Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Hahndorf Residential Care Services |
| Service address: | 1A Main Street, HAHNDORF SA 5245 |
| Commission ID: | 6937 |
| Approved provider: | Hahndorf Holdings Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 September 2022 |
| Performance report date: | 27 September 2022 |

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 Glenn, 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.

# 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider did not submit a response to the Assessment Team’s report; and
* a Performance Report dated 11 October 2021 for a Site Audit undertaken from 9 August 2021 to 12 August 2021.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **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

|  |  |  |
| --- | --- | --- |
| 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) was found Non-compliant following a Site Audit undertaken from 9 August 2021 to 12 August 2021 where it was found care and services were not consistently reviewed regularly for effectiveness, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer, or in line with the service’s policies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided workshops for clinical and care staff on change in condition, monitoring, charting, assessment and care planning, clinical risk, and documentation.
* Developed cheat sheets for care planning processes to provide additional guidance.
* Reviewed all assessments and care plans with ongoing monitoring and auditing undertaken to confirm improvements in documentation.
* Conducting daily reviews of progress notes and charting with daily discussions with clinical staff of identified changes and required actions.

At the Assessment Contact, the Assessment Team were satisfied there are systems and processes for the ongoing monitoring and review of care and services, including daily review of progress notes, care plan reviews, care plan consultations and incident reporting and review. Staff described when consumers’ assessments and care plans are reviewed, including when there are changes to a consumer’s needs, through the four monthly review. A sample of three care files demonstrated care and services had been reviewed in response to weight loss, wounds and behaviours. Consumers and representatives confirmed staff consult with consumers to ensure care and services provided continue to meet their needs and preferences, and care and services are reviewed and adjusted as consumer needs change and in response to incidents.

For the reasons detailed above, I find Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team found assessments and incidents are used to identify consumers with high impact or high prevalence risks, and tailored management strategies are included in care plans with goals of reducing frequency or likelihood of harm. A high risk resident list is maintained, which is updated weekly and used to ensure all staff are aware of consumers with significant risk or change, and additional monitoring and documentation is required on each shift for identified consumers. Staff described criteria for inclusion on the high risk resident list, consumers on the current list, and strategies used to manage or minimise risks in alignment with consumers’ care plans. Care files sampled demonstrated appropriate management of risks relating to falls, pain, behaviours and diabetes. However, while staff reported an increase in one consumer’s verbal behaviours, this had not been captured through progress notes or behaviour charting.

For the reasons detailed above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Requirement (3)(f) was found Non-compliant following a Site Audit undertaken from 9 August 2021 to 12 August 2021 where it was found not all consumers were satisfied with the quality of the meal service. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided education to staff relating to improved workflow methods and how to accept, address and escalate feedback in a timely manner.
* Undertaking temperature checks of a sample of meals during each service to ensure meals are served at a safe and appropriate temperature.
* Encouraging feedback from consumers through meeting forums and the introduction of regular food focus surveys and groups.
* Implemented a new menu, developed in consultation with a Dietitian, which is designed to offer consumers more variety and better meet their needs.

At the Assessment Contact, the Assessment Team found meals provided are varied, of suitable quality, quantity and provide nutritional requirements. The majority of consumers said they enjoy the meals, have input into the menu and are supported to provide feedback for meal options. Staff were knowledgeable about consumers’ needs and preferences and described how they seek feedback regarding menu changes. Consumers’ dietary needs and preferences, including allergies, likes and dislikes, are included in care plans and kitchen staff monitor any consumer changes. Meeting minutes and food focus surveys showed consumers were overall satisfied with meals and were continually encouraged to provide feedback. Staff were observed assisting consumers with meals in a respectful manner and ensuring other consumers were directed and supported as needed.

For the reasons detailed above, I find Requirement (3)(f) in Standard 4 Services and supports for daily living 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)