Performance

Report

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| Name: | GraniteHill Aged Care |
| Commission ID: | 4354 |
| Address: | 36 Kennedy Street, EUROA, Victoria, 3666 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 1637 Euroa Health Inc  Service: 2873 GraniteHill 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 GraniteHill Aged Care (**the service**) has been prepared by V Plummer, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7 Human resources** | **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 3

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

Findings

Consumers and representatives provided positive feedback in relation to the clinical care the consumer receives and said known risks of consumers were managed effectively. Care planning documentation evidenced high impact, high prevalence risks were identified, assessed, and monitored with strategies in place for falls management, restrictive practices, skin and wound care, and other specialised care needs. Staff were able to describe the individual consumers’ risks and described strategies in place to manage and minimise those risks.

Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical needs. Communications demonstrated that the service informs staff on new or changes practices to assess and manage high impact or high prevalence risks to consumers safety, health and well-being.

Interviews with management and review of service documentation, including incident management records, demonstrated effective management of high impact and high prevalence consumer risks. Additionally, a review of the service’s policies and procedures in relation to complex care needs for consumers identified high impact, high prevalence risks are documented to guide staff in the delivery of care. For example, behaviour support plans were individualised with alternative strategies in place to support consumers and provide guidance for staff prior to the administration of chemical restrictive practice.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided in the assessment contact report, including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumers care and services and said their care needs are being met in a timely manner. They said staff are knowledgeable in providing consumers’ individualised care and clinical needs. Documentation demonstrated the service has systems in place to regularly review the delivery and management of safe, quality care and services.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals are engaged at the service in addition to the medication competent care staff.

In relation to the workforce responsibilities, including, 24 hours a day, 7 days a week registered nurse requirement and mandatory care minutes, there are registered nurses rostered on-site and on duty for most shifts, however, a review of the service’s roster, interviews with staff and management identified the service is not currently meeting its mandatory care minute targets for both total and registered nurse minutes. Management described strategies to meet the mandatory care minute targets, including, utilising labour hire staff to fill any unfilled shifts if needed and utilising senior nursing staff in the provision of consumer care. The service is utilising a mix of registered staff and care staff (both permanent and casual) across the service, 24 hours a day, 7 days a week and is co-located with the acute hospital, with registered nurses available to assist with consumer clinical care if needed. The service continues to recruit additional registered nurses and care staff and have recruited 4 additional registered nurses in the last 12 months.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The clinical governance system covered a range of clinical topics including specialised clinical care, falls, pressure injuries, restrictive practices, medication incidents, and serious incident reporting. The services clinical governance framework has policies and procedures on high impact and high prevalence risk, including specialised nursing care, palliative care, clinical deterioration flowchart, recognising and responding to clinical deterioration and risk management framework. Records show the organisation has a systematic approach to clinical auditing and data analysis which supports improvements in clinical care, with clinical oversight from the governing body.

Staff have received recent education on clinical care, including minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong. Staff confirmed they had been educated about the policies and were able to provide examples of the relevance to their work.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high-impact and high-prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

It is my decision Requirement 8(3)(e) is 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)