Performance

Report

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| Name of service: | GraniteHill Aged Care |
| Service address: | 36 Kennedy Street EUROA VIC 3666 |
| Commission ID: | 4354 |
| Approved provider: | Euroa Health Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 March 2023 |
| Performance report date: | 6 April 2023 |

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 Stephens, 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 - 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.
* the provider’s response to the assessment team’s report received on 21 March 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **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

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:

* Implement and embed new processes to ensure care documentation is updated in relation to monitoring clinical risks.

# 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. | Non-compliant |
| Requirement 2(3)(b) | 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. | 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

The service was previously found non-compliant with Requirement 2(3)(a) after a site audit in April 2022, as the service did not demonstrate consistent documentation between care plans and progress notes. In addition, following changes in consumer circumstances, clinical assessments were not completed in accordance with the organisation’s policies and procedures.

The service has implemented a range of improvements in response to the deficits previously identified including staff training, appointment of an external wound consultant and introducing processes to ensure daily review of progress notes. However, these measures have not resulted in consistent improvement in Requirement 2(3)(a). Assessors recommended Requirement 2(3)(e) continues to be not met as the service did not consistently demonstrate that monitoring risks associated with falls, pain management, skin care, medication management and specialised clinical care occurs. For example:

* For two sampled consumers who experienced unwitnessed falls, there is no documentation demonstrating pain charting and assessment occurred post-fall, nor were risks associated with the use of an anticoagulant reflected in the incident report or progress notes for one of these consumers.
* For another consumer experiencing pain, pain management strategies were only reflected in their behaviour support plan which was not incorporated into the electronic care system and pain charting was not completed after the consumer reported discomfort.
* Staff were unaware of clinical requirements pertaining to the medications of three sampled consumers.

In its response to the site audit report, the approved provider submits they are proud of the significant achievements they have maintained since April 2022 and in relation to deficits identified in this requirement, have updated the service’s Plan for Continuous Improvement and will work through reviews of documentation processes, staff education, regular audits and implementing a new roster structure which will provide additional time for completing care planning documentation.

While I note the continuous improvement activities planned by the service, many are yet to be implemented. Accordingly, I find the service non-compliant with Requirement 2(3)(a).

The service was previously found non-compliant with Requirement 2(3)(b) after a site audit in April 2022, as sampled care plans were not always tailored to individual needs and contained generic personal goals and care strategies. In addition, the service did not demonstrate assessment and planning identified the current needs of consumers. The service has implemented a range of improvements in response to the deficits previously identified including engaging an external palliative care service and providing staff training.

Assessors recommend that this requirement is now met as all consumers sampled for this requirement have an advance care plan or end of life care directive documented. Sampled clinical care staff could identify referral processes both within the service and to external providers and demonstrated how they access advance care directives. Accordingly, I find the service compliant with Requirement 2(3)(b).

The service was previously found non-compliant with Requirement 2(3)(e) after a site audit in April 2022, as the service was unable to demonstrate that changes to consumer care needs are effectively documented and reviewed to ensure current care strategies meet consumer needs. The service has implemented a range of improvements in response to the deficits previously identified including enhancing clinical oversight.

Assessors recommended that this requirement is now met as a review of sampled care documentation demonstrated that consumer needs are regularly reviewed when incidents or changes occur. Accordingly, I find the service compliant with Requirement 2(3)(e).

# 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 |

Findings

The service was previously found non-compliant with Requirement 3(3)(a) after a site audit in April 2022, as consumers living with pain and wounds did not receive personal care tailored to their individual needs. The service has implemented a range of improvements in response to the deficits previously identified including enhanced clinical oversight and providing staff training on wounds and pain management.

Assessors recommended that this requirement is now met as interviews, observations, and file review for sampled consumers demonstrate that best practice principles in relation to wound and pain management have been implemented. In addition, the service is using validated assessment tools for pain, falls management, and wound care. Accordingly, I find the service compliant with Requirement 3(3)(a).

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)