Performance

Report

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| Name of service: | Performance report date: |
| St Basil's Randwick | 20 July 2022 |
| Commission ID: | Activity type: |
| 1058 | Site audit |
| Approved provider: | Activity date: |
| St Basil's Homes | 6 June 2022 to 10 June 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 Randwick (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, undertaken 6 June 2022 to 10 June 2022. 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.
* The performance report for the Review Audit, undertaken 22 June 2021 to 25 June 2021.

# 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 | | Compliant |
| 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 Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said staff treat consumers with respect and dignity, and value their culture and diversity. Consumers and representatives interviewed said they feel supported by the service to exercise choice and independence and to be involved in making decisions about the care they receive and how it is delivered. Consumers interviewed confirmed they are provided with current information that enables them to exercise choice. This includes verbally during meetings, through meeting minutes, during activity programs, survey feedback, daily newsletters, and COVID-19 updates via service management.

Consumers and representatives confirmed staff respect consumer’s personal privacy and information. Staff practices observed by the Assessment Team confirmed this.

The service supports consumers to take risks to enable them to live the best life they can. The services demonstrated consultation and risk mitigation through ensuring consumers and their representatives understand all risks associated with the activity they wish to undertake. Consumers undergo a risk assessment and consent to a dignity of risk agreement if they choose to participate in activities that may pose a risk or cause potential harm.

The service was previously non-compliant in three requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the service demonstrated consumer care assessment and planning occurs on entry to the service and includes consideration of risks to inform the delivery of safe and effective services. The service has processes to assess and plan for risks associated with care needs including falls, swallowing, medication management, diabetes management, and pressure injuries. The service demonstrated that assessment and planning identifies consumer’s current needs, goals and preferences including documented advanced care decisions and statement choices to assist with end of life planning.

The service demonstrated that assessment and planning is based on an ongoing partnership with consumers, their representatives, and includes other health care providers. The service demonstrated processes in place to communicate information to consumers and their representatives in relation to the care plan. The care and services plan is readily available to consumers and representatives, and where care is provided.

Overall, consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they were able to be involved in discussions regarding care on a regular basis, as well as when changes occurred. Some consumers and representatives confirmed that they had been offered a copy of their care plan and/or had been able to have input into the amendment of the document.

The service demonstrated consumer’s care, and services are monitored and reviewed for effectiveness, when incidents or changes occur. The service has a monthly resident of the day process where consumers are reassessed, and consumers and their representatives are consulted regarding their care and services. Representatives confirmed they are contacted when there is a change in their consumer’s condition.

The service was previously non-compliant in four requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said consumers get the personal and clinical care they need including personal hygiene, meals, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives interviewed confirmed they have access to a doctor or other health professional when they need it.

The service was able to demonstrate consumers receive safe and effective personal and clinical care in line with best practice principles, tailored to their needs and optimising their health and wellbeing. The service demonstrated effective management of high impact and high prevalence risks associated with the care of consumers. Care plans reviewed by the Assessment Team included information about high impact and high prevalence risks for consumers sampled, and effective strategies to manage these risks. This included in relation to consumers who fall frequently, experience behaviours of concern, and have texture modified diets.

The Assessment Team found for consumers who are on palliative care at the service, consumers and their representatives are given opportunities to express their wishes, these are documented, and planning occurs to ensure their comfort is maximised and their dignity is preserved. Care documents for these consumers demonstrated comfort care is being delivered according to their care plan, consumers have had their end of life wishes met, and are reviewed regularly by medical officers and palliative care specialists.

The service demonstrated consumers who experience a change of condition have their needs recognised and responded to in a timely manner. The service demonstrated consumers are referred to other providers of care in an appropriate and timely manner, and consumer information is communicated within the organisation and with others involved in their care.

The service demonstrated that minimisation of infection related risk is occurring at the service through standard and transmission-based precautions to prevent and control infection. Service management and staff are developing practices to promote appropriate antibiotic prescribing and use.

The service was previously non-compliant in seven requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Most consumers interviewed by the Assessment Team said they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Most consumers interviewed were satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat. However, some consumers said they found the food was not to their taste and either not enough or too much.

The service has processes in place for identifying and recording consumer’s condition, needs and preferences regarding supports for daily living. Staff interviewed by the Assessment Team confirmed they have access to the information they need, and it is reviewed and updated on a regular basis and as needed. The service accesses services from other providers such as the mental health team from the local hospital, dementia support services, organisational well-being programs, the National Disability Insurance Scheme, and hairdressers.

For the consumers sampled, the care plans included information about the services and supports they need to help them do the things they want to do, and individual needs, cultural requirements, or religious celebrations they want to participate in, and preferences for emotional or spiritual support requirements. The care planning documents reflected the dietary needs and preferences of the consumers sampled.

The Assessment Team observed equipment used for lifestyle activities to be safe, suitable, clean, and well maintained. Staff were observed to be cleaning individual consumer and shared equipment.

The service was previously non-compliant in seven requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team confirmed the environment is welcoming and they feel at home at the service. Consumers interviewed confirmed the service is safe, clean, and well maintained, and they can move freely within the facility and outdoors.

The Assessment Team observed the service environment to be welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers are supported to personalise their own rooms, and the service is decorated with artwork and ornaments to create a homelike environment.

The service environment was observed to be safe, clean, well maintained, and comfortable. Consumers were observed to have free access to indoor and outdoor areas. There are systems in place for the cleaning and maintenance of the service environment and to ensure it is safe.

The Assessment Team observed the furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers. Consumers are satisfied that the furniture, fittings and equipment are safe, clean, well maintained, and meeting their needs. Management and staff explained the systems in place for the cleaning and maintenance of the furniture, fittings and equipment.

The service was previously non-compliant in two requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Most consumers interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The Assessment Team found consumers and their representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service provided comprehensive documentation that showed consumer feedback and complaints are captured, analysed, and resolved. There is a policy for open disclosure and most staff interviewed by the Assessment Team understood how to practice this.

Previous complaints were reviewed by the Assessment Team and were found to be finalised and closed off aligned with the current complaints and open disclosure policy. This included providing acknowledgement of the complaint, open and timely communication, explanation and apology to the consumers and their representatives. Appropriate incident reporting where necessary and continuous improvements planning to mitigate future occurrences were also in place.

Management interviewed said reports on complaints, compliments and feedback are produced to identify if there are any patterns or trends and to determine and monitor any actions required. Complaints data is reviewed by senior management and common themes within complaints across the organisation can then be added to the organisation’s plan for continuous improvement. The board also receives information on trends within complaints being received by the organisation.

The service was previously non-compliant in four requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated 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. Most consumers and representatives interviewed by the Assessment Team considered there was sufficient staffing to meet the needs of consumers. One representative interviewed said there has been an increase in staffing on weekends. The Assessment Team found that agency staff use at the service has decreased over the last six months, and a review of the staff rosters showed no shift vacancies over the month prior to the Site Audit. Call bells were demonstrated to be answered in a timely manner and any call bell times outside of the 10-minute service limit are investigated, any trends identified, and escalated when required.

Consumers interviewed said they find staff are kind, caring and gentle when providing care. The Assessment Team observed kind, caring and respectful interactions between staff, consumers and representatives.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service has employed experienced senior staff with the qualifications, knowledge and experience required to lead improvements to the workforce, including a nurse educator, and a nurse practitioner. The service has processes to ensure staff complete mandatory training, and additional training is identified through training needs analysis. The service has developed a training matrix which identifies timeframes and methods of evaluation for each education session to ensure compliance and refine training delivery and effectiveness.

The service demonstrated assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The service was previously non-compliant in three requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.**Standard 8**

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. The Assessment Team found improvements had been made in consumer and representative engagement in care planning, feedback mechanisms, and meetings. Management has invited consumer/representative involvement in other areas such as recruitment of staff, food focus groups, continuous improvement, and other meetings involving management of the service.

The governing body provides regular communication to staff in promoting quality outcomes for consumers through its person-centred care framework. The person-centred care framework includes the vision and purpose for staff to develop a culture of person-centred care and continuous improvement. The Assessment Team identified several changes made by the board in the last six months as a result of consumer feedback, experience and incidents.

The organisation has governance systems in place, addressing information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation has effective risk management systems and practices to manage high impact and high prevalence risks, to respond to abuse and neglect of consumers, support consumers to live the best life they can, and manage and prevent incidents.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The organisation has policies and procedures to guide the clinical care at the service and it monitors and evaluates performance through surveys, feedback, and review of clinical indicators regularly.

The service was previously non-compliant in five requirements under this Standard following a Review Audit undertaken 22 to 25 June 2021. I find all requirements in this Standard are now Compliant.

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-2)