Holly Residential Care Centre

Performance Report

16-24 Penneys Hill Road   
HACKHAM SA 5163  
Phone number: 08 8392 6700

**Commission ID:** 6042

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 1 February 2021

**Date of Performance Report:** 25 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 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

The Assessment Team assessed Requirement (3)(b) and (3)(g) in relation to Standard 3 Personal care and clinical care. Based on the Assessment Team report I find the service Compliant with these Requirements. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

Consumers interviewed said they were satisfied the service managed their health risks. Consumers provided examples including how their pain and diabetes is managed and how staff monitor them.

The service demonstrated consumer’s high impact and high prevalence risks are identified, analysed and monitored. Sampled care documents by the Assessment Team showed validated risk tools are used by the service including for pain, falls and pressure injury. Strategies to manage the risks were reflected in the consumer care plans and staff interviewed demonstrated awareness of individual strategies.

Review is completed following clinical incidents and referrals are made to medical and allied health specialists where required for further investigation and support for the consumer. Strategies to minimise consumer risk are implemented and examples were evidenced through include the use of falls prevention equipment and strategies to closely monitor consumers who are identified through review by the multidisciplinary team as having had more than three falls in a month.

Processes are in place to ensure the senior clinical team have oversight of all clinical incidents. Clinical audits, daily review of progress notes and Resident of the Day monthly observations ensure consumers clinical and personal risks are identified and effectively managed.

The Assessment Team found the service was able to demonstrate the minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection. Observation of the environment and staff practice at the assessment contact noted appropriate precautions are being used including hand hygiene, use of personal protective equipment, food handling processes and cleaning.

The service monitors consumer infection through a log which is reviewed and strategies for the management discussed.

The service has implemented practices to promote antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Management advised the Assessment Team anti-microbial stewardship practices are in their infancy and staff interviews demonstrate they are evolving throughout the organisation.

Consumers confirmed they have been kept informed of the strategies in place to manage COVID-19 and feel safe.

Staff have access to policies and processes to guide response to infection control and there is separate information available for staff to access regarding COVID-19.

### 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.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) and (3)(c) in relation to Standard 7 Human resources. Based on the Assessment Team report I find the service Compliant with these Requirements. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found consumers and their representatives interviewed were overall satisfied there were adequate staff and the staff were competent and provided high quality care. The Assessment team did receive some feedback where there are times when care has been interrupted due to staff having to answer a call bell, there can be a short delay in their request for assistance to be answered and there has been missed opportunities to attend an activity due to waiting on assistance with mobility.

Processes are in place to address non-attendance of call bells by care staff which are escalated to the Registered nurse on duty.

Overall staff interviewed said they have adequate time to complete their duties and strategies are in place manage shortages due to short notice leave requirements.

The Assessment Team found the workforce is competent and have the qualifications and knowledge to perform their roles. Consumers and representatives interviewed said they were satisfied staff knew what they were doing. Staff confirmed they are provided ongoing training.

The service has processes in place to monitor training and has identified core competencies for each role.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

# 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

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance. Based on the Assessment Team report I find the service Compliant with this Requirement. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The service demonstrated it has processes in place to ensure effective management of high impact or high prevalence risks associated with the care of consumers. Organisational risk processes ensure monitoring of risks associated with consumers occurs at the service and at organisational level.

Staff have access to policy and procedures to guide the management of high impact and high prevalence risk to consumers including the management of falls, use of restraint, skin integrity, the management of pain behavioural aspects and other aspects of care.

The service demonstrated it has processes to meet its regulatory obligations through evidence of its recording of events requiring compulsory reporting or discretion not to report. The service provides training to staff to understand their obligations and processes to follow should there be actual or suspicion of elder abuse and compulsory reporting requirements.

The service has policies and procedures in place to support consumers to live their best life. Consumers are able to discuss their preferences including where there may be an aspect of risk and strategies identified and agreed to manage the preference.

## 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;*
3. *supporting consumers to live the best life they can.*

# 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.