Hamley Bridge Rest Home

Performance Report

19 Albert Street
HAMLEY BRIDGE SA 5401
Phone number: 08 8528 2276

**Commission ID:** 6050

**Provider name:** Hamley Bridge Aged Care Inc

**Assessment Contact - Site date:** 9 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 15 December 2021
* the Performance report dated 18 October 2021 for the Assessment Contact conducted 8 September 2021 to 9 September 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 8 September 2021 to 9 September 2021 where it was found assessment and planning processes, specifically in relation to skin integrity and wound management, were not effective to inform delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Hamley Bridge Aged Care Inc, in relation to Hamley Bridge Rest Home, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 8 September 2021 to 9 September 2021 where it was found assessment and planning processes, specifically in relation to skin integrity and wound management, were not effective to inform delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* All wounds are reviewed and audited monthly; this will continue into January 2022 to ensure staff are reviewing and managing wounds in accordance with the service’s policy. Audits sampled for October and November 2021 demonstrated actions have been implemented where deficits are identified.
* Updated the wound care and management policy to include guidance on how to document evaluation and status of wounds, and frequency of wound photographs.
* Clinical and care staff completed an online learning module relating wound care and skin tears.
* Clinical staff completed an online training module relating to wound assessment, photography and management.
* Pain charting currently links directly with the electronic clinical management system which has improved the ability of staff to monitor and review pain.
* An information sheet has been provided to all staff relating to skin integrity and skin tears.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers sampled confirmed they have input into the care planning process, including on entry and at regular intervals. Representatives sampled confirmed they are consulted in relation to assessment and changes in consumers’ care planning, including where circumstances impact the care and services provided.
* Care files sampled demonstrated assessment processes consider risks to consumers’ health and well-being and informs the delivery of care and services. A variety of validated risk assessment tools, including in relation to pressure injuries, depression, falls, malnutrition and pain are utilised to support care planning processes, based on consumers’ individual risks.
* Care files sampled demonstrated charting and assessments had been initiated and care plans updated to support the changing needs of consumers, including in response to falls, changes in skin integrity, behaviours, pain and continence.
* Clinical staff sampled described assessment and planning processes and indicated they had ready access to assessment and care planning documentation.
* Monitoring processes are in place to ensure care plans and assessments are reflective of consumers’ current needs, goals and preferences, including daily review of progress notes, incident data analysis and audits.
* The organisation has a suite of policies, procedures and guidelines to support staff to undertake assessment and planning.

For the reasons detailed above, I find Hamley Bridge Aged Care Inc, in relation to Hamley Bridge Rest Home, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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.