Heritage Gardens

Performance Report

325-329 Canterbury Rd
BAYSWATER VIC 3153
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**Commission ID:** 3673

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 22 April 2021

**Date of Performance Report:** 10 June 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | 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.
* the provider’s response to the Assessment Contact - Site report received 13 May 2021.

# STANDARD 3 Personal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall consumers considered that they receive personal care and clinical care that is safe and right for them.

Staff interviews and documentation reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. This includes best practice management of skin integrity, pain, restraint and behaviours to optimise health and well-being.

Staff are, in general, responsive to changes in health and well-being and take timely action with monitoring occurring. Documentation indicates timely identification, monitoring and appropriate care when changes occur.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

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

*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.*

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

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

The Assessment team found that the service did not demonstrate effective assessment and management of a consumer following a medication incident. A consumer with high blood pressure, treated by the use of oral medications and a transdermal patch had a fall. Post fall observations and appropriate referrals to the consumer’s medical practitioner were made, and as the consumer’s blood pressure remained high the consumer was transferred to hospital. At no time was a check conducted to see if the transdermal patch was in place. The consumer was returned to the service later that day and it was noted that the patch was not in place whilst in hospital or on the consumer’s return to the service. Medication charts show the patch was in place on the morning of the fall. A medication incident was not recorded for the missing patch.

The response submitted by the provider states that although the patch was not mentioned by the nursing staff or paramedics it did not mean that it was not in place. A medication incident was intended to be submitted by the Director of Nursing and Registered Nurse, but the Assessment team arrived at the service prior to this occurring. They state the consumer received safe and appropriate care with positive outcomes post fall. All monitoring of the consumer was performed following the incident and the service has established policies and processes regarding the management of falls and incidents.

The service has put measures in place to ensure better monitoring of consumers with medication patches in situ.

Although the blood pressure lowering patch should have been checked after the fall, as the consumer’s blood pressure was high, I do not find that the service did not effectively manage the consumer’s care following the fall. The service provided adequate care and made the required referrals to other allied health professionals including the consumer’s medical practitioner. There were no other instances of this type of incident occurring. On balance I find the service is compliant with this requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall consumers consider that the organisation is well run and that they can partner in improving the delivery of care and services.

High impact and high prevalence clinical risks are proactively identified, monitored and managed. Risk areas are known and addressed in policies and procedures and the workforce operate within these policies and procedures. The service continually monitors risk, and management identified three high prevalent risks:

The service demonstrated components of the risk management system which includes incident reports, hazard forms, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and Board meeting cycles, leading to improvements to care and services for consumers.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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;*

# 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.