Performance

Report

**1800 951 822**

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| Name of service: | New Horizons Aged Care Facility |
| Service address: | 53-63 Badajoz Road NORTH RYDE NSW 2113 |
| Commission ID: | 2393 |
| Approved provider: | New Horizons Enterprises Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 March 2023 |
| Performance report date: | 08 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 New Horizons Aged Care Facility (**the service**) has been prepared by M Buhagiar, 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 conducted on 15 March 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The provider did not respond to the Assessment Team’s report.
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Advice of service closure on 31 March 2023 by Approved Provider

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Other relevant matters:

The Service was found to be Non-compliant following a Site Audit conducted 27 – 29 October 2020 in Requirements 1(3)(b), 4(3)(a), 4(3)(c), 6(3)(a), 6(3)(c), 7(3)(d), 7(3)(e), 8(3)a), 8(3)(c) and 8(3)(e). These Requirements were not assessed during the Assessment Contact due to regulatory intelligence about the service, including that it is due to close/cease operations and that there have been recent complaints about consumer care provision. The complaints information included concerns about consumer pressure injury and unplanned weight loss. The identified scope for this Assessment Contact was to assess Requirement 3(3)(b).

During the Assessment Contact visit the Assessment Team gathered information to understand if high-impact and high-prevalence risks associated with the care of consumers presently living at the service are being effectively managed, including in relation to pressure injury and malnutrition. Effective management of some or all high-impact and high-prevalence risks was demonstrated for most consumers sampled including in relation to malnutrition risk, falls risk and risk associated with changed behaviour.

However, there is a high prevalence of pressure injury amongst consumers at the service and effective pressure area was not demonstrated for 2 of the consumers. Related matters were effective pain management was not demonstrated for a consumer and there was inadequate incident investigation or a lack of incident reporting for 2 consumers. There were also some gaps in communication and/or staff understanding of the care needs of some consumers sampled. Many of these issues have previously been identified through the service’s own gap analysis with improvement activity undertaken. It seems some of those improvements have not been sustained over time.

# 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. | Compliant |

Findings

The Assessment Team gathered information about the prevalence of pressure injury and unplanned weight loss amongst consumers at the service.

The Assessment Team spoke to the Home Living Leads (HLLs) who advised at 15 March 2023 there were 5 consumers with 7 pressure injuries, 6 stage one and one stage 2. Between those 2 dates 2 consumers with pressure injury had exited the service and some pressure injuries had improved from stage 2 to stage one. The Assessment Team enquired how trending for pressure injuries were identified and if so, what was done to bring about improvement. They advised the consumers all had known risk of pressure injury, they had air mattresses, additional pressure relieving equipment (bed cradles, bootees) was purchased and put into use, and dietician review was arranged to optimise nutritional intake and promote wound healing and skin integrity. The HLLs said there is enough staff to provide pressure area care and they believe it is being provided. Staff said they have enough time to provide pressure area care.

In relation to unplanned weight loss, the Assessment Team scanned a weight tracking report generated from the electronic care planning system by the HLLs. This showed from October 2022 to February or March 2023 most consumers remaining at the service had maintained (within a tolerance of up to 2 kgs) or gained weight. Eight consumers lost more than 2 kgs when comparing first and last weights. One of them is at end-of-life stage and 4 of them weigh more than 70 kgs. The Assessment Team sampled consumers with more than 2 kgs weight loss in recent months to understand how the risks were being managed.

In summary, effective management of some or all high-impact and high-prevalence risks was demonstrated for most consumers sampled including in relation to malnutrition risk, falls risk and risk associated with changed behaviour. However, there is a high prevalence of pressure injury amongst consumers at the service and effective pressure area was not demonstrated for 2 of those consumers. Related matters are that effective pain management was not demonstrated for a consumer and there was inadequate incident investigation or a lack of incident reporting for 2 consumers. There are also some gaps in communication and/or staff understanding of the care needs of some consumers sampled. Many of these issues have previously been identified through the service’s own gap analysis with improvement activity undertaken. It seems that some of those improvements have not been sustained over time.

In conclusion, the evidence gathered by the Assessment Team shows gaps in relation to the management of pressure injury risk. Gaps were noted in relation to other aspects of care provision and in consumer assessment, care planning and sharing of that information amongst staff. The Assessment Team notes these gaps relate to service performance in other Requirements of the Quality Standards. Based on the information about risks associated with the care of the consumers sampled, overall effective management of high-impact and high-prevalence risks has been demonstrated.

The approved provider did not respond to the Assessment Team’s report due to the pending closure of the Service.

I find that the approved provider is compliant with Requirement 3(3)(b).

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)