Hale Hostel

Performance Report

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**Commission ID:** 7200

**Provider name:** Amana Living Incorporated

**Assessment Contact - Site date:** 1 September 2021

**Date of Performance Report:** 8 October 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | 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 consumers, representatives, staff and others

the provider’s response to the Assessment Contact - Site report received 24 September 2021.

# 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

The Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs or optimises their health and well-being.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Amana Living Incorporated, in relation to Hale Hostel, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### 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 were not satisfied the service demonstrated each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs or optimises their health and well-being. The Assessment Team’s report provided the following evidence relevant to my finding:

* Three consumers and one representative indicated consumers do not get care as outlined in care plans, are completing their own care without proper supervision and are having to wait for extended periods.
* Care described related to activities of daily living, such as showering and care not being provided in line with preferences.

Consumer A

* The consumer was observed standing in the communal lounge calling out and being disruptive to other consumers.
* The consumer was observed wandering up and down the corridor without supervision. The care plan indicates the consumer requires staff assistance with ambulation and at least hourly monitoring to ensure safety at all times.
* Interventions outlined in the care plan were not used, such as inviting the consumer to attend activities. The consumer was observed sitting in the dining area and did not attend the morning group activity session.
* The consumer appeared to be in pain and was noted to grimace when they moved their arms.
* The care plan indicated a fracture with a cast and sling in place. Registered staff confirmed this was old information and the care plan had not been updated.

Consumer B

* The consumer was identified with a stage II pressure injury in August 2021. A skin assessment, completed two days after identification, indicates staff are to fit and remove compression support stockings and reposition the consumer four times a day.
* The consumer was observed not to be wearing support stockings during the Assessment Contact.
* Staff stated they do not provide pressure area care to the consumer during the day as the consumer is generally seated in a chair in their room.
* Wound measurements were noted to be the same as those documented when the wound was identified, five days prior to the Assessment Contact.
* The care plan indicates the consumer has expressive dysphasia. Management strategies are generic and do not reflect strategies used by staff.
* Care staff indicated they use a number of strategies to communicate with the consumer which are not included in the care plan indicating staff who do not know the consumer find it difficult to communicate with them resulting in the consumer not receiving personal care tailored to their needs.

Consumer C

* Clinical indicator data indicated the consumer recorded 11 falls in July 2021. Falls preventions strategies have been implemented, including a sighting chart.
* Four falls experienced in August 2021 indicated one fall occurred in the bedroom, one in the bathroom, one in the dining room and another in the entrance of the bedroom after the consumer left the dining area unassisted. Falls were noted to have occurred at 8.30am, 1.00pm, 1.30pm and 4.45pm.
* Care staff stated the hourly sighting chart is not completed during the day but used only for night staff.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response directly addressed the deficits identified in the Assessment Team’s report and actions implemented by the service in response. The provider’s response included, but was not limited to:

* Undertaken a roster review with the view of increasing morning and afternoon shift hours and additional clinical support.
* For a consumer highlighted in the Assessment Team’s report, the care plan has been reviewed to ensure preferences for care are documented.
* A case conference has been offered to the representative to ensure all care needs and preferences have been identified and addressed.

In relation to Consumer A

* Reviewed the behaviour care plan and additional interventions to support the consumer have been identified.
* A referral to specialist behaviour services has been initiated.
* Reviewed pain management with the General practitioner and pain charting completed. A subsequent review indicates increased comfort levels.

In relation to Consumer B

* The care plan has been reviewed.
* A paper based repositioning chart has been commenced and additional training and instruction have been provided to staff.
* Communication needs have been reassessed and care plan updated.
* A Speech pathologist referral has been initiated to provide guidance and direction to better meet the consumer’s needs. Cue cards are being used in the interim to improve communication between staff and the consumer.

In relation to Consumer C

* Care staff were incorrect in stating sighting charts are not completed during the day. This has been checked and reinforced with staff that the chart is to be completed across the 24 hours.

I acknowledge the provider’s response and the actions taken in response to the deficits identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service did not ensure consumers were receiving safe and effective personal and clinical care that was best practice, tailored to their needs or optimised their health and well-being.

I have considered feedback from consumers and a representative indicating consumers were not receiving care in line with their needs and preferences. Consumers’ requests for assistance and/or supervision with showering and preferences for staff to attend activities of daily living is not consistently occurring. Feedback indicated this was aligned with staff availability.

For Consumer A, I have considered that while strategies to manage behaviours of verbal disruption and wandering were in place, these strategies were observed to not be consistently initiated, with behaviours observed to be impacting other consumers. Additionally, pain management strategies were not effective with the consumer observed to be in pain. While I acknowledge the actions since taken by the service to address the consumer’s pain, these actions were only taken subsequent to the Assessment Contact and not as a result of the service’s own processes of assessment, monitoring and review.

In relation to Consumer B, staff were not consistently implementing management strategies to minimise the consumer’s risk of developing further pressure injuries and staff understanding of the management strategies were not in line with the consumer’s assessed needs. Additionally, I have considered care plan strategies relating to communication were not tailored to the consumer’s needs.

For Consumer C, strategies to minimise risk of falls are not being consistently implemented. Four falls experienced by the consumer in August 2021 were noted to have occurred on the morning and afternoon shifts, however, staff stated they are not implementing hourly monitoring processes to ensure the consumer’s safety is maintained.

For the reasons detailed above, I find Amana Living Incorporated, in relation to Hale Hostel, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANTHuman 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 Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(a) in Standard 7 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement not met. The Assessment Team were not satisfied the service demonstrated an effective system for planning and managing the workforce to ensure the right number of staff to deliver care and services, and consumers have continuity of care at any time.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find Amana Living Incorporated, in relation to Hale Hostel, Non-compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 Assessment Team were not satisfied the service demonstrated an effective system for planning and managing the workforce to ensure the right number of staff to deliver care and services, and consumers have continuity of care at any time. The Assessment Team’s report provided the following evidence relevant to my finding:

* Ten consumers and representatives provided the following feedback to the Assessment Team:
* Staff are often not available to intervene to monitor and manage consumer behaviours.
* Staff do not always have time to provide assistance in line with consumer preferences resulting in consumers often attempting to complete tasks.
* They often must wait extended periods for staff to answer call bells..
* Leisure activities are only available five days a week and are very limited. Weekends can be very long and boring and there are a couple of consumers, who become intrusive and disruptive as staff do not have time to keep them occupied.
* There is often not enough staff to provide consumers with the assistance they need with meals.
* Cleaning staff do not always do a good job of cleaning consumer rooms.
* Replacement/Agency staff are not provided with sufficient support and do not know the specific needs of each of the consumers resulting in consumers providing them with detailed instructions when providing care.
* Five staff said there is not enough time to complete tasks required of them and indicated they stay behind to complete documentation, commence shifts early to ensure they are able to complete all the tasks required, consistently work past the end of the shift to ensure documentation gets completed or issues are followed up that they have not had time to address during the shift.
* A call bell annunciator next to a consumer’s room was showing a call bell activation which the Assessment Team observed being active for longer than 20 minutes.
* Consumer and staff meeting minutes for August 2021 did not include discussion and/or consultation relating to sufficiency of workforce or call bell response satisfaction.
* Recent consumer survey results from 2020 indicated many consumers had noticed a reduction in leisure activities leading to increased boredom and lack of socialising.
* Management said data analysis for the survey was received around eight weeks ago and the results had not been actioned yet.
* A Human resource report, dated June 2021, showed Agency staff hours and staff exit numbers were trending up compared to the previous month in line with consumer feedback regarding lack of continuity of care and staff consistency.
* A complaint from a representative in May 2021 indicated there was a general lack of staff, there were different staff on Saturdays each time, constant turnover of staff and carers are rushed and they don’t have time to attend to anyone. There was no outcome documented in relation to general lack of staff at the service.
* The service’s current fortnightly master roster showed 25 shifts were vacant and filled by casual or Agency staff:
* A Workload schedule report for a 17 day period in August and September 2021 showed that a total of 13 shifts were not filled, including shifts relating to care/nursing, administration, occupational therapy and lifestyle and management roles.
* The service’s call bell analysis process includes a monthly analysis, including, but not limited to, review of each week’s call bell data, total number of consumers who are rated as high falls risk and one/two-persons assist, and breakdown of calls per shift and response times. Records showed and management acknowledged call bell analysis has not been undertaken since March 2021.
* The call bell analysis process assists management to understand the service’s staffing requirements.

The provider did not dispute the Assessment Team’s recommendation. The provider’s response directly addressed the deficits identified in the Assessment Team’s report and actions implemented by the service in response. The provider’s response included, but was not limited to:

* A full roster review is currently being undertaken. Nursing and care staff have been recruited since the Assessment Contact to ensure full roster coverage.
* Reviewed consumers’ level of care and staffing needs ratio and extended an afternoon float shift in response.
* Consumers were informed of new staff commencing at a meeting in August 2021. No issues concerning staff levels were raised.
* Commenced a review of the activities program to assist to make required improvements, including coverage over the weekend.
* Initiated weekly call bell analysis and follow-up.
* A Resident satisfaction survey conducted in April 2021 indicated 60% of consumers were very satisfied and 40% satisfied. A further survey will be conducted in November 2021.
* Issues with room cleaning had been identified prior to the Assessment Contact. A full clean of the facility was undertaken and gaps identified. A further cleaning audit has been conducted and gaps will be actioned and resolved. Monthly cleaning audits will be conducted.

I acknowledge the provider’s response and the actions taken in response to the deficits identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the workforce was not planned to ensure the right number of staff were available to deliver care and services to consumers or ensure continuity of care. In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating there are insufficient staff to ensure care and services are provided in line with the consumers’ needs and preferences. I have also considered that while monitoring processes are in place, such as call bell analysis, surveys and meeting forums, the service has not applied these processes effectively to assist to identify issues relating to sufficiency of staff.

For the reasons detailed above, I find Amana Living Incorporated, in relation to Hale Hostel, Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* provide care to consumers in line with their assessed needs and preferences;
* develop and/or implement appropriate behaviour management strategies and monitor effectiveness of strategies to ensure impact of behaviours on other consumers’ safety is minimised.
* monitor, identify, assess and review consumers’ pain and pain management strategies to ensure comfort is maintained.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management of personal and clinical care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of personal and clinical care.

**Standard 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure monitoring processes are effectively implemented to assist with identifying emerging staffing issues.