



Australian Government

Australian Aged Care Quality Agency

Final Quality Review Report

Provider name:	St Basil's Aged Care Services in Western Australia (Vasileias) Inc
Service name:	St Basil's Aged Care Services
Location:	390 Charles Street, NORTH PERTH WA 6006
Quality Agency ID:	500050

Report approved:	23 June 2017
Approved by:	 Tracey Rees State Director WA

Final Quality Review Report

About this report

This is the Final quality review report for the quality review conducted at St Basil's Aged Care Services. The report includes assessment against the Home Care Standards. A copy of the report has been sent to the Department of Health.

The quality review included the following services:

Home Care:

- St Basil's Aged Care Services, 19253, 390 Charles Street, NORTH PERTH WA 6006
- St Basil's Aged Care Services EACH, 19254, 390 Charles Street, NORTH PERTH WA 6006
- St Basil's Aged Care Services EACHD, 19255, 390 Charles Street, NORTH PERTH WA 6006

Summary of findings

The service meets 18 out of 18 expected outcomes of the Home Care Standards.

The quality review for your service is complete.

Next activity arrangements:

We plan to conduct your next quality review in 2020.

Process undertaken and information considered:

This report took the following into account:

- a. Interim Quality Review Report dated 1 June 2017
- b. Service history of performance against the Standards

Introduction

This report documents the performance of the service against each of the expected outcomes of the Home Care Standards as set out in the Quality of Care Principles 2014 based on the assessment conducted during the quality review.

Each service is required to undergo a quality review at least once every three years.

A quality review team appointed by the Quality Agency conducted the quality review on 1 June 2017.

The quality review was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014.

Team leader: Alison James

Team member: Jenny Pike

Audit trail

Interviews	Number	Interviews	Number
Chief executive officer	1	Administrative assistants	2
Manager community services	1	Support workers	5
Quality manager	1	Care recipients	7
Care coordinators	2		
Sampled documents	Number	Sampled documents	Number
Home care packages care recipient files	5	Personnel files	7

Other documents reviewed

- Business and strategic plan
- Chief executive officer monthly reports
- Complaint information
- Continuous improvement plan
- Incident reports
- Meeting minutes and memoranda
- New employee checklist
- Organisational chart
- Policies and procedures
- Risk management plan and risk register
- Staff and care recipient surveys
- Training records.

Observations

- Office environment
- Secure storage of current care recipient, staff and organisational records.

The **Statement of reasons** below details the findings of the quality review and may reference information provided to demonstrate the service's performance against each expected outcome within the Standards. Performance against the expected outcomes within each Standard are rated as either:

- Met, or
- Not met.

If you have received 'Not met' findings, the Statement of reasons will identify why the expected outcome was Not Met. Use this information to revise your Plan for Continuous Improvement to show how you will make improvements to meet all of the Standards.

Statement of reasons

Standard 1: Effective management

Principle:

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected outcome 1.1 – Corporate governance	Met
The expected outcome requires that “the service provider has implemented corporate governance processes that are accountable to stakeholders”.	
<p>Reasons for findings for home care services:</p> <p>The service provider has implemented corporate governance processes that are accountable to stakeholders. The provider has an organisational structure which includes defined roles, responsibilities and accountabilities for all personnel. An elected board is guided and governed by the organisation's constitution. The constitution restricts the term of board members and incorporates processes to address non-compliance. Board members and executive staff work towards business and program objectives documented in business and strategic plans. The management team provide support and advice to the Chief executive officer (CEO) on operational matters across the organisation. The CEO is responsible to the board for the implementation of the strategic plan as approved by the board. The board receives program performance and financial reports from the CEO at the scheduled board meetings. Clearly defined reporting lines are documented. Information is provided to staff, volunteers and care recipients through the annual report, newsletters, meetings and information sessions. Staff advised they are encouraged to contribute to the planning and development of care and service delivery by attending meetings and providing feedback.</p>	

Expected outcome 1.2 – Regulatory compliance	Met
The expected outcome requires that “the service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards”.	
<p>Reasons for findings for home care services:</p> <p>The service provider has systems to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards. The service provider advised they are alerted to changes in regulations, legislation and program guidelines by receiving alerts from the Department of Health and via membership to industry organisations and peak bodies. The CEO is responsible for monitoring changes to legislation and to ensure the information is identified and incorporated into the</p>	

Expected outcome 1.2 – Regulatory compliance	Met
<p>organisation’s policies and procedures as appropriate. Electronic systems are used to monitor the currency of drivers’ licences, police certificates and professional registrations. Agreements with brokered services require the maintenance of police certificates and relevant qualifications. Staff reported they receive information pertinent to legislative changes including changes to policy and procedure. Care recipients were advised of the quality review audit.</p>	

Expected outcome 1.3 – Information management systems	Met
<p>The expected outcome requires that “the service provider has effective information management systems in place”.</p>	
<p>Reasons for findings for home care services:</p> <p>The service provider has effective systems to ensure staff and other stakeholders have access to accurate and appropriate information. There are procedures to ensure the collection, use, storage, archiving and destruction of information. Electronic records are backed up to an external site, with secure passwords restricted access to relevant staff. The service has a system to ensure policies and procedures are current. Care staff are provided with information relevant to their role through mobile phone contact or are alerted to written information in the care recipient’s home file, and by attending staff meetings and training. Community support workers advised they are aware of changes to the care recipient’s agreed plan of care following a review of their care needs. Staff described the processes for ensuring client records are stored appropriately and are referred to during care delivery. Care recipients are informed via their home care agreement, updated assessment and care plan, as well as information mailed out or published on the organisation’s website. Staff, care recipients and representatives stated they are satisfied with the information provided to them.</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
<p>The expected outcome requires that “the service provider understands and engages with the community in which it operates and reflects this in service planning and development”.</p>	
<p>Reasons for findings for home care services:</p> <p>The service provider understands and engages with the community in which it operates and reflects this in service planning and development. Services are planned according to community needs with input from staff, care recipients and other stakeholders. Gaps in support are identified through a review of the profile of the community against the client group. The service provides services to culturally and linguistic diverse language specific needs groups with staff employed to ensure the specific cultural and language needs of individual care recipients are met. The manager community services participates in network meetings to discuss the needs of the community and the services required by care recipients. Staff advised they are encouraged to gain and share local knowledge relevant to the provision of services to their client group. Engagement with care recipients occurs formally and informally via direct feedback, surveys, assessment and care planning processes, and through the delivery of care and services.</p>	

Expected outcome 1.5 – Continuous improvement	Met
<p>The expected outcome requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.</p>	
<p>Reasons for findings for home care services:</p>	

Expected outcome 1.5 – Continuous improvement	Met
<p>The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery with feedback from staff and care recipients encouraged. Improvement opportunities are identified through the collection and analysis of feedback. Care recipients reported staff and management are responsive to their feedback. The management team provided examples of continuous improvement activities including:</p> <ul style="list-style-type: none"> • In response to changes the management team identified the care plan did not provide sufficient detail or flexibility to ensure consumer directed care was provided to each care recipient. Staff commented as a result of the change of format and additional information in the care plans, care recipients were clear about the services to be provided to them and could direct the support workers to attend to the tasks most useful to their continuing care. • The management team reviewed the in-home safety assessment as a result of feedback from the support workers. Feedback from the staff and care recipients indicates this has provided the staff with an opportunity to discuss with care recipients the safe use of chemicals in the home, and the need to provide the staff with a safe working environment. • As a result of the implementation of goal orientated care, the management team identified an opportunity to ensure care recipients choice of advocate was identified and documented. Documentation reviewed showed this information is included in the care plan and a review of the nominated advocate is part of the reassessment process. <p>Additional information</p> <p>We discussed with the management team the opportunity to identify and trend all information collected including accidents, incidents, hazards and complaints, allowing the service provider to measure performance, the services performance and to identify improvement opportunities. The management team advised they would consider this information.</p>	

Expected outcome 1.6 – Risk management	Met
<p>The expected outcome requires that “the service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation”.</p> <p>Reasons for findings for home care services:</p> <p>The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation. An organisational risk management plan ensures identified areas of risk are managed and actioned. Care recipients’ risks are identified through the home safety checklist, care recipient assessment and incident reporting processes. External contractors, police certificates, insurance and registrations are monitored by the administrative staff. Meetings provide staff with the opportunity to discuss occupational health and safety issues. Staff stated they are aware of how to report hazards, incidents and accidents and have received training relating to risk management such as manual handling training. Staff were able to describe the procedure that provides guidance when a care recipient does not respond to a scheduled visit.</p>	

Expected outcome 1.7 – Human resource management	Met
<p>The expected outcome requires that “the service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users”.</p> <p>Reasons for findings for home care services:</p> <p>The service provider manages human resources to ensure adequate numbers of</p>	

Expected outcome 1.7 – Human resource management	Met
<p>appropriately skilled and trained staff are available for the safe delivery of care and services to care recipients. Recruitment is managed through standard recruitment processes, including application for employment, interviews, reference checks, offer of a contract and orientation. All staff have position descriptions that outline accountabilities, critical achievement areas, performance requirements and essential and desirable selection criteria, these are communicated to prospective employees during the recruitment process. Required training is provided according to the organisation’s policies, and other training is conducted when needs are identified through performance appraisals, incident reports and the needs of care recipients. Staff reported training is relevant to their roles and they are able to provide feedback regarding training. Care recipients stated they are satisfied with the responsiveness of staff and the ability of the staff to meet their care needs.</p>	

Expected outcome 1.8 – Physical resources	Met
<p>The expected outcome requires that “the service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel”.</p>	
<p>Reasons for findings for home care services:</p> <p>The service provider manages physical resources to ensure the safe delivery of care and services to care recipients and organisational personnel. An asset register is maintained through the corporate office. Preventative and corrective maintenance programs ensure equipment owned by the organisation is maintained and replaced as needed. The organisation supports care recipients to purchase and maintain equipment as part of their package funding. Staff reported they are satisfied with the level of goods and equipment available to them. Care recipients stated they are satisfied with the level of equipment available to them, and the level of skill and knowledge of the staff in assisting them to use appropriate equipment and maintain their desired level of independence.</p>	

Standard 2: Appropriate access and service delivery

Principle:

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected outcome 2.1 – Service access	Met
<p>The expected outcome requires that “service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility”.</p>	
<p>Reasons for findings for home care services:</p> <p>The service provider ensures service user access is based on consultation with the service user and/or their representative, equity, consideration of available resources and program eligibility. The service provider has policies and procedures in place regarding service access. Referrals have been via general practitioners, social workers, hospitals, MyAged care and local community. Access to services is based on eligibility and availability of resources and includes regular consultation with the care recipient and/or their representative. Staff reported they understand the eligibility requirements and care recipients identified with having the greatest need are prioritised. Care recipients and representatives interviewed reported they understand their eligibility for the services and programs and are satisfied with their access to services of their choice and preference.</p>	

Expected outcome 2.2 – Assessment	Met
<p>The expected outcome requires that “each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity”.</p>	
<p>Reasons for findings for home care services:</p> <p>The service has systems to ensure that each care recipient participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity. Documentation confirmed initial assessments include participation from the care recipient and/or their representative. Assessment and planning tools include identification of the care recipient’s current abilities, supports, preferences, goals and desired outcomes. Changes to care recipient’s needs are documented in their progress notes and care plans are updated accordingly. Staff reported they are advised of changes to care recipients’ care needs by the care coordinator and updated care plan. Care recipients and representatives interviewed reported they participate in assessments and are consulted about their preferences and goals of care.</p>	

Expected outcome 2.3 – Care plan development and delivery	Met
<p>The expected outcome requires that “each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan”.</p>	
<p>Reasons for findings for home care services:</p> <p>Care recipients and/or their representatives participate in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan. Documentation confirmed the care plan is completed in partnership with the care recipient and/or their representative and reflects their individual goals and preferences. Staff practices are monitored by the care coordinators or service manager and via feedback from care recipients or their representatives, incidents/accidents and staff appraisals. Care recipients and representatives reported they are satisfied with the level of involvement they have in managing their care services.</p>	

Expected outcome 2.4 – Service user reassessment	Met
<p>The expected outcome requires that “each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service users’ care/service plans are reviewed in consultation with them”.</p>	
<p>Reasons for findings for home care services:</p> <p>Systems ensure care recipients’ needs are monitored on a regular basis and reassessment is undertaken when the care recipient’s goals, preferences or care needs change. Documentation reviewed showed reassessment occurs in consultation with the care recipient in accordance with their goals of care, needs, and if preferences change. Reviews are undertaken following staff, care recipient and representative feedback, and care plans are updated accordingly. Care recipients and representatives reported they communicate regularly with the care coordinators and staff with regards to any concerns and are satisfied with the changes made to their program.</p>	

Expected outcome 2.5 – Service user referral	Met
<p>The expected outcome requires that “the service provider refers service users (and/or their representatives) to other providers as appropriate”.</p>	

Expected outcome 2.5 – Service user referral	Met
<p>Reasons for findings for home care services:</p> <p>The service provider refers care recipients and/or their representatives to other providers as appropriate. Documentation showed staff refer care recipients to other health professionals as their needs change, on request, or if the care recipient's needs change. Care recipients' files contained information on the collection, care and disclosure of information and included referrals to other services as issues are identified. Care recipients and representatives confirmed they are referred to appropriate health professionals as needed and preferred.</p>	

Standard 3: Service user rights and responsibilities

Principle:

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected outcome 3.1 – Information provision	Met
<p>The expected outcome requires that “each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities”.</p>	
<p>Reasons for findings for home care services:</p> <p>Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities. The agreement and information package include all relevant information about services, fees, rights and responsibilities, privacy and confidentiality, access to advocacy services and how to make a complaint. This information is explained at the initial assessment and the service manager and care coordinators reported this is discussed when reviews occur. Care recipients and representatives reported they are satisfied with the way information is presented and explained.</p>	

Expected outcome 3.2 – Privacy and confidentiality	Met
<p>The expected outcome requires that “each service user's right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information”.</p>	
<p>Reasons for findings for home care services:</p> <p>Systems ensure each care recipient's right to privacy, dignity and confidentiality is respected including the collection of, use and disclosure of information. Information about privacy rights is included in the agreement and information package. Care recipients give signed consent to release personal information in specific circumstances. All staff sign a letter of agreement on commencement of employment. Staff know where and when care recipients' information can be discussed and shared. Care recipients and representatives reported they are confident care recipients' private information is managed appropriately and care recipients' dignity and preferences are respected.</p>	

Expected outcome 3.3 – Complaints and service user feedback	Met
The expected outcome requires that “complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution”.	
<p>Reasons for findings for home care services:</p> <p>Systems ensure complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution. Information provided to care recipients includes both internal and external complaints mechanisms. The manager community services monitors complaints and feedback for appropriate and timely action and identifies opportunities for improvement where relevant. Staff stated they follow the organisation’s processes when a care recipient/representative approaches them with a complaint and are satisfied issues raised will be addressed and the results communicated to the complainant and other relevant stakeholders. Care recipients and representatives are aware of how to make a complaint and reported their complaints and feedback are addressed to their satisfaction.</p>	

Expected outcome 3.4 – Advocacy	Met
The expected outcome requires that “each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate”.	
<p>Reasons for findings for home care services:</p> <p>Systems ensure each care recipient and/or their representative’s choice of advocate is respected by the service provider and the service provider will, if required, assist the care recipient and/or their representative to access an advocate. Information is provided about external advocacy and the care recipient’s right to choose an advocate. Care recipients and their representatives are provided with assistance to access advocacy services when required, and the care recipient’s right for a choice of advocate is respected. Staff reported they contact the care coordinator to access advocacy services and understand the care recipient’s right to seek advocacy. Care recipients and representatives reported they have an understanding of their right for advocacy and how to access advocacy services.</p>	

Expected outcome 3.5 – Independence	Met
The expected outcome requires that “the independence of service users is supported, fostered and encouraged”.	
<p>Reasons for findings for home care services:</p> <p>Systems ensure the care recipients’ independence is supported, fostered and encouraged. Goals and outcomes are based on care recipients’ current abilities and desired levels of independence and social interactions. The service provider seeks feedback from care recipients and their representatives regarding their satisfaction with the support provided in sustaining, or improving their capacity to live independently. Staff are aware of the importance of supporting the care recipients’ desired levels of independence. Care recipients and representatives reported they are satisfied with the support they receive to maintain care recipients’ independence and social interaction.</p>	