HammondCare At Home - Northern Rivers

Performance Report

68 - 70 Summerland Way
KYOGLE NSW 2474
Phone number: 1800 826 166

**Commission ID:** 201382

**Provider name:** HammondCare

**Assessment Contact - Desk date:** 11 October 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

M Murray delegate of the Aged Care Quality and Safety Commissioner.

# 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.

**Services included in this assessment**

**Home Care:**

* A life worth living - Northern Rivers, 27087, 68 - 70 Summerland Way, KYOGLE NSW 2474

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 16 November 2021

# 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

The Quality Standard does not have an overall compliance finding as not all Requirements under this Standard have been assessed.

## Assessment of Standard 2

### Requirement 2(3)(a) 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 evidence indicated that the service’s assessment and planning processes did not effectively document the risks to the consumer’s health and this deficit impeded the effective planning of services to mitigate risks that were present.

The Approved provider’s response outlines a number of new assessment tools had recently been implemented and at the time of the visit the Assessment team were reviewing assessment processes that were in their infancy. The national quality team is providing supporting to staff to ensure new assessments are fully understood and completed.

The Approved Provider notes the evidence of the Assessment Team in relation to developing strategies when there is a clinical risk that a consumer is willing to accept against the advice of the Clinical Care manager or other health professionals. Evidence that this is captured elsewhere in the consumers care planning documentation was submitted for consideration.

Based on all the available evidence I am satisfied that the approved provider complies with this Requirement. While some information was absent the assessment and planning process is in place and the service demonstrated it does assess for risk.

# 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 assessed as Non-compliant as Requirement 3(3)(a) has been assessed as Non-compliant.

### 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 who experience an adverse event or incident do not always have a timely review and reviews that do occur do not consistently consider strategies to prevent a similar incident reoccurring.

The approved provider’s response generally accepts the Assessment Team’s findings and notes the service has put in place a range of actions to improve the way staff respond to and manage incidents.

While I am satisfied that the approved provider, through its continuous improvement activities will address the deficits identified by the team, at time of the assessment contact the management of incidents did not reflect best practice.

Based on all the available evidence the approved provider does not comply with this Requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard does not have an overall compliance finding as not all Requirements under this Standard have been assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

# 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

The Quality Standard does not have an overall compliance finding as not all Requirements under this Standard have been assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The majority of consumers and representatives interviewed were generally satisfied with the skills and knowledge of staff. Staff noted some areas that they would like additional training in. The Assessment Team’s evidence notes that staff have access to pocket reference cards on key clinical tasks and have undertaken mandatory training. The Assessment Team found a failure in staff knowledge in the clinical management of incidents.

The approved provider’s response notes the Clinical Management Advisor has been mentoring the Care and Clinical Care Managers in the Northern Rivers team with assessment and care planning concepts, including attending assessment visits and support with identifying care and clinical risks and developing appropriate care strategies. Buddy shifts to improve the confidence of staff who expressed a need for more training have been actioned.

Based on all the available evidence the approved provider complies with this Requirement. I have considered the deficits in the skills of staff in managing incidents in my finding on non-compliance in Standard 3. In my view the available evidence does not support that there is a systemic failure by the approved provider to monitor the competency of staff and consumers are generally satisfied with staff knowledge.

# 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

The Quality Standard does not have an overall compliance finding as not all Requirements under this Standard have been assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 found the service did not evidence effective organisational wide governance systems in relation to the home care package program. Based on all the available evidence I have formed a different view.

Whilst the service has failed to meet one Requirement of Standard 3 this in of itself does not translate to a failure of the governing body in relation to Requirement 8(3)(c). At the time of the assessment contact I am satisfied Hammond Care’s quality, safety and risk team were aware of the failure in Standard 3 and working with staff to address the deficits.

Based on all the available evidence the approved provider complies 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.

* Strengthen the processes to manage incidents that occur.
* Where an incident has occurred ensure staff review strategies in order to minimse the risk of a similar incident reoccurring.
* Wher a strategy has been ineffective at preventing an incident reoccuring, ensure new strategies are trailled and monitoried for their effectivenss.
* Ensure relevant staff understand what a best practice approach to incident management is and monitor that a best practice approach is applied in their day to day management of incidents.