Gummun Place

Performance Report

14-18 Marquet Street
MERRIWA NSW 2329
Phone number: 02 6521 7010

**Commission ID:** 0372

**Provider name:** Upper Hunter Shire Council

**Assessment Contact - Site date:** 2 September 2020

**Date of Performance Report:** 2 November 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(c) |  Non-compliant |
| Requirement 2(3)(e) |  Non-compliant |
| **Standard 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) | * Non-compliant
 |
| Requirement 3(3)(b) |  Non-compliant |
| Requirement 3(3)(f) |  Non- compliant |
| **Standard 8 Organisational governance** |  **Non-compliant** |
| Requirement 8(3)(c) |  Non-compliant |
| Requirement 8(3)(d) |  Non-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 staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received 25 September 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team reported most consumers said they feel like partners in the ongoing assessment and planning of their care and services. Management and staff could describe processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being.

However, the Assessment Team’s review of documentation showed care planning and assessment processes are not consistently leading to the development of effective care and service plans. Care plans are in place and care consultations occur, however care plans are not always current, nor are assessments consistently completed to reflect consumers changing care needs.

When risks emerge, they are not routinely escalated, investigated and re-assessed. Appropriate action is not taken to prevent reoccurrences or further deterioration. This includes ongoing review of the care and services plans and monitoring these to ensure they remain effective.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team reported most consumers said they are consulted about and are involved in their care. However, the review of documentation and discussion with management identified consumers are not yet fully involved in their own care planning, for example, in relation to pain and behaviour management.

The Assessment Team also identified gaps in how information was collated and transferred to the consumer’s care plan. Referrals were not consistently being made in response to changes in the individual consumer’s condition. Referrals were not timely.

In their response management provided pain management documentation for an individual consumer. However, although this showed the consumer’s involvement in monitoring their pain needs, documentation showed inconsistencies in assessment and follow-up. This included consistently recording whether interventions were effective. The approved provider also submitted documentation to show a consumer has now been referred for specialised review. However, the service needs to demonstrate this referral has been effective and results in the consumer’s care plan being current.

Based on this information I find the approved provider is non-compliant with this requirement.

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found the service’s management was unable to demonstrate consumers care and services were being reviewed as and when required. In particular, following an incident or where there had been a change in an individual consumer’s circumstances. They also reported that incident reports contained limited information, such as identifying contributing factors to the incident recorded. Consequently, not all care plans were seen to be updated. Further to this, the Assessment Team identified that the service was keeping separate electronic and hard copy care planning and assessment documents and that staff were unable to clearly identify which of these two systems were current.

Staff and management were able to demonstrate they understood the needs of consumers under the service’s care but acknowledged some information was not being captured in care plan documentation. The approved provider, in their response, showed they had taken action in relation to the identified deficiencies in this area.

However, I consider that the service needs to demonstrate the actions are effective and can be sustained.

Based on this information I find the approved provider is non-compliant with this requirement.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team said consumers confirmed they get the care they need and feel safe and are confident they are receiving quality care. However, the service was unable to demonstrate there were improvements in the management of pain, wound care and falls. Specifically, that staff were appropriately following policies and procedures around incident reporting, photography and description of wounds. The service was unable to articulate an effective management and referral process was in place around referral to physiotherapy services and other allied health providers. Further, the service was unable to demonstrate safe and effective management of medication.

The Quality Standard is assessed as non-compliant as three of the seven specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team identified that the service was not following its policies, procedures and guidelines in areas including wound care (including monitoring pressure wounds), falls management and pain management.

The Assessment Team reported it was provided with clinical indicator information in relation to restraint, weight loss and falls but was not provided with clinical indicator information in relation to wound and skin tear data or incidents of challenging behaviours. This was discussed with management and the Assessment Team was provided with reports generated by the service’s electronic system. However, the Assessment Team found these indicators were not being sufficiently analysed to, for example, identify trends or patterns within the indicators. This included incidents of bruising which were not being fully investigated to identify any contributing factors or to assist in developing strategies to prevent reoccurrence.

The Assessment Team also found that the service failed to follow the processes around wound assessment and photography, pain management and post falls management.

I acknowledge the approved provider’s response, in which it indicated it had implemented further training for staff and engaged the services of a physiotherapist and provided some context in relation to its management of skin integrity. However, I am of the view the service was unable to demonstrate during this assessment contact its care of consumers was best practice, that it was tailored to the needs of consumers and therefore consistently optimises their health and well-being.

Based on this information I find the approved provider is non-compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. Deterioration or changes in condition have not always been identified and escalated for review. Appropriate referrals to specialist services have not occurred within a timely manner for example in relation to falls management, behaviour management and palliation care planning.

The Assessment Team reported the service does not have a physiotherapist and is reliant upon the local area health service to provide limited services on a referral basis only. The service is attempting to recruit a physiotherapist. The registered nurse (RN) attends to mobility and falls risk assessments and planning. They work three days a week and there is no replacement in place if they are unable to attend the service.

The Assessment Team also identified that unwitnessed falls were occurring in the service and that neurological observations were not being conducted by nursing staff as required. In addition, falls were not being sufficiently investigated to identify patterns and reduce further falls from occurring. A consumer identified as being on palliation did not have a palliation plan in place.

The Assessment Team also identified deficiencies in the storage and delivery of drugs of addiction (S8s). For example, the S8 drug register was reviewed and found entries were deleted. The service did send memos to staff during the assessment contact to remind them to follow correct procedures in maintaining the S8 register, however the service had audited the register and not identified these errors.

The Assessment Team were informed of an incident of aggression involving a consumer which was not clearly recorded or investigated to better understand what occurred. No incident report was provided for this occurrence. Documentation showed marked deterioration in this consumers behaviour. These events did not result in a review of the consumer’s behavioural management plan and a referral to see a psychogeriatrician was not followed through. Other dementia related services had not been engaged to provide assessment and support for this consumer.

In their response the approved provider provided documentation to show a physiotherapist has been engaged to assess all consumers mobility needs and deal with post falls assessment. Medication charts have been amended to correct the deficiencies identified. The consumer with deteriorating behaviour has been referred to a dementia specific service, who have provided initial guidance on behavioural management. A palliation plan has been provided for the consumer under this aspect of care.

Although I acknowledge these improvements, they do not demonstrate that at the time of the Assessment Contact the approved provider was compliant with this requirement or that these improvements are embedded and systemic. In addition, I am not satisfied that the response from the approved provider in relation to the incident of aggression addressed the deficiency identified in the service’s incident reporting system.

Based on this information I find the approved provider is non-compliant with this requirement.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found that although the service had systems in place and staff could demonstrate an understanding of making referrals, these referrals were not occurring in a timely way in relation to referrals to dementia services, palliation services and physiotherapy services.

In its response the approved provider set out the steps it had or would take to address the issues identified, including referrals for dementia services and palliation services and the engagement of a physiotherapy service. However, while I acknowledge these improvements, they do not demonstrate that at the time of the Assessment Contact the approved provider was compliant with this requirement or that these improvements are embedded and systemic.

Based on this information I find the approved provider is non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Assessment Team identified instances where the outcome for the consumers did not match the care and services plan as described in Standard 2, Requirement 3(c). The service did not demonstrate it has adequate monitoring procedures in place to effectively manage information systems, regulatory compliance and risk.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team identified a number of deficiencies under this requirement including in the information management system. This included inconsistent or incomplete care planning. The Assessment Team also identified contractor information held by the service was not accessible for service staff to check on currency of requirements, including police certificate compliance or up-to-date influenza vaccination records.

The Assessment Team also identified that an incident of aggression involving a consumer was not clearly recorded or investigated to better understand what occurred and to identify whether this was a regulatory compliance matter requiring consideration as to whether it met the criteria of a reportable incident. No incident report was provided for this occurrence.

I acknowledge the approved provider’s response to these findings and that they have provided documentation to show the actions taken to address these deficiencies. However, it is my view that the service’s monitoring systems did not identify these deficiencies. Therefore, I find the service requires further time to demonstrate the changes it has made to the information system is effective and can be sustained.

Based on this information I find the approved provider is non-compliant with this requirement.

### Requirement 8(3)(d) Non-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.*

The Assessment Team reported the service’s risk management systems and processes are not always effective in the management of high impact and high prevalent risks for some consumers. Information on how the service does not consistently demonstrate effective management of high impact and high prevalence risks for each consumer was identified in relation to Standard 2 Requirement 3(c)and Standard 3 Requirement 3(b).

I acknowledge the approved provider’s submission in relation to these matters but find it does not demonstrate that the service was effectively managing falls and consistently using neurological observations following an unwitnessed fall, that it was consistently managing pain, especially regarding consistent follow up of interventions and applying timely pain assessments, and that it was effectively identifying and managing consumer’s whose condition was deteriorating. I am not satisfied that the service’s systems to monitor these areas was demonstrated to be effective. I believe the service requires further time to demonstrate the changes made will be effective and can be sustained.

Based on this information I find the approved provider is non-compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

### Requirement 2(3)(c)

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*
* Demonstrate that care planning is effective, current and formed in partnership with consumers, and that other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer, are included in their care in a timely manner
* Ensure processes to monitor improvement activities are developed and implemented.

### 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.*

* Ensure that care and services are reviewed regularly or in line with when an individual consumer’s condition changes or an incident occurs requiring a care plan assessment or review
* Ensure processes to monitor improvement activities are developed and implemented.

**Standard 3**

### 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.*
* Demonstrate that care provide to consumers is best practice, tailored to their needs optimises their health and well-being, including but not limited to wound care (including monitoring pressure wounds), falls management and pain management
* Ensure processes are developed to monitor the sustainability of improvement activities.

### Requirement 3(3)(b)

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

* Demonstrate that high impact or high prevalence risks associated with the care of each consumer are effectively managed, including but not limited to adequately recording and acting on incidents, managing falls and behaviours and promptly identifying and acting on deterioration in a consumer’s condition
* Ensure processes are developed to monitor the sustainability of improvement activities.

### Requirement 3(3)(f)

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

* Ensure that referrals to individuals, other organisations and providers of other care and services are made timely and appropriate manner referrals, including but not limited to referrals to dementia services, palliation services and physiotherapy services
* Ensure processes are developed to monitor the sustainability of improvement activities.

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**Standard 8**

### Requirement 8(3)(c)

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*
* Demonstrate that information management systems are effective and being applied in accordance with the organisation’s policies and procedures
* Demonstrate that information in care plans is current and relevant information supporting care and services is recorded, and that the service’s systems for monitoring this is occurring are effective
* Demonstrate that management and staff understand and apply regulatory compliance requirements, particularly in relation to incident reporting responsibilities
* Ensure processes are developed to monitor the sustainability of improvement activities.

### Requirement 8(3)(d)

*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.*
* Ensure that the organisation’s systems for identifying and managing risk are effective and are being applied in the delivery of care
* Ensure processes are developed to monitor the sustainability of improvement activities.

# Other relevant matters

On 2 December 2019 following an Assessment Contact from 31 October to 1 November 2019 the provider was assessed as non-compliant with the following requirement(s) of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

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| **Standard 1 Consumer dignity and choice** |
| * Requirement 1(3)(a)
 |
| * Requirement 1(3)(d)
 |
|  |
| **Standard 3 Personal care and clinical care** |
| * Requirement 3(3)(g)

**Standard 6** **Feedback and complaints** |
| * Requirement 6(3)(c)
* Requirement 6(3)(c)
 |
| * Requirement 6(3)(d)
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|  |
| **Standard 7 Human resources** |
| * Requirement 7(3)(b)
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| **Standard 8 Organisational governance*** Requirement 8(3)(e)
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