Performance

Report

**1800 951 822**

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| Name of service: | Edenfield Family Care - Parafield Gardens |
| Service address: | 20-36 Gardenia Drive PARAFIELD GARDENS SA 5107 |
| Commission ID: | 6142 |
| Approved provider: | El-Jasbella Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 September 2022 |
| Performance report date: | 27 September 2022 |

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 Edenfield Family Care - Parafield Gardens (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the 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 consumers, representatives, staff and management;
* the provider’s response to the Assessment Team’s report received 9 September 2022 they accept the report and a response will not be submitted; and
* a Performance Report dated 17 May 2022 for a Site Audit undertaken from 11 March 2022 to 24 March 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 (3)(e) was found Non-compliant following a Site Audit undertaken from 22 March 2022 to 24 March 2022 where it was found the service was not able to demonstrate care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer, specifically in relation to behaviours and wound management. The Assessment Team’s report provided evidence of actions taken to address deficiencies, including, but not limited to:

* Wound documentation is monitored, with wounds attended by Registered nurses, guided by an on-site Wound nurse. An external contractor is available where additional expertise is required.
* An audit dated September 2022 confirmed wound management had been undertaken in line with the wound care policy, with the majority of wounds healing well or resolved.
* Wounds and behaviours are included on the weekly high-risk report and discussed at weekly clinical risk meetings.

At the Assessment Contact, care files sampled demonstrated care and services are reviewed on a regular and ongoing basis, including following incidents, such as falls and changes to skin integrity. Wound charts demonstrated attendance of wounds, photographs and wound measurements in alignment with the policy and wound care directives; Behaviour support plans had been updated following new and changed behaviours; and incident reports had been completed following behaviours impacting on others, falls and skin changes with appropriate reviews, referrals and observations documented in response. One consumer confirmed staff regularly review pressure injuries in conjunction with hospital specialists and their care plan has been updated to reflect new management strategies. Two representatives confirmed consultation and notification of incidents and advised new interventions had been trialled and implemented.

For the reasons detailed above, I find Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirement (3)(d) was found Non-compliant following a Site Audit undertaken from 22 March 2022 to 24 March 2022 where it was found effective risk management systems and practices, specifically in relation to identifying and responding to abuse and neglect, managing and preventing incidents and managing high impact or high prevalence risks were not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies, including, but not limited to, updated the organisational Governance and risk management framework and related policies and procedures; implemented Risk identification analysis management software to better identify and monitor high risk consumers and deterioration; and provided training to staff relating to incident management and the Serious Incident Response Scheme (SIRS).

At the Assessment Contact, effective and comprehensive risk management systems and processes were demonstrated. Clinical trends are identified and analysed through weekly clinical high-risk reports and discussed at relevant meeting forums. Deficiencies in care and action plans are identified through scheduled clinical audits and published in quality audit reports.

Incident and SIRS reports and associated investigations are completed appropriately and SIRS reports sampled had been reported in accordance with legislative timeframes. Feedback regarding allegations of abuse and neglect are monitored, responded to and incorporated into incident and SIRS reports, as appropriate. Staff described incident reporting processes and confirmed completion of mandatory training relating to elder abuse.

Consumers confirmed they are supported through the activity program, meal service and risk assessment process to live their best life.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance Compliant.

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