**Performance**

**Report**

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| Name: | The Society of St Hilarion Inc Aged Care |
| Commission ID: | 600089 |
| Address: | 7 Kelly Avenue, Seaton, South Australia, 5023 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 25 July 2024 |
| Performance report date: | 13 August 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1421 The Society of St Hilarion Inc  
Service: 18491 SSH Connect

**This performance report**

This performance report for The Society of St Hilarion Inc Aged Care (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 5 March 2024 for a quality audit undertaken from 18 January 2024 to 19 January 2024.

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

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not fully assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not fully assessed** |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully 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 | | HCP |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a quality audit undertaken in January 2024 as each consumer was not supported to take risks to enable them to live the best life they could. The provider implemented a range of improvement actions in response to the finding, including consulting with and completing dignity of risk forms for all consumers identified as undertaking activities involving risk; updating care plans to include risks consumers choose to undertake and strategies to minimise the risk; providing training to staff on dignity of risk; and implementing a dignity of choice policy.

At the assessment contact in July 2024, all consumers and representatives interviewed said the service supports consumers to do the things they want to do safely. Policy and procedure documents outline responsibilities of management and staff to ensure consumers have received sufficient information on identified risks, and all staff assist consumers to minimise risk. Representatives described, and staff confirmed risks related to activities consumers choose to partake in, as well as mitigation or management strategies are discussed with consumers and/or representatives and dignity of risk forms completed. The service regularly communicates with consumers who take risks to check on their safety and provide information to ensure consumers make informed choices.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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)(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 |

Findings

Requirements (3)(a) and (3)(d) were found non-compliant following a quality audit undertaken in January 2024 as assessment and planning did not include consideration of risks to inform delivery of safe and effective care and services, specifically risks associated with pain, pressure injuries and mobility/transfers; and outcomes of assessments were not consistently documented in a care and services plan. The provider implemented a range of improvement actions in response to the finding, including, but not limited to, recruiting a registered nurse to undertake risk assessments with consumers using validated risk assessment tools; adding risk assessments to care plans and the risk register, which are both reviewed monthly; conducting a thorough review of existing care plan documentation to identify gaps in documenting outcomes of assessments and mitigation strategies; and implementing review systems to address gaps in documentation.

At the assessment contact in July 2024, consumers and/or representatives said they are involved in assessment and planning on commencement of services and on an ongoing basis. On commencement of services, a home care assessment, a client home risk assessment, and a clinical assessment, which considers risk areas, are completed to identify areas of concern, and care and services required by the consumer. Risk assessments using validated tools are also completed. Care files sampled include risks relating to malnutrition, falls, mobility and dexterity which have been identified through assessment processes, and management strategies developed to guide provision of care. Care files also show involvement of allied health professionals, where required, in the further assessment and management of identified risks.

Care files show consumers and/or representatives have been informed of consumers’ care plans, care plan updates, and general practitioner/allied health professional reviews. Support workers said they are informed of changes to consumers' needs through emails and an application on their mobile phones. Consumers and/or representatives confirm they receive adequate information about care and services provided and are informed of outcomes of assessments which are documented in care plans. Consumers and representatives said a copy of the consumer’s care plan is provided to them digitally and in hard copy.

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

# Standard 3

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

Findings

Requirement (3)(b) was found non-compliant following a quality audit undertaken in January 2024 as high impact or high prevalence risks, specifically related to weight loss/malnutrition, pain, pressure injuries and oxygen therapy were not effectively managed. The provider implemented a range of improvement actions in response to the finding, including implementing a clinical high risk register; commencing an oversight group of the high risk register, who meet monthly to discuss and review; and incorporating reporting of high impact high prevalence risks on the risk register into quality care advisory body reporting.

At the assessment contact in July 2024, high impact or high prevalence risks were found to be identified, assessed, planned for and managed. Care files sampled demonstrate effective management of risks relating to pain, falls, medications and pressure injuries. Consumers and/or representatives said the service and staff ensure consumers receive safe personal and clinical care, including in relation to mobility and falls, medications, nutrition/hydration and pain, and are satisfied with current interventions.

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

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a quality audit undertaken in January 2024 as the workforce was not suitably trained and supported to deliver the outcomes required by the Quality Standards. The provider implemented a range of improvement actions in response to the finding, including a mandatory training matrix which includes mandatory training modules required to be completed and completion due dates; conducting regular mandatory training compliance checks; and improved communication methods to notify staff of upcoming mandatory training.

At the assessment contact in July 2024, all consumers and representatives interviewed were satisfied staff were competent at performing their roles. Recruitment processes, onboarding of staff, buddy shifts, training modules and access to comprehensive policies and procedures support staff to deliver safe and effective care and services to consumers. A mandatory training matrix is maintained and shows adherence to mandatory training is regularly monitored and updated. Staff described completing relevant training and being supported in their role through regular meetings and access to management for any consumer-related queries. All staff said they are provided with training on areas, such as privacy and confidentiality, manual handling, fire safety, open disclosure and the Quality Standards, which was corroborated through documentation sampled.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 7 Human resources 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-2)