HammondCare - Woy Woy

Performance Report

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**Commission ID:** 0615

**Provider name:** HammondCare

**Assessment Contact - Site date:** 14 December 2021

**Date of Performance Report:** 17 January 2022

# Performance report prepared by

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

# Detailed assessment

This performance report details the Commissioner’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 10 January 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall sampled consumers and representatives who spoke with the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumers care and services. For example:

* Five representatives expressed satisfaction with the care their family members receive.
* Consumer representatives reported staff inform them of changes in the consumers care and services on a regular basis.

The Assessment Team reports details that the service has processes to complete assessments to identify a consumer’s health and well-being needs, risks and direct safe and effective care and services. However, the Assessment Team found documentation reviewed indicates inconsistencies in the ongoing assessment and planning of consumer needs and the consideration of consumer risks.

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)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team’s report details that registered nurses/specialist dementia advisors are responsible for ensuring the consumers care and services are assessed. The assessments completed by the service are to identify a consumer’s health and well-being needs, risks and to direct safe and effective care and services. While overall consumers and representatives sampled were satisfied with care and services, the Assessment Team found that care planning documentation reviewed showed inconsistencies in the ongoing assessment of consumer needs.

The Assessment Team found for consumers sampled, there are inconsistencies in the care planning documentation to demonstrate risks are fully assessed to minimise a risk to a consumer’s health and well-being as the consumer care needs change. This included a care plan for a sampled consumer that did not demonstrate consideration of risk relating to an active pressure injury including preventative measures to minimise risk to the consumer.

The approved provider submitted a written response and information that provided some context about the sampled consumers and the service’s assessment and planning processes. In their response, the approved provider acknowledges the Assessment Team found inconsistencies in care planning documentation for two sampled consumers. The approved provider acknowledged that use of a paper-based system can create consistency issues and the organisation has undertaken a range of documentation changes and improvements to reduce and mitigate this risk. In their response, it includes their strategic plan continuous improvement actions to be taken. Improvement actions included moving to an electronic care planning system to ensure assessment and planning is accurate and includes any risks to consumer’s safety, health and well-being.

While the approved provider’s response does provide some information in relation to the issues identified during the assessment contact for sampled consumers, the information does not demonstrate all relevant risks to consumer’s safety, health and well-being were assessed and included in planning the consumer’s care at the time of the assessment contact. The approved provider also requires time to demonstrate the improvement actions taken are effective and results in sustained improvements in assessment and planning for consumers care and services.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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.

Overall sampled consumers who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most representative are very satisfied with the care and service their relative receives and are of the opinion the care is meeting the needs of the consumer.
* Staff interviews indicate consumers are generally receiving effective clinical and personal care tailored to their needs

The Assessment Team found the service has a process for identifying consumers who are deemed high risk based on clinical needs or care outcomes. Management and staff interviews indicated there is a lack of awareness of what is currently deemed a high impact high prevalence risk associated with the care of each consumer. While the Assessment Team found that staff did not consistently identify what is the high impact high prevalence risks were for consumers, for the consumers sampled this had not negatively impacted consumers at the service.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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 from the documentation reviewed the service does demonstrate that consumer care is generally effective, meets their needs and optimises their well-being. Staff interviews indicated consumers are generally receiving effective clinical and personal care tailored to their needs.The Assessment Team’s report details that most representative expressed satisfaction with the care and service their relative receives and are of the opinion the care is meeting the needs of the consumer.

I find this requirement is Compliant.

### 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 the organisation has a process of identifying consumers who are deemed high risk based on clinical needs or outcomes. The Assessment Team’s report details that management and staff interviews indicated there is a lack of awareness of what is currently deemed a high impact high prevalence risk associated with the care of each consumer. While some staff responses varied regarding high impact or high prevalence risks associated with the care of consumers at the service, the service demonstrated it has strategies to manage risk in a way that balances the consumer’s rights and preferences with their safety and the safety of others.

The approved provider’s response to the Assessment Team’s assessment contact site report included evidence in relation to the sampled consumers. In their response, further information was provided about a sampled consumer relating to behaviour support and the use of a psychotropic medication. However, the approved provider’s response identified some areas of improvement or need for further review to ensure their current practices align with the requirements and amended legislation for behaviour support planning and restrictive practices. The approved provider should review the updated and specific responsibilities from 1 July 2021, under the Aged Care Act 1997 and the Quality of Care Principles 2014 relating to the use of any restrictive practice in residential aged care.

I find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

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’s report details care staff and the registered nurses interviewed indicated a performance assessment had not been completed in the last 2 years, some staff indicated they have never had a performance assessment completed.

The Assessment Team found the plan for continuous improvement indicates that the service’s planned action in response to the finding of the reaccreditation audit is that annual development meetings are scheduled and in place. The outcomes noted in the plan for continuous improvement is that annual development meetings have continued to be conducted onsite for all staff. However, the Assessment Team found this process is not aligned to the service’s plan for continuous improvement and staff interviewed did not support they have had an annual performance assessment.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found that management of the service were able to describe the assessment process to monitor and review the performance of each member of the workforce. The Assessment Team report details the service’s workforce assessment process is based on open discussion with staff on a daily, weekly or monthly basis. However, the Assessment Team found this process is not aligned to the service’s plan for continuous improvement and staff interviewed did not support they had an annual performance assessment also known as an annual development meeting completed at the service.

The approved provider submitted a response providing further information about processes in place at the service to enable regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. In their response, the approved provider acknowledged their difficulty in ensuring the annual development meeting for staff are completed when due. The approved provider’s response details processes to ensure regular assessment, monitoring and review of staff members performance such as training, observational audits, a dedicated work-place trainer, skill competency assessments and performance coaching records. The approved provider’s response included evidence of an annual development meeting completed for one staff member who had not formally completed this process at the time of the assessment contact.

While the approved provider is undertaking improvement actions in relation to this requirement, members of the workforce did not confirm they have had a performance review or one scheduled at the time of the assessment contact. I am of the view that the approved provider does not comply with this requirement. The approved provider also requires time to ensure processes are consistent with their policies and procedures to enable effective regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and results in sustained improvements.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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 found the organisation has a risk management systems and practices to manage high impact and high prevalence risks and the abuse and neglect of consumers are responded to. The organisation has processes in place to ensure consumers are supported to live the best life they can. However, the Assessment Team found staff inconsistently identified and understood what high impact high prevalence risks to consumers care are at the service.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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 Assessment Team found the service demonstrated it has policies in place to manage high impact or high prevalence risk associated with the care of the consumers, identifying, and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Management provided examples of changes to the incident management policies following the introduction of the Serious Incident Response Scheme. The Assessment Team’s report details staff also confirmed they had received training in Serious Incident Response Scheme. While the service has an organisational governance approach to the management of high impact high prevalence risk, the Assessment Team found inconsistencies about the identification and understanding of high impact high prevalence risk by staff.

The approved provider submitted a written response and further information to provide context about risk management systems and practices, in particular relating to managing high impact or high prevalence risks associated with the care of consumers. In their response, the approved provider submitted evidence of recent education to ensure staff understanding about incident reporting and appropriate behaviour support conducted over December 2021 and January 2022. The approved provider submitted further information about risk management procedures in place and how the service uses this information to determine efficient and effective strategies to prevent future incidents or harm to consumers. I am of the view the approved provider does comply with this requirement as effective organisational risk management systems and practices have been demonstrated in relation to managing high impact, high prevalence risks associated with the care of consumers.

I find this requirement is Compliant.

# 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.

### Requirement 2(3)(a)

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

Required improvements

The service should:

* Implement and maintain ongoing improvement plan/ strategic plan regarding assessment and planning, including consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Ensure risk is discussed and documented, and these discussions enable consumer and staff understanding of the risk relevant to each consumer’s health and well-being.
* Ensure a consistent and clear approach when undertaking assessment and planning documentation processes and that this maintains care plans that are individualised to the consumers care and service needs.

### Requirement 7(3)(e)

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Required improvements

The service should:

* Implement and maintain consistent processes to ensure that all staff have regular assessment and monitoring of their performance and ensure policies and procedure align with this process.
* Ensure that the reviews are used to improve staff performance and encourage the growth of their skills including planned training to address skill gaps.