Performance

Report

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| Name: | St Basil's Randwick |
| Commission ID: | 1058 |
| Address: | 57-63 St Pauls Street, RANDWICK, New South Wales, 2031 |
| Activity type: | Site Audit |
| Activity date: | 15 May 2024 to 17 May 2024 |
| Performance report date: | 10 June 2024 |
| Service included in this assessment: | Provider: 736 St Basil's Homes  Service: 7978 St Basil's Randwick |

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 Randwick (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* Other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff and management treated consumers with dignity, and respected their identity, culture and diversity. Staff and management confirmed they see other staff treating consumers with dignity and respect. Staff were observed delivering dignified care and communicating with consumers in a respectful manner. Care plans identified the consumer’s background, personal preferences, identity, and cultural practices, which aligned with consumer, representative and staff interview responses. The service had policies and processes related to dignity and choice, and diversity and inclusion to guide staff.

Consumers and representatives confirmed staff recognised and respected their cultural background and provided care and services accordingly. Staff and management described how they provided culturally safe care and services, and how they adapted care delivery to suit consumers’ cultural needs and preferences. Care plans detailed consumers’ background and their cultural needs and preferences.

Consumers and representatives said consumers were supported to make independent decisions about their care and services and maintain their chosen relationships. Staff explained how they supported consumers to exercise choice and assisted them to maintain their important personal relationships. Care planning documents showed the service supported consumers to make their own decisions and choices around their care and services, and relationships.

Consumers and representatives said consumers were supported to exercise choice, including taking risks, to enable them to live the best life they can. Staff and management described how consumers were supported to understand the benefits and possible harms when they made decisions about taking risks. Care planning documents confirmed the service assessed and discussed risks with consumers however, some dignity of risk forms had not been reviewed within the previous 3 months in accordance with the organisation’s policy.

Consumers and representatives confirmed the service regularly provided current information enabling consumers to make informed choices, including in relation to their care and services, lifestyle activities, events, and meals. Staff explained how they provided clear and up to date information to consumers in English and Greek through newsletters, emails, memos, and posters on the noticeboards. Care planning documents reflected consumers’ communication needs and various current information was displayed around the service.

Consumers and representatives stated staff always respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide care. Staff described ways they respected consumers’ privacy and dignity whilst providing care and kept their personal information confidential. Staff were observed knocking and waiting for a response before entering consumers’ rooms, and using password protected computers to access confidential information. The service had a privacy framework in place to guide staff in protecting consumers’ privacy and personal information.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were involved in the assessment and planning of care which considered risks and informed safe and effective care. Staff detailed the assessment and care planning, including the risk assessment process they used to inform the delivery of safe and effective care and services. Care planning documents showed a suite of assessment tools were used to assess risks and plan safe and effective care for consumers.

Consumers and representatives confirmed the assessment and care planning identified consumers’ current needs, goals and preferences, and their end of life care preferences. Management and clinical staff explained how consumers’ current needs, goals and preferences and advance care directives were discussed as part of assessment and care planning. The service had a policy and procedure related to advance care and end-of-life care planning.

Consumers and representatives confirmed the assessment and planning of consumers’ care is an ongoing partnership between them, staff, and external service providers. Management and staff described how they involved consumers, representatives and other health practitioners in assessment and planning of care. Care planning documents showed the input of consumers, representatives, and a diverse range of allied health professionals.

Consumers and representatives said the service discussed the outcomes of assessments and planning and they were always offered a copy of the care plan. Staff described the processes for documenting and communicating assessment outcomes through regular contact, case conferences and monthly care plan reviews. Care documentation showed consumers and representatives were regularly involved and they were offered a copy of the consumer’s care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Management and clinical staff confirmed care plans were reviewed for effectiveness regularly, and reviewed when circumstances changed. Care planning documents confirmed they had been reviewed and updated regularly, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care, which was safe, right for them and met their needs and preferences. Clinical staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs, goals and preferences. Care planning documents reflected the consistent delivery of safe and effective personal and clinical care, tailored to the needs and preferences of each consumer and consistent with best practice. The service had a suite of policies and procedures to ensure best practice personal and clinical care was delivered to consumers.

Consumers and representatives confirmed the effective management of high-impact and high-prevalence risks and said the care was safe and effective. Staff described the high impact and high prevalence risks to consumers in the service and the risk management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place. The service had written policies and procedures to guide staff in the identification and management of high prevalence and high impact risks.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end-of-life care, had been discussed with them. Staff described the way they adjusted care delivery to maximise the comfort and preserve the dignity of consumers nearing the end of life. Care planning documents confirmed palliative care and end of life care had been documented in line with the needs, goals, and preferences of consumers.

Consumers and representatives said the service recognised and responded to changes or deterioration in consumers’ condition in a timely manner. Staff explained effective processes in place for identifying and responding to changes or deterioration in consumers’ condition and hospital transfer protocols. Care planning documents showed clinical deterioration and changes in a consumer's condition were identified, documented, and responded to in a timely manner.

Consumers and representatives said information about consumers’ condition, needs and preferences was communicated well between staff, and other health professionals involved in providing care and services. Staff described how information about consumers’ current needs and condition was comprehensively documented in the electronic care management system and shared effectively within the organisation, and with others involved in providing care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences.

Consumers and representatives said referrals to appropriate other health professionals are timely, appropriate and occur when needed. Management and clinical staff described effective processes for referring consumers to other health professionals. Care planning documents confirmed the timely input of other health professionals. The service had a network of approved individuals, organisations, and other providers of care they referred consumers to.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures and how they managed recent outbreaks. Management and clinical staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a trained infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff knew consumers’ needs, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents captured detailed information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in various activities during the Site Audit.

Consumers and representatives said the service supported consumers’ emotional, spiritual, and psychological well-being. Staff described how they considered consumers’ emotional, psychological, and spiritual well-being by providing support such as religious services, activities of interest and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual, and psychological well-being needs, and the strategies to support them. Staff were observed sitting and talking with consumers.

Consumers and representatives said consumers were supported to participate in the community, do activities of interest, and maintain important relationships. Staff knew consumers’ lifestyle interests and described how they supported them to participate in the community inside and outside the service and maintain their relationships. One representative said the service did not always celebrate culturally significant days for consumers from cultures other than Greek or Australian. However, management responded with a plan for continuous improvement action to address this issue during the Site Audit. Care planning documents detailed how consumers could be supported to pursue their interests, participate in their community, and maintain important relationships.

Consumers and representatives said information about consumers’ daily living choices and preferences was effectively communicated within the service, and with others responsible for providing care. Staff explained how they communicated current information about consumers’ changing condition and needs through the handover process and the electronic care management system. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers and representatives said the service provided timely referrals to appropriate other supports and services from external organisations and individuals. Staff explained the referral process and how the service had established links to other individuals and organisations to ensure consumers had access to a range of external services and supports. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living.

Consumers and representatives expressed satisfaction with the variety, quality, quantity, and temperature of the meals provided. Consumers confirmed they could ask for alternative meals and they had input into the menu through meetings and feedback processes. Staff knew consumers’ dietary needs and preferences and care plans were up to date. The kitchen appeared clean, safe, and well organised. Meal service was observed to calm and dignified, with consumers receiving assistance from staff, if required.

Consumers said the equipment provided was safe, clean, and suitable for use and they knew the process for reporting issues. Staff described how they kept equipment clean and well maintained. The equipment appeared to be safe, clean, well maintained, and suitable to meet consumers’ needs.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was comfortable, welcoming, and having the opportunity to personalise their rooms made it feel like home. Consumers and representatives said they could easily navigate the wide, well-lit corridors using the handrails for support, if required. Management and staff described features of the service that optimised consumers’ sense of belonging, independence, interaction and function. Consumers and visitors were observed moving around the service and using various indoor and outdoor areas around the service.

Consumers and representatives said consumers could move around freely and independently both indoors and outdoors, and the service was safe, clean, and well-maintained. Management and staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The Assessment Team identified some issues with the designated smoking area however, management took immediate action to address the issues. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, well-maintained, and suitable for use. Management and staff explained how the furniture, fittings and equipment were assessed for suitability, and cleaned and maintained regularly. The furniture, fittings and equipment were observed to be safe, 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. Management and staff described how they supported consumers and representatives to make complaints through various methods including speaking to management or staff, feedback forms, and meetings. The organisation had documented policies, procedures, and staff training in managing feedback and complaints. Brochures about making complaints, along with feedback forms and lodgement boxes were observed throughout the service.

Consumers and representatives were aware of other avenues for raising complaints and advocacy and language services. Management and staff were aware of external mechanisms for making complaints, and advocacy and language services, and explained how they assisted consumers to access these services. Brochures and posters for advocacy, interpreter, and other services was displayed around the service.

Consumers and representatives were complimentary about how the service responded promptly to resolve complaints, and used open disclosure when things went wrong. Management and staff demonstrated timely procedures for responding to complaints, and the use of open disclosure when things went wrong. The complaints and feedback register confirmed complaints were documented and acted upon promptly using open disclosure. The service had documented policies for complaints and open disclosure to guide staff in the resolution of complaints.

Consumers and representatives said feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify improvement opportunities. The complaints and feedback register confirmed feedback and complaints were used to improve the quality of care and 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to provide the care and support needed by consumers. Staff confirmed there were sufficient staff to meet consumers’ care needs, and management always filled any gaps in the roster. Management detailed the rostering processes which ensured the number and mix of staff enabled the delivery of safe and quality care and services. Rostered confirmed there were sufficient staff, and the registered nurse and care minute requirements were met.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in supporting consumers’ identity, culture, and diversity.

Consumers and representatives said staff were competent and had the knowledge to perform their roles. Staff confirmed they had the knowledge, competence and qualifications to perform their duties. Management described the organisational processes for ensuring all staff had the required competencies, qualifications, registrations, and security checks for their roles. Position descriptions specified the duties, requirements, knowledge, and qualifications for each role.

Consumers and representatives said staff were trained and equipped to deliver quality care and services in line with the Quality Standards. Staff said they had access to online and face-to-face training and could request additional training. Management described how the organisation recruited, trained, equipped, and supported staff to deliver safe and quality care and services. Training records showed staff were current with their mandatory training program.

Consumers and representatives said they were encouraged to provide feedback on the performance of staff. Management described how the performance of the workforce was regularly monitored, assessed, and reviewed through competencies, feedback and performance appraisals. While a number of performance appraisals were identified as overdue, management had identified the issue and put in place a plan to address the backlog. Staff confirmed performance appraisals were regularly conducted and they could seek development opportunities. Management explained how they addressed staff performance issues immediately if they were identified. The organisation had documented policies to guide the management of staff performance.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Management described various ways they engaged with consumers and representatives such as case conferences, meetings, surveys, and feedback. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said consumers felt safe and included at the service. Management described how the organisation’s Board set clear expectations and policies that promoted a culture of safe, inclusive and quality care and services. The Board received reports on key aspects of the performance of the service and was accountable for the delivery of safe and quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board monitored key performance data and ensured the policies and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff could describe the policies and processes in place for identifying, documenting, managing, and reporting risks and incidents to the Board.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were aware of the clinical governance framework and the associated policies, procedures, and training. The Board was accountable for the quality and safety of clinical care at the service.

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)