Performance

Report

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| Name: | Abbey House Aged Care |
| Commission ID: | 2610 |
| Address: | 300 Range Road, MITTAGONG, New South Wales, 2575 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 July 2024 to 31 July 2024 |
| Performance report date: | 4 September 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 978 Abbey House Aged Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Abbey House Aged Care (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* Performance Report dated 30 November 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Other relevant matters:

The service is situated in Mittagong, NSW surrounded by bushland. There are currently 140 consumers residing in four units including a memory support unit.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

Requirement 2(3)(a) - a decision of non-compliance made on 30 November 2023 followed an assessment contact on 4 October 2023 to 5 October 2023. At an assessment contact on 30 July 2024 to 31 July 2024 the provider supplied a plan for continuous improvement (PCI), detailing improvement strategies and progress to address the identified non-compliance. Actions include communication of nutritional assessments, evaluation of strategies relating to pressure injuries during ‘resident of the day’ review, completing regular monitoring/gathering of data relating to weight loss, behaviour support and restrictive practices, review pharmacy reports relating to changed medications and review medications as a strategy to minimise falls.

Assessment and planning incorporate use of validated assessment tools to identify risks and inform care. Input is sought from external services, organisations, specialists, and medical officers in development of individualised documented care plans including strategies to reduce/mitigate risk. Demonstrated examples include management of changed behavioural needs and unintended weight loss. A review of sampled consumers documents detail behaviour support plans (BSP), dietitian directives and regular monitoring/recording to enable evaluation of effectiveness and/or need for further review. Clinical and care staff demonstrate knowledge of consumers individual needs. A process ensures documented informed consent prior to administration of psychotropic medications. Staff were observed providing support as per directives. Management and staff detailed various assessment and monitoring systems to ensure consideration of risks and documents detail initial assessment/interim care plans exist. Documents relating to consumers returning from hospital detail completed assessments regarding changed needs/increased acuity.

Requirement 2(3)(e) - a decision of non-compliance made on 30 November 2023 followed an assessment contact on 4 October 2023 to 5 October 2023. At an assessment contact on 30 July 2024 to 31 July 2024 the provider supplied a PCI, detailing improvement strategies and progress to address the identified non-compliance. Actions include provision of education to clinical staff regarding care plan documentation and completion of regular monitoring/data gathering relating to BSPs.

An effective process ensures assessment/planning occurs on a regular basis and when circumstances change/risks are identified. Management and lifestyle staff note regular review, including by clinical team via the ‘consumer of the day’ program. Documents for sampled consumers demonstrate review by a speech pathologist when staff identified swallowing difficulties resulting in changed meal consistency. The assessment team observed meal consistency not as per directives for one consumer, to which management immediately responded advising further staff training to occur. Another consumer’s care needs increased due to experiencing a fall, plus unplanned weight loss resulted in medical officer/dietitian review and directives for meal supplements. Monitoring records demonstrate regular recording of weight and fluid intake. Review of care planning documents detail appropriate response to incidents and risks, plus an ongoing monitoring process to ensure currency/alignment with consumers’ needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement 3(3)(a) - a decision of non-compliance made on 30 November 2023 followed an assessment contact on 4 October 2023 to 5 October 2023. At an assessment contact on 30 July 2024 to 31 July 2024 the provider supplied a PCI, detailing improvement strategies and progress to address the identified non-compliance. Actions include monitoring and data collection by Management to ensure best practice clinical care/oversight of clinical practices, provision of staff education/training, regular meeting forums to discuss clinical data.

The service demonstrates effective personal/clinical care tailored to consumer’s needs. Sampled consumers/representatives’ express satisfaction with delivery and outcomes of care and services. Documents demonstrate individualised care regularly monitored to ensure needs are met. Observations demonstrate care/services delivered by staff who have an awareness of consumers’ needs and display skills to ensure care aligns to best practice and delivered as per directives. Consumers/representatives gave positive feedback on personal care delivery. Regular review occurs as a component of ‘resident of the day’ program and/or when changes occur. Reviews result in care conference discussion to communicate changes with those responsible for care delivery. Consumers and representatives consider they receive regular communication/information when incidents and/or changes impact care delivery. Examples include hygiene preferences, continence management and pressure injury preventative care. Staff advise consumer preferences are recorded to ensure consistency in meeting needs. A process ensures blood glucose level (BGL) monitoring and management strategies are adhered to. For example, one consumer’s documents detail BGL monitoring recorded and a diabetic management plan to guide staff if BGL’s are out of medical officer specified range. The assessment team reviewed diabetic management plans for 3 consumers demonstrating care delivered as per directives. A process ensures regular weight monitoring for consumers who consent to having weight recorded. Documents detail consumers who are identified with unplanned weight loss, strategies, reviews, and care conference discussions occur. Effective management of complex care such as oxygen and catheter care is evident. Review of documentation for 2 consumers demonstrates regular registered nurse review of oxygen saturation levels and vital observations for consumers receiving palliative/end of life care, plus repositioning for comfort care. Consumers/representatives express satisfaction with care and confidence staff provide optimal comfort. Documents for one consumer demonstrate regularly monitoring to ensure effectiveness of complex catheter care. Policies and procedures reference best practice guidelines to support staff. Management monitor processes to ensure care is tailored/aligns to the consumers’ needs.

Requirement 3(3)(b) - a decision of non-compliance made on 30 November 2023 followed an assessment contact on 4 October 2023 to 5 October 2023. At an assessment contact on 30 July 2024 to 31 July 2024 the provider supplied a PCI, detailing improvement strategies and progress to address the identified non-compliance. Actions include monthly leadership/quality team meetings to discuss/address high impact/prevalence risks, deputy director of nursing (DDON) and pharmacy representative review psychotropic medications for effectiveness/appropriateness; outcomes discussed at Medication Advisory Committee meeting; regular review of incidents to ensure appropriate management/mitigation strategies. The service demonstrates effective management of high impact/prevalence risks. Management advised the service identifies falls, skin integrity (wound and pressure injuries), and restrictive practices (changed behaviours) as risks. Consumers and representatives gave positive feedback relating to care, and staff demonstrate knowledge of risks and mitigation strategies. Observation and document demonstrate effective management of falls, behaviour support, management of restrictive practices, skin integrity, wound and pain management.

Documents demonstrate active monitoring/recording clinical risks in relation to falls management and supporting consumers to maintain quality of life. Examples include for one consumer identified at risk of experiencing falls, completion of risk assessments and mitigation strategies. Consumer’s choice in maintaining independence is acknowledged and supported. Consumers consider they receive appropriate support/care in relation to identified risks. One consumer’s documents demonstrate preventative equipment and management strategies in relation risk of falls due to administration of Parkinson medication.

Systems ensure regular review of restrictive practices and risks to support of behaviour management. Sampled consumers/representatives’ express satisfaction with safe/effective care. One consumer’s documents demonstrate implementation and evaluation of strategies recommended by Dementia Services Australia. The assessment team observed staff supporting consumers as per directives. Medical officer review occurred due to staff identification of unplanned weight loss. Another consumer’s file details strategies to support psychotropic medication use is regularly reviewed for effectiveness. Staff have received training relative to consumer’s specific needs. Documents detail current authorisations in relation to informed consent and BSPs to guide care delivery.

Consumers living with wounds/pressure injuries and pain receive appropriate care aligned with care directives and as per best practice. Consumers consider pain management is appropriate. For one consumer living with a chronic wound requiring cytotoxic medication, documents detail regular skin integrity/wound review, dressings changed as per directives and pressure injury preventative measures. For another consumer experiencing pain due to a skin condition, documents guide staff in relation to skin care, and demonstrate regular monitoring/assessment of pain during personal care and treatments. Documents for 5 consumers requiring catheter care, detail regular pain assessment/management is reviewed for effectiveness.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)