HammondCare - Miranda

Performance Report

19 Kiama Street
Miranda NSW 2228
Phone number: 02 8513 2000

**Commission ID:** 1006

**Provider name:** HammondCare

**Assessment Contact - Site date:** 26 August 2020

**Date of Performance Report:** 30 September 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | 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 24 September 2020.

# STANDARD 2 Ongoing 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The Assessment Team found that two of five specific requirements were met.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(c) 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 found that the service demonstrated ongoing partnerships with consumers and others that the consumer wishes to have involved in the assessment, planning and review of the consumer’s care and services. This is achieved through having regular staffing in each cottage to assist with developing partnerships and familiarity, providing autonomy to the consumer through offering choice in daily activities such as meals, personal care and activities, and inviting the consumer to participate in their case review, regardless of their cognitive state. A review of four consumer files showed complete, current and regularly updated care plans with individualised goals and needs. The care plans display that they have been discussed with the consumer and/or their representative. The consumers sampled were unable to confirm that they had been involved in assessment and planning of their care. All representatives, however, said they themselves had been involved in the process and one confirmed that the consumer had contributed to their care plan at the initial assessment on entry to the service. Care staff interviewed from four of the cottages (Alexander, Fishburn, Charlotte and Sirius) were able to demonstrate ways in which they partner with the consumer and involve them in the delivery and planning of their care. Staff report that this can be challenging due to the varying cognitive status of consumers however, they report always talk to the consumer and offering choices of food, clothing, activities and plans for the day.

I am of the view that the approved provider complies with this requirement as they have demonstrated that they partner with consumers and other involved in their care.

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

#### The Assessment Team found that the service has demonstrated involvement of consumers and/or their representatives in the developing and reviewing of care plans. Although consumers are not routinely provided with a copy of their care plan, feedback of changes or updates is readily provided to consumers and/or their representatives. Representatives sampled reported that they would ask the clinical care manager if they would like to see a copy of the care plan and all staff interviewed reported that they would provide a copy of the care plan to a consumer or their representative if it were requested. All sampled care plans contained an individualised care plan for that consumer. The care plan included 10 care domains including spiritual and emotional needs, nutrition and clinical care. There was evidence of care plans being reviewed and updated at relevant times including after recommendations were made by an allied health provider, after a wound had developed or healed.

I am of the view that the approved provider complies with this requirement as they have demonstrated that they adequately communicate the outcomes of assessment and planning in a comprehensive care plan which is available to consumers and representatives.

# 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

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.

Some sampled consumer representatives did not consider that they receive personal care and clinical care that is safe and right for them.

For example:

Some consumer representatives interviewed were concerned about supervision of consumers during meals, in the evening and overnight. For example:

* Once consumer’s daughter said her mother had lost weight at the service as some staff don’t assist her with her meals.
* Another consumer representative said sometimes the consumers do not eat their meals and the food is thrown away.

However, or other representatives, they were complimentary about the service.

For example:

One representative said the service has communicated well with her during the COVID-19 pandemic. She said staff telephone her regarding her mother’s condition and care when there is a concern or an incident.

Consumer representatives confirmed that consumers have access to a doctor when they need it. GPs are here every week, staff will call him, and the RN will come when asked.

Staff are familiar with consumer’s care needs. The service’s approach to best practice is supported by access to the organisation’s education department and intranet. All RNs receive emails to inform them of any changes or updates to support best practice.

Management at the service are aware of opportunities for improvement and are implementing actions to assist Registered Nurses to improve pain monitoring. They are working with families to implement plans to ensure action is taken to address unplanned weight loss for consumers.

Care planning documentation reviewed provided comprehensive information about the consumer’s condition and information from other organisations responsible for the consumer’s care.

Three of the seven specific requirements which have been assessed are found compliant. The Quality Standard has not received a compliance finding as the Assessment Team did not assess all requirements.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 that each consumer does not get safe and effective personal care, clinical care and/or personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being. The service demonstrated it is following procedures for post hospital and incident management, however pain monitoring is not always undertaken. Behaviours of concern are not always effectively managed. Consumer representatives interviewed were concerned about supervision of consumers during meals, in the evening and overnight. Staff were mostly familiar with consumers care needs.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team concerning the sampled consumers. I accept that information provided by the approved provider supports the likelihood that behaviours of concern for one of the consumers, were associated with the consumer being new to the service and being in the ‘settling in’ phase. They provided information to support appropriate pain management and the use of the Abbey Pain scale and use of analgesia. They also described actions which have occurred since the assessment contact which confirm that they have been managing challenging behaviours effectively and making appropriate referrals. I accept the information provided shows that on subsequent occasions where challenging behaviours were observed, pain was identified as a possible cause and medication was given. This confirms that on that occasion the consumer had been monitored. I acknowledge that the consumer was on a behaviour frequency chart 7 days after she had entered the service. The approved provider acknowledges in their response that improvement is required in staff’s knowledge of how to describe challenging behaviours to accurately report them.

In relation to another consumer with pressure wounds, the approved provider acknowledged that they developed a pressure wound within the service and that it progressed to stage 2. They agree that one photograph did not provide appropriate measurement. I accept that the information provided by the service demonstrates that they’re undertaking actions to provide appropriate care and services.

The information submitted by the approved provider, challenged the representative’s feedback of adequate supervision of meals and overnight. I accept that the Assessment Team may have confused two male consumers with the same first name.

I accept that the information provided by the approved provider shows that they monitor the use of psychotropic medication at a high level. It confirms that there is a high prevalence of use. I accept that there is a low incidence of prn use of psychotropics.

I am of the view that the approved provider does comply with this requirement as they have adequately demonstrated that they effectively manage pain and challenging behaviours.

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

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

The Assessment Team found that the service did not adequately demonstrate high impact or high prevalence risks are effectively managed for each consumer. Consumers reviewed are currently experiencing risks associated with continuous and ongoing unplanned weight loss and behaviours of concern which have not been effectively managed. The service has a high rate of psychotropic medication use and information provided to the Assessment Team was inconsistent.

In their response, the approved provider submitted information about the sampled consumers to address issues raised by the assessment team. I accept that the service is working with the family of the sampled consumer with unexplained weight loss and that they are actively involved in the review of her care. I accept that the service has taken actions to address the weight loss by referring the consumer to her medical practitioner who has undertaken investigations and referred to a dietician. The approved provider submitted information which supports that the family have made the decision for no further action to be undertaken and that the service continue to encourage oral intake.

My compliance finding in requirement 3(3)a addresses the Assessment Team’s concerns about behaviour management and pain management and confirms that the high impact risks associated with pain and behaviour management have been adequately managed by the service. I am persuaded that the approved provider is also compliant with this requirement.

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found that progress notes reviewed provided comprehensive information about the consumer’s condition and information from other organisations responsible for the consumer’s care. A hospital discharge list is completed to ensure all tasks are completed when a consumer returns from hospital. Staff interviewed explained that they received information about changes in consumers’ care and services through handover, reading consumer progress notes and diaries in the cottages. Staff were able to provide examples of concerns and changes provided effectively during handover, for example; a new skin tear.

I am of the view that the approved provider complies with this requirement as they have demonstrated that they communicate information about consumers condition, needs and preferences within the organisation and with others involved in their care such as GPs and representatives.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The Assessment Team found that one of three specific requirements were assessed as compliant. The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found that furniture, fittings and equipment are safe, generally clean and well-maintained.The communal areas in each of the cottages were attractively furnished and the kitchens had modern and well-maintained fitting and equipment. The Assessment Team observed consumers and representatives in the landscaped secure outdoor garden areas which have attractive furniture and features. Regular garden lunches are held and there are BBQ facilities. Feedback from representatives indicated they consider the furniture, fittings and equipment to be well-maintained and suitable for consumers’ needs. Staff said they have sufficient equipment to perform their roles and the Assessment Team observed care staff cooking in the cottage kitchens using a variety of equipment. Laundry is carried out in each of the cottages. Care staff confirmed they clean the cottages as part of their daily routine and described some of the tasks they perform.

I am of the view that the approved provider is compliant with this requirement as they have demonstrated that the service environment is appropriately cleaned, safe and well maintained.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team did not assess all requirements. One of the five specific requirements that has been assessed, has been found Compliant. The Quality Standard has not received a compliance rating as not all requirements were assessed.

## 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 Assessment Team found that the consumers and representatives interviewed provided positive feedback about the care staff saying they were kind, caring and displayed good attitudes towards the consumers. Representatives also commented they had seen improvements at the service since the new residential manager started in May.

However, some representatives are not satisfied with the sufficiency of staff particularly at night. Several representatives were unhappy there were not staff allocated in every cottage overnight but had to go from one cottage to another. They are concerned it takes too long for staff to answer the nurse call system and that it may not always work. Care staff rostered during the day stated they are often busy but manage to cater for the needs and preferences of the consumers. A care staff in Fishburn cottage report that it is achievable to complete all tasks on the afternoon shift, but you must be organised. A quality activity was commenced in June in relation to the nurse call system when it was identified there were concerns with its use. The Assessment Team sampled the data for the nurse call system from the night of 25/26 August. The data indicated a long wait period on several occasions before the care staff attended to the consumer. The Assessment Team was not able to verify the length of time consumers were waiting. Staff are however, being mentored on understanding the meaning of different alerts and responding to the alerts in relation to the individual consumer.

In their response the approved provider submitted information about the issues raised by the Assessment Team. I accept that this demonstrates a reduction in call bell response times during the period of the quality activity. I accept that the approved provider is benchmarking direct care hours per consumer per day and that they are above the industry average. I accept the description provided by the approved provider of regular checks over and above responding to call bells during night shift.

I am of the view that the approved provider does comply with this requirement as they have demonstrated they have an adequate plan for enabling the number and mix of members of the workforce to deliver and manage safe and quality care and services.

# 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

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).

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided. One of five specific requirements was assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment team found that most consumers are invited to be part of development delivery and evaluation of their care during the assessment process and during case conferences. Representatives interviewed, and documentation reviewed confirmed they are involved in the assessment processes and in the case conferences. Representatives of consumers interviewed stated that their feedback is taken on board and they are starting to see changings come (changes resulting) from their suggestions, complaints and recommendations. A representative reported that after requesting extra staff for the high care cottages, an additional care worker was rostered on for four hours on the morning and afternoon shift.

While I am of the view that consumers and representatives are involved in the review of their care and services, I am not able to verify whether they’re involved in the development, delivery and evaluation of care and services across the service more broadly.

# 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.