordance with medical instructions and consumers who had experienced weight loss were referred and reviewed by a dietitian and dietary strategies implemented to address any further loss of weight.

Having considered the evidence discussed above, I find that that Requirement 3(3)(a) has returned to Compliance and is Compliant.

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Following a Site Audit conducted 4 October 2022 to 6 October 2022, the service had previously been found Non-compliant in Requirements 4(3)(a) and 4(3)(f). The identified deficiencies related to consumers with limited mobility, hearing or vision impairments being unable to attend most activities due to staff availability. Consumers expressed dissatisfaction with the temperature of meals.

The service has acted following the Site Audit to address the deficiencies that were identified. For example, review of care planning documentation showed consumer’s lifestyle needs were updated with staff guidance on how to best support the needs of the consumer, to ensure they participate in activities that interest them and the service conducted an audit and consumer surveys to ensure they are meeting the individual needs of each consumer. The service also acted to ensure food was served to consumers at an appropriate temperature.

The service demonstrated they are providing consumers with effective care and services that assist their mobility, personal care and social enjoyment. For example, consumers described how staff assist them with transfers to mobility equipment, help them to attend activities and foster the maintenance of their independence.

Staff were able to describe the daily supports required for each of the individual consumers sampled to remain safe while optimising their independence. Care documentation reviewed by the Assessment Team identified the required supports required by consumers and guides for staff in supporting their care and services.

Consumers expressed satisfaction with the meals provided at the service, and said meals were varied and of suitable quantity and quality. Consumers were provided with a choice of meals and alternatives were available if offered options were unsuitable. Staff were able to describe the dietary requirements of sampled consumers. Consumers were surveyed in relation to their dining experiences and can participate in food forums to provide feedback for improvements.

Consumers within the dining areas of the service were observed to be enjoying their meals and appeared to be in a relaxed and comfortable atmosphere.

Having considered the evidence discussed above, I find that that Requirements 4(3)(a) and 4(3)(f) have returned to Compliance and are Compliant.

# 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 |

Findings

Following a Site Audit conducted 4 October 2022 to 6 October 2022, the service had previously been found Non-compliant in Requirement 7(3)(a). The identified deficiencies related to consumers not receiving safe and quality care and services due to the number and mix of staff deployed.

The service has acted following the Site Audit to address the deficiencies that were identified by reviewing the number and mix of staff deployed, increasing consumer feedback opportunities and evaluating service response times.

Consumers and representatives said there were enough staff at the service to support consumer needs. For example, sampled consumers said staff attended promptly when called and provided care and services at the expected times during the day.

Staff interviewed said there were sufficient staff numbers to provide consumers with the care and services they required and that they were able to complete the requirements of their roles in a timely manner.

Management advised they use a proactive approach with anticipated staff absences, to ensure consumer’s needs are met. Where unplanned absences occur, gaps were covered by existing staff and management said staffing numbers had been increased to meet the needs of high care consumers.

Having considered the evidence discussed above, I find that that Requirement 7(3)(a) has returned to Compliance and is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Following a Site Audit conducted 4 October 2022 to 6 October 2022, the service had previously been found Non-compliant in Requirement 8(3)(c). The identified deficiencies related to ineffective governance systems relating to regulatory governance. Following the Site Audit the service acted to address the identified deficiencies by providing additional education to staff and increasing management oversight of regulatory governance requirements.

The service was able to demonstrate effective governance systems are in place that are regularly monitored for effectiveness in improving the delivery of care and services.

Staff confirmed the service’s information management systems provided them with the support required to perform their roles. These included an electronic care management system, shift handovers and staff meetings.

Opportunities for continuous improvement are identified through a range of sources including consumer feedback and critical incident data, then planned and implemented via established processes.

Financial governance systems allowed for changes to budget or expenditure to support the changing needs of consumers.

Governance systems relating to the management of the workforce and feedback and complaints were effective to ensure staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers.

Regulatory compliance was monitored through subscriptions to various legislative services and peak bodies and communicated to staff through a variety of communication channels. Staff were able to demonstrate a shared understanding regarding the serious incident response scheme (SIRS), escalation and reporting requirements.

The service demonstrated systems are in place to encourage the provision of consumer/representative feedback and complaints to ensure appropriate action is taken. The Assessment Team observed the pathway for capturing consumer feedback and complaints and how this positively contributes to improvement initiatives and outcomes.

Having considered the evidence discussed above, I find that that Requirement 8(3)(c) has returned to Compliance and is Compliant.

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)