Performance

Report

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| Name of service: | Grenoch Home |
| Service address: | 7 East Barrack St DELORAINE TAS 7304 |
| Commission ID: | 8808 |
| Approved provider: | Aged Care Deloraine Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 September 2023 |
| Performance report date: | 24 October 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 Grenoch Home (**the service**) has been prepared by D. Fekonja 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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)(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

Consumers are satisfied with the personal and clinical care received at the service. Staff demonstrate knowledge of individual consumer’s personal and clinical care needs with the management of pain, wounds, skin integrity and restrictive practice in accordance with best practice.

Restrictive practices in place at the service include chemical, mechanical and environmental restraint. The service ensures all are used as a last resort and the restrictive practices register documents the individualised intervention strategies in place to minimise the use of the restraint. Behaviour support plans are in place and consumers prescribed psychotropic medications are reviewed 3 monthly by the clinical care coordinator and pharmacist, with a view to reduce or cease psychotropic medications as appropriate. All consumers have documented informed authorisation for their restrictive practice and all restrictive practices are reviewed regularly.

In relation to skin integrity and wound care, wound charts with appropriate metrics and photographs are evident for all active wounds including chronic wounds, pressure injuries, skin tears, abrasions and bruises. There were some inconsistencies with the recording of repositioning which were communicated to management, however these did not result in a negative impact for consumers.

The service uses validated assessment tools to assess verbal and nonverbal response to pain and pharmacological and non-pharmacological interventions to manage consumer pain.

Based on the information provided and summarised above, I am satisfied the service is compliant with Requirement 3(3)(a).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers are satisfied action is taken to resolve issues when they are raised at the service, and consumers and staff feel confident management would respond appropriately to resolve issues should things go wrong. One instance where consumers had a complaint in relation to food was provided as an example of the service taking action to resolve a complaint. Staff stated not many complaints are received at the service but understand the concept of open disclosure.

The service has not held a residents and relatives meeting recently due to illness and staff absence, but this will be re-established, however, this has not impacted consumers in providing feedback. Consumers and staff are confident raising complaints as they supported by the service in doing so.

Based on the information provided and summarised above, I am satisfied the service is compliant with Requirement 6(3)(c).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The organisation has recruitment, onboarding and orientation processes in place. Annual mandatory training is required and is based on staff roles, to ensure that staff are equipped to deliver safe and effective care and services to consumers. Newly recruited staff undertake orientation including the completion of mandatory training and buddy shifts until they are comfortable in performing the duties of the role.

Staff are given 8 weeks to complete their mandatory training and all staff except for 3 have completed their mandatory training. Staff that do not complete mandatory training within the required time frame are stood down.

Consumer feedback and performance reviews are used to identify training needs. Recent consumer complaints relating to communication has resulted in people and culture staff sourcing training that will be delivered in this area in the next month. Feedback from staff and performance reviews are also taken into consideration in structuring the training needs of staff.

Based on the information provided and summarised above, I am satisfied the service is compliant with Requirement 7(3)(d).

# 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

The organisation has frameworks, policies and procedures in place to support the management of high impact and high prevalence risks and the recording of and response to incidents. The Assessment Team confirmed these procedures and policies are being utilised and understood by staff in relation to reportable and non-reportable incidents. Staff have received training in relation to the Serious Incident Reporting Scheme (SIRS) and were able to describe their reporting responsibilities and duty of care based on their position.

Consumers are supported to take risks and live the best life they can by the service working in partnership with the consumer and/or their representative to ensure they understand the risks involved and have a dignity of risk form completed.

Based on the information provided and summarised above, I am satisfied the service is compliant with Requirement 8(3)(d).

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)