Copperhouse Court Hostel

Performance Report

43A Flinders Avenue   
WHYALLA STUART SA 5608  
Phone number: 08 8644 9999

**Commission ID:** 6155

**Provider name:** Whyalla Aged Care Inc

**Assessment Contact - Site date:** 11 August 2021

**Date of Performance Report:** 7 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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’s response to the Assessment Contact - Site report received 1 September 2021
* the Performance Report dated 8 June 2021 for the Assessment Contact – Site conducted 23 March 2021
* the Performance Report dated 8 June 2021 for the Assessment Contact – Desk conducted 27 March 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 23 March 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 23 March 2021 where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks, specifically relating to management of consumers’ behaviours and weights. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed consumer files to identify potential high risk consumers and implemented a process to ensure timely referrals are undertaken.
* Developed a process to ensure consumers with challenging behaviours are reviewed and monitored.
* Staff training provided in relation to incidents, behaviours, importance of documentation, behaviour management strategies and dental care.
* Staff training provided relating to reportable incidents, including unlawful sexual contact or inappropriate sexual conduct focusing on what is non-consensual contact or conduct of a sexual nature.
* Developed a flowchart to guide management and senior clinical staff in review of incidents and to ensure appropriate strategies have been implemented, managed, understood and followed by staff.
* Established a Nutrition and hydration committee which meets monthly to review, monitor and discuss consumer weights and nutrition plans.
* Implemented a Nutrition and hydration policy and procedure, including a flow chart, to guide staff in weight management.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers and representatives confirmed they were happy with the care consumers receive. One representative indicated the memory support unit had improved with the additional staffing which better assists and monitors all consumers. Staff demonstrated an awareness of high risk consumers, including those with challenging behaviours and at risk of weight loss, and described management strategies in line with consumers’ care plans.

In relation to weight management, a consumer file sampled demonstrated monitoring processes have been implemented and referral to an allied health specialist initiated in line with the service’s processes. Staff described strategies to manage the consumer’s nutrition and hydration requirements in line with the consumer’s assessed needs.

Strategies to assist in the management of challenging behaviours for consumers in the memory support unit have been implemented. The memory support unit was observed to be calm throughout the Assessment Contact with consumers noted to be interacting with staff and participating in activities. For one consumer with challenging behaviours, the service has reviewed and implemented assessments and monitoring strategies with no sexual behaviours towards other consumers identified in the last two months. Staff described behaviour management strategies for the consumer in line with care plan documentation. A care file for another consumer demonstrated referral to behaviour management specialists had been initiated in response to an increase in behaviours. Staff confirmed the consumer’s behaviours have decreased following implementation of specialist recommendations.

For the reasons detailed above, I find Whyalla Aged Care Inc, in relation to Copperhouse Court Hostel, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 23 March 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 23 March 2021 where it was found staffing levels or the mix of members of staff were not sufficient to ensure effective delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The Residential services manager commenced at the service six weeks prior to the Assessment Contact. A further two registered nurses have been engaged. Three care staff have also been recruited.
* The roster is monitored, updated, and reviewed on a daily basis. Staff are allocated to particular areas of the home based on skill set and ability to relate to the consumers in each area.
* Afternoon shift hours have been increased with an extra float staff member also working this shift. Night shift staffing has been increased. One carer remains in the memory support unit and can call on the other staff at any time if they require assistance. The Engagement officer hours in the memory support unit have been increased.
* Reviewed allocation of staff for the memory support unit and a one-to-one staff member has been allocated to a consumer for a 15 hour period daily.
* Weekly meetings are held with the Chief executive officer to address and review consumers with challenging behaviours and management, including the impact on staffing.
* Introduced reflective practice exercises for staff who do not respond to call bells in a timely manner.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated the workforce is planned to enable, and the number and mix of members of the workforce enables, the delivery and management of safe and quality care and services.

Consumers and representatives stated the service ensures there are sufficient staff to manage the needs, preferences, and safety of the consumers. One representative stated staff are wonderful and do a very good job at looking after the consumers. Call bell documentation demonstrated there had been minimal call bells responses in the two weeks prior to the Assessment Contact which exceeded the service’s key performance indicator of 10 minutes.

The service has been actively recruiting and management stated agency staff are used where necessary to fill booked leave or identified staffing gaps. Care staff indicated that the increase in staff numbers and allocated hours, particularly in the memory support unit, have made a difference to their ability to manage the workload on every shift. Care staff stated they now have more time to spend with consumers and are better able to monitor and intervene early with consumers who have known challenging behaviours. As a result, care staff indicated the memory support unit is calmer and there have been no incidents of note for some weeks. Clinical staff indicated management spend time on the floor guiding and assisting the newly qualified staff to learn. Care staff also reflected on the improved team spirit at the service over recent months.

For the reasons detailed above, I find Whyalla Aged Care Inc, in relation to Copperhouse Court Hostel, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact - Desk conducted 27 March 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(d) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(d) and find the service Compliant with Requirement (3)(d). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact - Desk conducted 27 March 2021 where it was found risk management systems and practices were not effective in identifying and minimising the risks of a consumer with known exit-seeking and absconding behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Engaged the services of external consultants to review the corporate risk management framework.
* Reviewed incident management processes and developed a process to identify patterns or trends.
* Established a Serious Incident Response Scheme focus group to discuss incidents and seek input about the contents of the organisation’s incident management system. Three consumers were involved in the focus group.
* Held information sessions with consumers regarding reportable incidents.
* Training to clinical staff relating to the Serious Incident Response Scheme and defensible documentation.
* Included incidents reported to the Serious Incident Response Scheme in the monthly clinical indicator data collation, with evaluation and follow-up recorded.
* Developed Incident management system guidelines reflective of legislative requirements and a reportable incidents flow chart.
* Provided proximity alarm bracelets to two consumers in line with specialist recommendations.
* Upgraded security arrangements, including:
* upgrade to the gate in the memory support unit garden.
* commenced sighting charts and processes to ensure staff are notified of consumers’ clothing if changes to their clothing occur throughout an observation period.
* perimeter checks are regularly undertaken
* installed a recorded closed circuit television system, including the perimeter.
* Updated the Missing persons policy to reflect the enhanced security arrangements and steps to be taken by staff in the event of a consumer who appears to be missing. Additionally, an Unexplained absence of care procedure and checklist have been developed.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated an effective risk management framework is in place. The framework includes systems and practices relating to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

The service has reviewed the clinical indicator process to ensure analysis of high prevalence, high impact risks to consumers is effectively captured. A sample of four consumer files demonstrated appropriate management of risks associated with exit-seeking behaviours, behaviours of concern and weight loss. A Behaviour support policy and procedure has been implemented and includes actions to be taken to ensure the safety and well-being of consumers following behaviour incidents. Additionally, the documents guide staff to use the incident management system in the management of high impact, high prevalence risks.

Policies and procedures have been implemented which direct staff practice, including in relation to identification and response to allegations of abuse and neglect in line with legislative requirements. Where allegations or suspicion of abuse or neglect are identified, appropriate reporting has been undertaken. A register is maintained and includes actions taken to minimise harm from or prevent further incidents of a similar nature from occurring. Staff described actions they would take if they witnessed an incident involving a consumer, including ensuring the safety of consumers and completing incident reports. Management and staff described how consumers are supported to live the best lives they can through delivery of care and services.

For the reasons detailed above, I find Whyalla Aged Care Inc, in relation to Copperhouse Court Hostel, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.