Performance

Report

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| Name: | Hahndorf Residential Care Services |
| Commission ID: | 6937 |
| Address: | 1A Main Street, HAHNDORF, South Australia, 5245 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2024 |
| Performance report date: | 30 October 2024 |
| Service included in this assessment: | Provider: 2979 Hahndorf Holdings Pty Ltd  Service: 4346 Hahndorf Residential Care Services |

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 Hahndorf Residential Care Services (**the service**) has been prepared by M Dubovinsky, 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; and
* the provider’s response to the assessment team’s report received 16 October 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 8** Organisational governance | **Not fully 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.

**Standard 3 Requirement (3)(b)**

* Review processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer including for consumers with pain. Where pain is identified including for consumers with significant pain, that pain is effectively monitored to support optimal management and for the consumer to be as free from pain as possible.
* Ensure staff practice is monitored, consistent with policies and procedures to support effective management of high impact or high prevalence risks associated with the care of each consumer and specifically in relation to consumers experiencing pain.

# 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)**

The assessment team recommended requirement (3)(e) not met. The service did not demonstrate for one consumer their wound was effectively reviewed following deterioration and for another consumer their fluid restriction was effectively reviewed and managed. The assessment team’s report also included evidence of the service demonstrating aspects of the requirement, including undertaking reassessment following incidents and for consumers in relation to pain and weight management. The following evidence was considered relevant to my finding:

Consumer A

* The consumer was reviewed by a wound care specialist on two occasions within the last six months, with a recent review approximately one month prior to the assessment contact, however a further review has not been undertaken following a recent wound deterioration.
* The consumer’s continence assessment and toileting assessment were generic and did not provide sufficient guidance to support effective management in the context of the wound.
* The recent skin assessment outlined a range of strategies to support the wound, however this assessment was not updated to reflect effective continence management.
* Care documentation showed the wound to be progressively deteriorating especially within the last week.

Consumer B

* The consumer is on a fluid restriction however care documentation showed this was inconsistently completed impacting staffs’ ability to effectively evaluate the fluid intake chart.

The provider refuted the assessment team’s findings and provided a range of supporting documentation. The following evidence was considered relevant to my finding;

Consumer A

* Provided copies of wound charts, reviews by wound specialists, records of skin assessments and progress note excerpts, and assert the consumer’s wound was effectively managed and monitored. The provider recognised the consumer’s wound and associated skin integrity fluctuated with a recent deterioration which was noted by clinical staff in the progress notes. A review was undertaken by a wound specialist following the assessment contact and there were no new changes with the treatment plan being unchanged. The provider asserts the assessments were not generic and were tailored to the consumer.

Consumer B

* The provider acknowledged the consumer’s fluid restriction documentation was not consistently completed. However, the consumer has no cognitive impairment and has lived with the fluid restriction for a significant length of time. Evidence of a subsequent review was undertaken by the medical officer and the restriction was ceased. The provider’s response included evidence of a plan for continuous improvement to review all consumers on fluid restriction with relevant instructions and plans completed.

Based on the assessment team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate 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. In relation to Consumer A, I am satisfied the consumer’s wound was being reviewed as evidenced by the multiple reviews by a wound specialist and subsequent review after the assessment contact where no changes were recommended to the current treatment regime. I have also noted the range of documentation provided which supports my view the consumer’s skin integrity and wound were being effectively reviewed and in particular I noted the skin integrity assessment which outlined the consumer’s wound and relevant comprehensive strategies. In relation to Consumer B, I have noted the consumer’s fluid intake charting was not being consistently recorded, however I am satisfied the service’s planned improvement for all consumers will address this deficit. I have also noted the fluid restriction documentation has since been reviewed and ceased for Consumer B. Finally, I have also noted for other consumers effective review processes specifically in relation to weight management.

Accordingly, I find the provider, in relation to the service, compliant with requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Not Compliant |

Findings

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met. The service did not demonstrate effective management of high impact or high prevalence risks for one consumer and risks associated with pain. The assessment team’s report also included evidence of the service demonstrating aspects of the requirement relating to diabetes, changed behaviours and pressure area care; however, for one consumer their repositioning interventions were not consistently recorded. The following evidence was considered relevant to my finding:

Consumer B

* The consumer expressed dissatisfaction with how their pain was being managed, although confirmed being reviewed recently by their medical officer with a recent increase in pain relieving medication.
* Documentation did not show the consumer’s pain-relieving medication was being consistently administered as part of the consumer’s wound management regime despite the wound management plan identifying analgesia to be provided prior to the wound dressing change. Clinical staff advised the consumer often refuses pain relieving medication.
* Documentation showed a pain monitoring chart was commenced following the recent increase in pain management analgesia.

Consumer A

* The consumer’s care documentation outlines the consumer requires regular pressure area care to support wound healing; however, care documentation showed repositioning was not consistently documented in the activities of daily living chart. Staff were able to describe the repositioning requirements.

The provider refuted the assessment team’s finding’s and provided a range of supporting documentation. The following evidence was considered relevant to my finding;

Consumer B

* The provider assert’s the consumer was administered as required pain relief medication prior to each dressing change and provided a record of wound charting and wound administration records.
* Provided a copy of a wound specialist recommendation which outlined a range of strategies including the focus being pain management, with two similar treatment regimens; ensuring adequate analgesia 30 minutes prior to dressing changes as needed, and administering analgesia 30 minutes before wound care.
* The consumer has decision making capacity, has a right to decline as required medications and it is not standard practice to document refusal of as required medications.

Consumer A

* The activities of daily living chart is used to monitor the provision activities of daily living and not repositioning interventions. Provided evidence of the internal policy and procedure and stated repositioning is to occur twice each shift and overnight if awake.

Based on the assessment team’s report and provider’s response, I find the service did not demonstrate effective management of Consumer B’s high-impact risks associated with pain. Whilst the provider asserted the consumer’s pain was being effectively managed, with analgesia being administered on each occasion of the dressing change, the medication administration report provided did not show as required medications were consistently administered when compared with the wound treatment records. In addition, whilst I acknowledge the proactive nature in undertaking a wound specialist review to support effective assessment and management, I have noted the recommendations made specifically relating to ensuring analgesia 30 min prior and as needed were not consistently followed. I have also considered the feedback from the consumer expressing dissatisfaction with their pain management and further evidence to support the consumer’s pain was being effectively monitored to support optimal pain management was not demonstrated.

In relation to Consumer B and staff not documenting repositioning requirements, I accept the internal process is for staff to document hygiene and grooming in the activities of daily living chart as opposed to repositioning interventions.

Whilst the assessment team outlined evidence for consumers having their diabetes and changed behaviours managed. I have considered the intent of the requirement being each consumer, and I am satisfied Consumer B’s pain was not effectively managed and monitored.

Accordingly, I find the provider, in relation to the service, non-compliant with requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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)**

The assessment team recommended requirement (3)(d) met. The service demonstrated effective risk management systems and practices*.* Policies and procedures support the organisation’s management of risk. In relation to managing high impact or high prevalence risks associated with the care of consumers. The service has a high risk consumer register with regular reviews at organisational meetings with organisational oversight. Monthly clinical governance meetings include discussion on clinical indicators, clinical risks and the high-risk register. In relation to identifying and responding to abuse and neglect of consumers, documentation viewed, and clinical and care staff confirmed they have received training on elder abuse and neglect. In relation to supporting consumers to live the best life they can, care and clinical staff were knowledgeable of consumers’ risks to support them to live their best life which was supported through policies and procedures. In relation to managing and preventing incidents, including the use of an incident management the service records, analyses and investigates consumer incidents which are reflected in the incident register. Incidents are discussed at various meetings which include clinical governance and board meetings.

Based on the assessment team’s report, I find the provider, in relation to the service, compliant with requirement (3)(d) in Standard 8 Organisational governance.

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)