Halls Creek Peoples Church Frail Aged Hostel

Performance Report

440 Neighbour Street   
HALLS CREEK WA 6770  
Phone number: 08 9168 6524

**Commission ID:** 7178

**Provider name:** Halls Creek Peoples Church Incorporated

**Assessment Contact - Site date:** 11 November 2020

**Date of Performance Report:** 3 December 2020

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 3(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 staff, consumers/representatives and others.

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The purpose of the Assessment Contact was to assess Requirement (3)(a) in relation to Standard 3 Personal care and clinical care. The Assessment Team found the service did not demonstrate consumers are receiving personal care including showering, hygiene, continence care, toileting assistance and meal assistance in line with their needs to optimise the consumers’ health and well-being. I agree with the Assessment Team and find the service Non-compliant in this Requirement and have provided detailed reasons below.

All other Requirements in relation to Standard 3 Personal care and clinical care were not assessed and an overall assessment of the Standard not completed.

### 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 found consumers are receiving clinical care including medications and wound care in line with their assessed needs and in line with best practice. However, consumers are not all receiving personal care including showering, toileting assistance, continence care, transfers and assistance with mobility, and assistance with meals and drinks in line with their assessed needs which is impacting on the consumers’ health and well-being. Evidence included:

* Three consumers with high care needs and assessed as requiring two staff assistance for all transfers and high risk of skin breakdown and dehydration and malnutrition, requiring daily shower to maintain skin integrity, four hourly toileting assistance to maintain urinary and bowel continence and to be transferred to from bed to a chair during each day and assistance provided for meals and drinks. However, documentation and staff interviews confirm the consumers are not receiving daily showers and are not assisted to the toilet or provided continence care in line with their needs. The consumers spend longer periods of time in bed and remain in bed alternate days. Drinks were not placed within reach and it was observed no assistance to drink was provided during the majority of the visit.
* Staff interviews confirmed, due to vacant shifts not being filled due to staff not turning up to shift or not enough staff to fill planned and unplanned leave, the staff are unable to provide personal care in line with the consumers’ assessed needs. Staff said the consumers impacted the most are those requiring two staff to assist with transfers and mobility as there were not enough staff or time to provide consumers with the care they required. Staff confirmed it has been approximately two weeks where the consumers requiring two staff assist have not had personal care in line with their needs.
* One staff confirmed they attend to consumers who are two staff assist on their own when changing the continence aids or providing a hygiene in bed as there is no one to assist them and the consumers still need their care attended to.

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

The service did not demonstrate all consumers are receiving safe and effective personal care in line with their assessed needs. Ongoing issues with the service not being able to fill care staff shifts has resulted in impacts to the consumers’ personal care. Consumers at risk of skin integrity breakdown and malnutrition and hydration are not receiving personal care including hygiene and continence care to support their health and well-being. Staff confirmed unsafe practice including one staff attending to a consumer’s care where two staff are required which is not in line with best practice and can impact the consumer’s safety.

Based on the summarised evidence above, I find the service Non-compliant in 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 3 Requirement (3)(a): Ensure there are sufficient numbers of staff to provide safe and effective personal care including continence and hygiene which is in line with the consumers’ assessed needs and provided to optimise the consumers’ health and well-being.

# Other relevant matters

The service was found Non-compliant in four other Requirements following a Site Audit conducted on 15 to 16 September 2020. Monitoring of the progress with the service’s improvements and actions to address the Requirements was conducted as part of the Assessment Contact on 11 November 2020. The Assessment Team have provided evidence to demonstrate the service requires further actions to be undertaken to address the existing deficits in the following Requirements:

Standard 4 Requirement (3)(c): The service recruited and filled a new role responsible for administration and activities. However, the staff has been unable to commence planning and implementing activities as they have been assisting with rostering and administration since the service manager role has been vacant. Observations during the visit show consumers are not engaged or supported in activities of interest to them or to participate in social engagement within the service. Majority of female consumers remained in their rooms or in bed and there were not sufficient staff to provide social support.

Standard 7 Requirement (3)(a): The service has implemented additional staff in the kitchen. However, the service has not implemented any effective actions to address the ongoing issues of staff not attending to shifts and vacant shifts not being filled. The service manager completed their contract on 16 October 2020 and has not been replaced. The clinical leader is filling responsibilities of the service manager and completing their own role providing clinical assessment and care to consumers and assisting care staff.

Standard 8 Requirement (3)(b): The Board has not implemented effective strategies or actions to address the deficits identified including being accountable for the delivery of care at the service. The Board has appointed a new Chair of the Board in October 2020. The Board has not progressed discussions in relation to the service being managed by another provider and the Chairman of the Board when interviewed was unaware of the ongoing issues with staff not attending to shifts. Staff at the service confirmed there is no direction or communication from the Board in relation to deficits identified or how to manage the current non-compliance.

Standard 8 Requirement (3)(c): The service has taken steps to request evidence of a current police certificate from the Board. However, the service was unable to demonstrate all Board members have a current police certificate in relation to meeting their regulatory requirements.