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: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 November 2023 |
| Performance report date: | 28 November 2023 |
| 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 M Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated effective processes to identify and manage high impact and high prevalence risks for consumers. The service adopts a scored system to identify consumers who are at risk as a guide for more in-depth review of appropriate care and services. Care managers demonstrated how they utilise the analytics features of the service’s electronic care management system (ECMS) to identify and track consumer incidents such as falls, behaviours, infections. The service maintains a focus on prevalence, and registered nursing staff are trained to access and use this data to inform best practice care for each consumer.

The service undertakes routine meetings between clinical staff and care managers to review consumers, incidents, interventions, care and services. In addition, routine meetings with registered nursing staff take place where incidents and at-risk consumers are reviewed. The Assessment Team reported that the service engages with a dietitian and a geriatrician who visit the service regularly, in addition to visiting medical officers (MO) and a physiotherapist.

Staff advised the Assessment Team that policies and procedures are adhered to in relation to clinical care such as falls, pressure injuries and incident management. Staff articulated details about fall prevention strategies in general and for individual consumers. Staff effectively described the service’s falls management processes, including post fall observations, clinical reviews by general and nurse practitioners, monitoring interventions and correctly reporting and documenting incidents in alignment with organisational polices and processes. Registered nurses effectively demonstrated how they remain active in monitoring staff to ensure staff are following fall prevention strategies and provide a daily review of consumers at handover meetings and communicate effectively with allied health services including physiotherapists. Registered nursing staff also demonstrated a sound understanding of wound management and reporting incidents relating to abuse and neglect of consumers. Clinical staff highlighted that general practitioners provide a routine review of consumers as well as when circumstances change, and the service maintains a list of high-risk consumers that is monitored by registered nurses who consult with clinical care managers and the management team in order to formulate and implement individual risk prevention strategies.

Registered nursing staff demonstrated effective communication with consumers, representatives and allied health professionals such as dietitians, physiotherapists and speech pathologists on a regular and ongoing basis. The Assessment Team also reported that registered nursing staff provide support to new staff members and ensure new staff have a clear understanding of consumers with behaviours of concern and the strategies to minimise impact. The Assessment Team reported that consumer care plans are completed and routinely updated and that individual consumer management plans and monitoring of wound care, diabetes mellitus care, stoma care and urinary catheter care are clearly recorded in consumer records. With these considerations, I find the service compliant in Requirement 3(3)(b).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The organisation demonstrated an effective risk management framework, which appropriately covers broader risk for the organisation. The organisation administers a suite of policies and procedures which contain information about their risk management programs, including risk registers for various categories of risk, including high-impact and high-prevalence risks for consumers. The organisation demonstrated effective and routine review to ensure oversight and appropriate management to best support consumers.

The Assessment Team interviewed the general manager, the quality and education manager, acting CEO and deputy chair of the board and also reviewed governance related documentation which evidenced that the service maintains focus on high impact and high prevalence risks, ensuring that information is communicated, discussed and managed throughout all levels of the organisation.

The organisation demonstrated appropriate policies and procedures relating to consumer abuse and neglect that clearly highlight staff reporting obligations, including in relation to serious incident response scheme (SIRS) notifiable incidents. The policies and procedures appropriately refer to monitoring, analysing and trending consumer incidents and complaints, and the Assessment Team reported that this supports the organisation to identify gaps and administer appropriate and timely response strategies to minimise or negate impact on consumers. In response to a notifiable SIRS incidents, the service, facilitated by the board, reviewed all policies and processes and adopted any updates necessary, and provided staff education. This included staff education on cardiopulmonary resuscitation (CPR) and first aid, food handling, responding to choking and dysphagia in aged care. Education and information for consumer families and representatives was also provided.

The Assessment Team reported that the organisation’s vision and values maintain focus on promoting consumer well-being and enabling each consumer to live the life they choose, including engaging in risk. Consumers and representatives provided the Assessment Team with positive feedback that they are supported to live their best lives. With these considerations, I find the service compliant in Requirement 8(3)(d).

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)