Performance

Report

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| Name of service: | Ridleyton Greek Home for the Aged |
| Service address: | 89 Hawker Street BROMPTON SA 5007 |
| Commission ID: | 6115 |
| Approved provider: | Greek Orthodox Community of SA Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 May 2023 |
| Performance report date: | 29 May 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 Ridleyton Greek Home for the Aged (**the service**) has been prepared by K. Richards, 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, management, and others;
* the Performance Assessment Report dated 24 October 2022 for the Site Audit conducted on 12 September 2022 to 14 September 2022.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| 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** |

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

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 12 September 2022 to 14 September 2022, where it was found the service had not reviewed one consumer’s care plan to capture their needs in relation to nutrition, repositioning, pain, and wound management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Review of assessments for the consumer previously identified.
* Delegation of responsibility for reassessment and ongoing review of care.
* Implementing monthly High risk meetings and maintaining a High risk register to monitor and discuss consumers’ high risks care needs.
* Staff training on pain management, pressure area care, and assessment and measuring of wounds. The wound management procedure and flow chart was reviewed, with ongoing review to ensure best practice wound care and clear staff responsibilities.
* Development and undertaking of a wound audit to ensure documentation was consistent with the service’s policy, with a decision to undertake this monthly on an ongoing basis and recruit for a wound management specialist.

The Assessment Team was satisfied these actions and improvements were effective. Consumers and representatives spoke of involvement in the care planning process and were satisfied it captured needs, goals and preferences of consumers. Sampled care plans demonstrated use of assessments to identify consumer needs, goals and preferences, and staff confirmed they contained sufficient information to guide them in provision of care. The Assessment Team found inconsistencies in assessment of wounds, particularly relating to the staging of pressure injuries, however, management was already aware and provided evidence of responsive staff education.

For the reasons outlined above I find Requirement (3)(b) in Standard 2 Ongoing assessment and planning Compliant.

# 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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Requirement (3)(b)

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 12 September 2022 to 14 September 2022, where it was found the service did not manage high impact or high prevalence risks in relation to consumer pain, wounds, nutrition, and use of restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Review of assessments for the consumer previously identified.
* Delegation of responsibility for reassessment and ongoing review of care.
* Education on pain management, including using pain assessment as part of the wound care management process, and restrictive practice. Restrictive practice training has been incorporated into induction training for all new staff.

The Assessment Team was satisfied these actions and improvements were effective. A sampled consumer experiencing pain had pain charting and evaluation, and escalation to the Medical officer to review pain medications, and the representative said they believe the service manages the consumer’s pain well.

Pressure injuries were effectively managed, with sampled wound charts demonstrating dressings were changed in line with the wound management plan, and the wound monitoring included assessment with measurements and photographs to identify changes or deterioration. Consumers experiencing unplanned weight loss were referred to the Dietitian, and most were placed on weekly weight monitoring until improvements were noted. Staff described non-pharmacological strategies for consumers in line with behaviour support plans to minimise the use of chemical restraint.

Requirement (3)(d)

Staff described escalation processes in line with guidance material, including policies. Care documentation for sampled consumers demonstrated recognition of change in consumers’ conditions with responsive actions, including monitoring, arranging medical review and/or transfer to hospital. Representatives said staff are responsive to changes in consumers’ condition.

For the reasons outlined above I find Requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care 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)