Performance

Report

**1800 951 822**

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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: | 3 August 2023 |
| Performance report date: | 8 September 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 L Malone, 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 22 August 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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)(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 |

Findings

The service was previously found Non-compliant in this Requirement due to deficits assessment and care planning in relation medication, falls, pain and wound management.

The Assessment Contact – Site report dated 3 August 2023 presents evidence of actions undertaken by the approved provider to address the issues of non-compliance such as the development of guidance materials, regular nursing and specialist reviews of care, and education. The Assessment Team found the service had improved processes in relation to assessment and care planning for consumers with wounds and in the consideration and documentation of risks related to medication management. The Assessment Team found examples where post-falls monitoring, pain assessment and communications of care directives were not documented, and recommended this Requirement as not met.

I have considered the evidence presented in the Assessment Contact - Site report and am not satisfied it demonstrates risks to the consumer wellbeing are not considered in assessment and care planning, or that care is not safe and effective. I am persuaded by other evidence in the Assessment Contact - Site report of documentation in line with the expected practice, and evidence demonstrating assessment and care planning considers risks such as falls, and appropriate strategies to manage risks observed in place for consumers. In coming to my decision, I have also considered evidence in the Assessment Contact – Site report of consumers and representatives’ satisfaction with care and no evidence of adverse impact on consumer wellbeing.

I am further persuaded by the approved provider’s response on 22 August 2023 which provides details of relevant actions implemented at the time of decision to address the documentation issues raised in the Assessment Contact – Site report.

I have considered the evidence and have come to a different view to the Assessment Team. I find this Requirement 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)