Huon Eldercare

Performance Report

3278 Huon Highway   
FRANKLIN TAS 7113  
Phone number: 03 6264 7100

**Commission ID:** 8002

**Provider name:** Huon Regional Care

**Assessment Contact - Site date:** 7 June 2021

**Date of Performance Report:**1 July 2021

# 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)(b) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The focus of this Assessment Contact was to assess compliance in relation to Standard 2 Requirement (3)(b).

To understand the consumer’s experience and how the organisation understands and applies this requirement within the Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about their current needs, goals and preferences, and interviewing staff about how they use care planning documents.

Consumers interviewed are satisfied they are involved in the ongoing assessment and planning of their care and services.

Documents reflect consumers are assessed, and care plans are developed to support the goals and preferences of consumers. The service has a suite of policies and processes to assist with identifying each consumer’s individual end of life wishes.

Staff described what is important to consumers in terms of how their personal and clinical care is delivered, including their needs, goals and preferences. Clinical staff attended on end of life care assessment and pain management, bereavement and care planning, effective communication, grief counselling and medication management.

The requirement is compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The focus of this Assessment Contact was to assess compliance in relation to Standard 3 Requirement (3)(a).

To understand the consumer’s experience and how the organisation understands and applies this requirement within the 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 sampled consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives expressed satisfaction with the safe and effective personal and clinical care they receive and are satisfied with skin care, falls management and pain management.
* Consumers and representatives confirmed there is access to medical officers and other health professionals as required.

The service has a suite of polices to guide staff practices to ensure the delivery of care is tailored to their needs. For consumers sampled documentation demonstrated evidence of safe and effective consumer care. Staff demonstrated knowledge in relation to supporting and optimising consumers health and well-being.

The use of chemical and environmental restraint is effectively assessed, monitored and reviewed in consultation with consumers and or representatives. Restraint consent and authorisation forms are completed and reviews now occur every three months.

The requirement is compliant.

### Assessment of Standard 3 Requirements

### 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.*

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The focus of this Assessment Contact was to assess compliance in relation to Standard 8 Requirement (3)(e).

To understand how the organisation understands and applies this requirement within the Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the clinical governance framework.

Management described the service’s clinical governance framework. The framework addresses physical and chemical restraint, antimicrobial stewardship and open disclosure.

Clinical staff demonstrated an understanding of reducing the use of consumer antibiotics. Staff demonstrated an understanding of open disclosure.

The service uses a psychotropic self-assessment register for recording and monitoring the use of psychotropic medications prescribed for consumers. Management demonstrated improvements to the register to ensure all aspects of monitoring and review are undertaken.

Clinical staff said both the service and the pharmacist regularly reviews the use of consumer psychotropic medication and they look for alternative ways in which to support consumers. Training records confirm that staff completed restraint training in March and April 2021.

The requirement is assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.