Performance

Report

**1800 951 822**

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| Name of service: | Holly Residential Care Centre |
| Service address: | 16-24 Penneys Hill Road HACKHAM SA 5163 |
| Commission ID: | 6042 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 March 2023 |
| Performance report date: | 18 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 Holly Residential Care Centre (**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 - Site 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

At the Assessment Contact undertaken on the 27 March 2023, the Assessment Team recommended requirements (3)(a) and (3)(g) in Standard 3 Personal care and clinical care met. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

Validated risk assessments are utilised on entry and an ongoing basis to identify consumers’ personal and/or clinical care needs and preferences, with information gathered used to develop individualised care plans aimed at optimising health and well-being. Care files sampled demonstrated provision of effective and appropriate care, including in relation to wound care and behaviour management. Staff demonstrated familiarity with sampled consumers’ personal and clinical care needs and overall, consumers and representatives confirmed consumers’ personal and clinical care needs are attended to and managed competently, including personal hygiene, wound care, palliative care and medication management. Best practice policies and guidelines are reviewed, updated and disseminated by the Clinical governance team and further supported by scheduled audits, weekly operational meetings, monthly clinical indicator reports and fortnightly compliance reports where services within the organisation are compared on performance.

Infection prevention and control measures and antimicrobial stewardship principles are embedded into service care and delivery. All infections are documented, reviewed and analysed each month and care files for two consumes demonstrated appropriate pathology had been undertaken and infection confirmed prior to commencement of antibiotics. Adequate personal protective equipment and cleaning supplies were observed and there are processes to minimise the effects of COVID-19. Staff were aware of their role in the event of an outbreak, have completed mandatory personal protective equipment and handwashing training and were observed practicing good infection prevention techniques. Clinical staff were familiar with antimicrobial stewardship principles and described strategies to minimise the need for antibiotics.

For the reasons detailed above, I find requirements (3)(a) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

At the Assessment Contact undertaken on the 27 March 2023, the Assessment Team recommended requirement (3)(e) in Standard 8 Organisational governance met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

The organisation demonstrated an effective clinical governance framework, inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure, which is supported by policies and procedures to guide staff practice. There are systems for preventing, managing, and facilitating antimicrobial stewardship which are regularly reviewed, reported and communicated through clinical indicators, infection logs, and Medication advisory committee meetings. Staff described strategies to minimise infections and confirmed regular training occurs. The service regularly documents and discusses the various types of restrictive practice at care and clinical meetings. Care and clinical staff were familiar and knowledgeable of restrictive practice terminology, confirmed they had been provided training and were aware of procedural processes. There are processes to ensure restrictive practices are regularly reviewed, with Medical officers contacted to review medications where they have not been used for some time. An Open disclosure policy is in place with regular discussion recorded at care and clinical meetings. Clinical and care staff were familiar with open disclosure principles and confirmed completion of training.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance 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)