Hahndorf Residential Care Services

Performance Report

1A Main Street
HAHNDORF SA 5245
Phone number: 08 8398 8000

**Commission ID:** 6937

**Provider name:** Hahndorf Holdings Pty Ltd

**Assessment Contact - Site date:** 23 June 2020

**Date of Performance Report:** 19 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not conducted.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following an Assessment Contact on 14 January 2020 and a Review Audit on 18 to 20 February 2020.

The Assessment Team assessed Requirement (3)(b) at this Assessment Contact. All other Requirements in this Standard were not assessed. The Assessment Team recommended Requirement (3)(b) as met and based on the evidence provided in the Assessment Team’s report, I find the service compliant with this Requirement. I have provided reasons for my decision below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service developed and implemented several actions and improvements to address the findings of Non-compliance in this Requirement identified at an Assessment Contact on 14 January 2020 and Review Audit on 18 to 20 February 2020. These findings were in relation to the organisation not demonstrating effective management of high-impact or high-prevalence risks associated the care of each consumer, in specific reference to one consumer’s behaviours which were not effectively managed and were impacting on other consumers living at the service. The Assessment Team’s report demonstrates the service implemented several actions to address the Non-compliance in this Requirement. These actions include but are not limited to:

* Increased staffing levels to support supervision of the consumer with behaviours impacting on others and consultation with relevant specialist medical officers and other health professionals.
* Implementation of a 24-hour progress note review, including weekly audits to ensure any clinical issues or incidents are identified and actioned.
* Implementation of a weekly operations report to highlight escalation of incidents at an individual consumer level which is audited weekly to identify areas for action.
* The clinical team meeting agenda has been reviewed to include incident management processes, including a monthly clinical case study to support staff to improving their ability to identify and effectively monitor changes to consumers’ health.
* A daily handover process involving clinical and care staff has been implemented to support discussion of any incidents or high-risk areas associated with the care of consumers.
* A review of equipment and the environment has been conducted, resulting in the purchasing of door screens for two consumers to minimise uninvited guests from entering their rooms.
* Several organisational policies and procedures are being reviewed to ensure they meet relevant legislative responsibilities and organisational requirements including elder abuse, compulsory reporting, behavioural management, restraint management, critical incident reporting, and governance, risk and quality.
* Training and several verbal and written communications with staff have been undertaken in relation to elder abuse, compulsory reporting of assaults and incident and behavioural management processes.

The Assessment Team conducted interviews with consumers, representatives, staff and management and reviewed relevant documentation to inform their recommendation of met in relation to this Requirement. The Assessment Team relevantly found:

* Five consumers files reviewed by the Assessment Team demonstrated documented strategies to support the effective management of high-impact or high-prevalence risks associated with the care of each consumer, including changes to care plans following incidents or changes to consumers’ health. The Assessment Team also found clinical incidents were managed in accordance with the organisation’s incident management processes.
* Overall, seven consumers/representatives interviewed were satisfied consumers receive care which is safe and right for them, including the management of high-impact or high-prevalence risks associated with consumers’ care.
* Staff interviewed were able to describe high-impact or high-prevalence risks associated with consumers’ care and were able to demonstrate awareness of their responsibilities for managing risk in accordance with their scope of practice.

Based on the evidence in the Assessment Team’s report I find the approved provider, in relation to Hahndorf Residential Care Services, are compliant with Standard 3 Requirement (3)(b).

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.