Performance

Report

**1800 951 822**

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| Name: | The House of Saint Hilarion |
| Commission ID: | 6504 |
| Address: | 7 Kelly Avenue, SEATON, South Australia, 5023 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 September 2023 |
| Performance report date: | 20 October 2023 |
| Service included in this assessment: | Provider: 1421 The Society of St Hilarion Inc  Service: 4219 The House of Saint Hilarion |

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 The House of Saint Hilarion (**the service**) has been prepared by M Glenn, 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.

# 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.

The approved provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 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 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 |

Findings

Staff are knowledgeable of assessment processes and confirmed care plans are regularly updated. Validated assessment tools are used to identify risks and documentation included assessed clinical risks to inform the delivery of safe and effective care. When risks are identified, consultation is undertaken with other healthcare professionals, as necessary, to determine appropriate mitigating strategies. Consumers and representatives said they were routinely engaged in discussions regarding consumers’ risks and ongoing care.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers 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

Validated assessment tools are utilised to identify personal and clinical care needs and preferences. Staff demonstrated an understanding of best practice clinical care and how to access policies and procedures for guidance. Staff were knowledgeable about consumers' needs and described how care is delivered to meet their preferences. Non-pharmacological strategies are used before using psychotropic medication and when an escalation in behaviour is noticed, staff commence appropriate assessments to exclude the possibility of pain and infection. Consumers and representatives are satisfied with the personal and clinical care consumers receive.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care 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

The service has a structured approach to review staff numbers and skills across the workforce. The roster is adjusted based on consumers’ needs and occupancy level and systems are in place to manage planned and unplanned leave. Most staff said they had sufficient time to undertake tasks, expressed satisfaction with workforce adequacy, and said the new roster being implemented will increase staff levels across the service. Overall, consumers and representatives said staffing levels were adequate and consumers receive quality care and services.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# 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

Risk management systems, procedures, and processes identify and assess risks to the health, safety, and well-being of consumers. High impact and/or high prevalence risks are routinely monitored and reviewed, and an incident management system provides management data of any trends or emerging risks to inform the improvement of care and services. Mechanisms are in place to investigate and respond to reports of abuse and neglect of consumers through investigation processes and referrals are made to relevant external agencies when required. Consumers are supported by the service to live the best life they can and maintain their independence by exercising activities of choice and where risks have been identified, the organisation works with consumers to mitigate harm.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)