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: | 4 October 2023 to 5 October 2023 |
| Performance report date: | 30 November 2023 |
| 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 Therese Solomon, 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.
* the provider’s response to the assessment team’s report received 6 November 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a)

* Ensure 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.
* Ensure all required assessments are completed in a timely manner to identify risks to consumers health and wellbeing and to inform the delivery of safe and effective care and services, specifically related to falls management, behaviour management and unplanned weight loss.

Requirement 2(3)(e)

* Ensure care and service plans are appropriately updated after reviews, including when circumstances change, or incidents occur.

Requirement 3(3)(a)

* Ensure consumers are receiving safe and best-practice care that is tailored to their needs and optimises their health and well-being, specifically related to pressure injuries, pain management, falls management, unplanned weight loss and restrictive practices.

Requirement 3(3)(b)

* Ensure the effective management of high impact or high prevalence risk associated with the care of each consumer, specifically in relation to falls management, behaviour management and weight management.

# 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. | Not 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. | Not Compliant |

Findings

Assessment and planning processes do not always include consideration of risks to the consumer’s health and well-being or inform the delivery of safe and effective care and services. The Assessment Team identified deficiencies in relation to assessment of risks associated with pressure injuries, restrictive practices, falls prevention, unplanned weight loss and behaviour support needs.

The Assessment Team identified that assessment and planning processes do not consistently identify and respond to risks in relation to unintended weight loss in a timely manner. Assessment and planning processes captured minimal information regarding consumer behaviours, and the process have not resulted in the development of comprehensive and holistic approach to respond to the behaviours.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(a) is found Non-compliant.

The service generally completes a review of care and services when circumstances change, however, the care plan reviews do not always include relevant changes or provide sufficient information to guide staff in providing care to consumers. Care plans do not consistently capture current consumer risks, needs and behaviours, or strategies to manage the identified behaviours.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(e) is found Non-compliant.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |

Findings

The Assessment Team identified deficiencies in relation to the prevention, early identification, and management of pressure injuries. Deficiencies were also identified in relation to pain management and the management of restrictive practices, in particular the use of chemical restraint.

The service did not demonstrate effective management and prevention in relation to pressure injuries. Pressure injuries are not identified in a timely manner, and effective measures are not consistently undertaken to prevent deterioration of pressure injuries and support healing. Incident reports for pressure injuries did not consistently include investigation of contributing factors beyond the consumer’s clinical condition, and no investigation to identify the delayed identification of pressure injuries.

The service did not demonstrate effective management of restrictive practices, particularly in relation to chemical restraint. The Assessment Team identified deficiencies in the identification of chemical restraint, alternative options available to manage the changing behaviours and adequate documentation in the behaviour support plan.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

The service did not demonstrate the effective management of high-impact or high-prevalence risks associated with the care of each consumer. The service has not implemented a robust incident investigation system that ensures comprehensive investigation to identify factors contributing to incidents and effective measures to prevent ongoing incidents from occurring.

Deficiencies were identified in the management of ongoing weight loss, behaviour support practices and falls management.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Non-compliant.

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)