Hawdon House

Performance Report

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**Commission ID:** 6005

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Site Audit date:** 21 September 2020 to 25 September 2020

**Date of Performance Report:** 1 February 2021

# 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) |  Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 30 October 2020.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as two of the six specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(b), (3)(d) and (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate it consistently supports consumers in relation to their individual cultural needs or that care, and services are culturally safe. The Assessment Team also found a consumer is not supported to take risks to live the best life they can, or consumers’ privacy is consistently respected. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendation in relation to two Requirements and find Requirements (3)(a) and (3)(b) in this Standard Compliant. I find that Requirements (3)(d) and (3)(f) in this Standard are Non-compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found consumers are supported to make choices about their care and were able to describe how the service provides information to assist them to make decisions about the things they would like to do.

Staff interviewed were able to describe how they access information to support them to provide consumers with care and services and strategies they use to communicate with consumers. Staff were also able to demonstrate how they support consumers to maintain relationships of choice.

The Assessment Team observed staff greeting consumers’ family members in a warm and friendly manner and assisting consumers to private areas when requested. The Assessment Team observed consumers and their families sitting together in small lounge areas of the service.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found the service was unable to demonstrate it consistently supports consumers in relation to their individual cultural needs and staff do not always treat each consumer with dignity and respect. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* While the meals provided were culturally appropriate, one consumer is not satisfied with all aspects of certain culturally appropriate foods.
* Three consumers were not satisfied with the attitude of staff in relation to their needs and preferences.
* One consumer was not satisfied their privacy is respected and maintained.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes actions to conduct a menu survey to identify consumers’ cultural food preferences, and training and education for staff in relation to the code of ethics, and dignity and respect. The Approved Provider also asserts that one consumer who was not satisfied with the attitude of one staff member in relation to one concern they raised with the Assessment Team, indicated this issue was raised approximately six-months prior to the Site Audit. The consumer has twice-weekly checks in relation to this issue and a progress note demonstrates the consumer has been satisfied since the issue was resolved.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report which indicates the service has processes to ensure staff are aware of consumers’ individual identities and culture and respects the diversity of consumers. While this evidence indicates staff interactions with consumers are not always kind, caring or respectful, and consumers are not supported to maintain privacy in accordance with their preferences, I have considered this information in relation to Requirement (3)(f) in this Standard which relates to respecting each consumer’s privacy and Standard 7 Requirement (3)(b) which relates to staff interactions being kind, caring and respectful.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Standard 1 Requirement (3)(a).

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found the service was unable to demonstrate a commitment to providing cultural safe systems in relation to the care of one consumer. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* A consumer has not been supported to engage in an activity of their preference in accordance with the way in which this activity was conducted by the consumer prior to entering the service.
* Staff do not always provide the consumer with support to engage in their activity of preference as was agreed to between the consumer and staff.
* The consumer feels diminished by the attitude of staff in relation to their activity of preference and feels they are wasting staff’s time.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes training and education for staff in relation to the code of ethics, and dignity and respect.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding I have considered the information and evidence in the Assessment Team’s report which indicates the service does provide care and services which are culturally safe. While the Assessment Team’s evidence indicates one consumer is not supported to participate in an activity in accordance with their preferences, I have considered this evidence in relation to Requirement (3)(d) in this Standard which directly relates to supporting consumers to take risks to live their best lives, and Standard 7 Requirement (3)(b) which relates to staff interactions being kind, caring and respectful.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Standard 1 Requirement (3)(b).

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found the service does not consistently ensure assessment and planning includes consideration of risks to consumers’ health and well-being, specifically in relation to one consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s ‘dignity of choice/risk’ forms did not include information that the service had discussed with the consumer the identified risks associated with their choice of activity.
	+ The consumer said they had not had all risks explained to them and strategies to minimise risk associated with this activity were not discussed, rather the consumer was told about the ‘rules and regulations’ of the service in relation the consumer’s activity of choice.
	+ The consumer also indicated the service has not assessed their ability to take risks associated with their chosen activity to enable them to live the best life they can.
* Staff do not always provide the consumer with support to engage in their activity of preference as was agreed to between the consumer and staff.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to review all consumer risk forms to contain explicit information about the risks discussed with each consumer associated with their activity of choice.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service has not supported one consumer to take risks associated with an activity of preference to support them to live the best life they can. While staff had identified procedures and processes to support the consumer to engage in their chosen activity, in coming to my finding, I have relied upon the consumer’s feedback to the Assessment Team and the ‘dignity of risk’ form which indicates the consumer was not comprehensively informed of the risks associated with their chosen activity. Additionally, I find the consumer was not comprehensively assessed to engage in their chosen activity according to their preference or provided with support to engage in their chosen activity in accordance with the agreed arrangement.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 1 Requirement (3)(d).

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Non-compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team found the service does not always ensure all consumers’ privacy is consistently respected. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers interviewed did not feel their privacy is respected due to the wandering and intrusive behaviours of other consumers.
	+ The Assessment Team observed one consumer to be opening other consumers’ doors and wandering into other consumers’ rooms throughout the duration of the Site Audit. However, staff were not observed to redirect the consumer on any occasion.
* One consumer interviewed did not feel their privacy is respected by staff and while the consumer has raised this with management, staff continue to open their door during the day and night time.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes training and education for staff in relation to the code of ethics and dignity and respect, and ongoing discussions are being held with families of consumers with wandering behaviours in relation to a potential move to a memory support unit. Additionally, the service has initiated specialist referrals and will continue to monitor behaviour through using strategies from the consumers’ care plans.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service has not ensured each consumer’s privacy is respected. In coming to my finding, I have relied upon feedback from three consumers that both staff and consumers invade consumers’ personal space and privacy and that the Assessment Team observed staff to not intervene consumers entering other consumers’ personal space/rooms. Additionally, one consumer has indicated they have an ongoing and unresolved concern with staff not respecting their privacy.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 1 Requirement (3)(f).

# STANDARD 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

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that care and services are reviewed following adverse incidents. Based on the Assessment Team’s report and the Approved Provider’s response, I find that this Requirement is Non-compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team found that most consumers feel like partners in the ongoing assessment and planning of their care and services. Examples from consumers and/or representatives include:

* Consumers and/or representatives confirmed they have discussed their care plan with nursing staff and have been involved in assessment and planning processes. This includes discussing consumers’ needs and preferences in relation to care delivery, advance care planning and end of life wishes.
* Consumers and/or representatives indicated they have viewed consumer care plans and are able to make adjustments if they disagree with any information.

Staff interviewed were able to discuss most consumers’ individual needs and preferences in accordance with documented care plans.

The Assessment Team found assessments are reviewed by staff prior to care plans being updated. Care plans generally contain information in relation to consumers’ needs, goals and preferences, including advance care planning and end of life planning. Care plans also demonstrated relevant health specialists and others are involved in assessment and care planning processes. All staff have access to the service’s electronic reporting system to ensure they can view the most recent care plan and any recent changes.

## Assessment of Standard 2 Requirements

### 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### 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.*

### 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.*

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found the service was able to demonstrate care and services are regularly reviewed for effectiveness and when circumstances change. However, the service was unable to demonstrate care and services were effectively reviewed for three consumers when incidents impacted on their needs, goals or preferences. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not review care plans or assessments for three consumers following adverse incidents of behaviours or falls. These consumers had repeated incidents, however, new strategies or review of current strategies was not undertaken to minimise the risk of reoccurrence of these incidents.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have timely consultation with consumers and/or representatives following all incidents, including implementing a duty statement for the relevant clinical staff member to include assisting and ensuring prompt and timely response to identified changes in the provision of consumer care, needs and preferences

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not effectively review three consumers’ care and strategies following several incidents of either behaviours or falls which were either impacting other consumers or resulting in injury for the consumer who has had several falls.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 2 Requirement (3)(e).

# 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 three of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(b) and (3)(d) in this Standard as not met. The Assessment Team found the service did not demonstrate each consumer is provided with care in accordance with their needs or best practice, or that high impact or high prevalence risks associated with consumers’ care were appropriately managed. Additionally, clinical staff did not always respond to changes in consumers’ clinical condition. Based on the Assessment Team’s report and the Approved Provider’s response, I find that these three Requirements are Non-compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found some consumers interviewed consider they receive personal care and clinical which is safe and right for them. For example:

* Two consumers indicated staff are aware of their preferences in accordance with their preferences.
* Consumers were able to describe how they have their needs and preferences assessed.
* Two consumers said they access to their medical officer and other health professionals regularly and as they require.
* Consumers and representatives interviewed are satisfied each consumer’s comfort, dignity and palliative needs are maintained.

Staff interviewed could describe how they maintain consumers’ comfort and pain during palliation. Staff stated they receive sufficient information during handovers and were aware of referral processes to other health specialists. Staff were also able to describe how they minimise the need and use of antibiotics and management of infections.

The Assessment Team found care plans reviewed reflect end-of-life wishes and contained adequate information to support effective and safe sharing of consumers’ care. The service monitors infections on a monthly basis to support effective infection control practices.

### 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.*

This Requirement was found to be Non-compliant following an Assessment Contact on 4 to 6 February 2020. The Assessment Team found actions were implemented to address the deficiencies identified at the Assessment Contact. These actions include:

* Morning shift commencement times were reviewed and changed to support consumers who prefer early showers in the morning.
* Various education sessions in relation to personal and clinical care was provided to staff, including diabetes management, recognising and responding to deterioration, and oxygen therapy management.
* Relevant care plans were updated.
* Clinical staff are now reading progress notes daily to identify clinical or care issues requiring action.

While the service had implemented actions to address the deficiencies identified at the Assessment Contact, the Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s pain has not been effectively managed or evaluated, including effective monitoring of the use of ‘as required’ pain medication used on several occasions in an approximate six-week period.
	+ Staff have not documented actions when as required pain medication has been deemed ineffective.
	+ Staff interviewed are of the opinion the consumer’s pain is causing ongoing wandering and intrusive behaviours as outlined in Requirement (3)(b) of this Standard.
* One consumer sustained a fall which resulted in complaints of pain and staff observing the consumer to grimace, however, there has been no documented review of any potential injuries or treatment provided.
* One consumer is not satisfied staff have actioned their request to have the medical officer review them following an investigative procedure.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated with a range of clinical and care topics, with a focus on post falls management. Additionally, clinical audits will be conducted and discussed with staff, and visual observation processes are under review.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, in coming to my finding, I have considered that staff’s ongoing use of as required pain medication for one consumer without effective evaluation has not supported the consumer to receive effective clinical care. I find at the time of the Site Audit, the service did not effectively manage one consumer’s pain or clinical management following a fall.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 3 Requirement (3)(a).

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, specifically relating to the care of a consumer who was experiencing ongoing falls and ineffective management of two consumers with ongoing wandering and intrusive behaviours impacting upon other consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers reported to the Assessment Team they have been negatively impacted by the ongoing wandering and intrusive behaviours of two other consumers.
	+ Clinical and care staff interviewed were aware of the two consumers with ongoing wandering and intrusive behaviours and confirmed these two consumers constantly wander into other consumers’ rooms.
	+ One consumer’s progress notes and complaints demonstrate the consumer has had several incidents of intrusive and wandering episodes. Staff interviewed are of the opinion the consumer’s behaviours are related to pain which has not been effectively managed as outlined in Requirement (3)(a) in this Standard.
	+ Another consumer’s progress notes, and behaviour care plan demonstrates the consumer has had several incidents of intrusive and wandering episodes.
	+ One staff member indicated they are unable to monitor the consumer’s whereabouts due to insufficient staff.
* A consumer had 16 falls in an approximate six-month period, with seven falls occurring in an approximate 11-week period. Seven of these 16 falls resulted in the consumer hitting their head or injuries. However, the service did not effectively implement, or review falls prevention strategies to minimise the risk of falls and injury. Additionally, staff did not complete neurological observations in accordance with the services’ processes to effectively monitor for adverse clinical outcomes following several falls.
	+ The consumer’s family is concerned about the ongoing falls and indicated the medical officer informed them that further head injury could be fatal. The family also indicated they were waiting on further follow-up following the consumer having a fall and sustaining a head injury.
	+ Staff interviewed indicated they cannot respond to the consumer’s sensor alarm alert or maintain 30-minute visual observations to minimise the consumer’s risk of falls.
	+ Visual observation charts indicate staff do not consistently complete this in accordance with the 30-minute directive.
* A two-hourly repositioning chart for a consumer who is at high risk of pressure injuries and/or deterioration of a current pressure injury indicates the consumer has not received two-hourly pressure area care as directed, including several occasions which show pressure area care was attended to every four hours.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated with a range of clinical and care topics, with a focus on post falls management. Additionally, clinical audits will be conducted and discussed with staff, and visual observation processes are under review. The Approved Provider asserts some staff were unclear as to when to use daily forms, such a repositioning charts, and that care is to be delivered in accordance with the care plan, with daily forms only used when care has not been delivered or there has been a change.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, in coming to my finding I have considered that two consumers’ ongoing wandering and intrusive behaviours were known to staff but had not been effectively managed at the time of the Site Audit and have been impacting on the lives of other consumers living at the service. I have also considered the service’s ineffective management of one consumer’s risk of falls which has resulted in several incidents of injury.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 3 Requirement (3)(b).

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found the service did not demonstrate clinical staff consistently identify change or deterioration to consumers’ physical function or capacity nor respond in a timely manner. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s representative was not satisfied the service identified and managed deterioration in the consumer’s health in a timely manner, resulting in the consumer presenting to hospital with infection and dehydration. Subsequently, the representative reported to the Assessment Team that during the Site Audit they felt the consumer was agitated, distressed and more confused than usual and had concerns that staff would not act upon the apparent changes in health status.
* One consumer sustained a fall which resulted in complaints of pain and staff observing the consumer to grimace, however, there has been no documented review of any potential injuries or treatment provided.
* A consumer had a deterioration in their mobility, however, falls prevention strategies were not effectively implemented as outlined in Requirement (3)(b) in this Standard.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have daily huddles and education nights with staff to discuss best practice associated a range of clinical and care topics, with a focus on post falls management.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, in coming to my finding I have considered that staff have not effectively responded to changes in consumers’ health or actioned changes following incidents. I find at the time of the Site Audit, the service did not respond in a timely manner to changes in physical function or condition of one consumer and for two consumers following incidents of falls.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 3 Requirement (3)(d).

### 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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer receives services and supports for daily living which meets consumers’ needs, goals and preferences and optimises their independence, health, well-being and quality of life. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(a) in this Standard is Non-compliant. I have provided reasons for my finding in the respective Requirement below.

The Assessment Team found most consumers feel the service supports them to do the things they want to do, and which are important for their health and well-being:

* Three of five consumers interviewed were satisfied with the support they receive to enable them to do the things they want to do.
* Consumers indicated staff support them when they are feeling sad.
* Consumers provided examples of activities they participate, both inside and outside of the service.
* Four of five consumers/representatives are satisfied with the meals provided and indicated they contribute to the development and changes of the menu. One consumer had raised a complaints about one aspect of the food but the service has not yet their issue resolved, which I have considered this evidence in Standard 6 Requirement (3)(c).
* Consumers are satisfied with equipment used to manage their safety and comfort.

Staff interviewed were able to demonstrate how activities programs are tailored to consumers’ individual needs and provided examples of various community-based activities provided. Staff were also able to provide examples of how they identify changes to consumers’ emotional well-being and strategies they use to support consumers. Catering staff interviewed demonstrated an understanding of consumers’ dietary needs and preferences and described how this information is recorded. Staff interviewed are satisfied they have sufficient equipment to provide care for consumers.

The Assessment Team observed lifestyle staff spending one-to-one time with consumers and assisting them with activities. They also observed the kitchen to be clean and tidy with staff practicing general food safety and Work Health and Safety protocols. The equipment observed throughout the service appeared clean and well-maintained.

The Assessment Team found care plans contain information about consumers’ emotional, spiritual and psychological well-being, including how consumers participate in the community and maintain their relationships. Care plans also included information about needs to ensure safety during internal and external activities and demonstrated referrals are made to other services to support the provision of lifestyle supports.

The service’s consumer meeting minutes demonstrated spiritual and religious visits are regularly scheduled.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### The Assessment Team found the service was unable to demonstrate each consumer receives services and supports for daily living which meets consumers’ needs, goals and preferences and optimises their independence, health, well-being and quality of life. The Assessment Team provided the following information and evidence relevant to my finding:

* Two consumers interviewed indicated they do not feel supported by the service to do the things they like to do which is impacting upon their well-being.
	+ One consumer indicated they observe other consumers participating in an activity they would like to attend but said they have never been invited to attend this activity. This makes the consumer feel unhappy and left out.
		- Daily activity records indicate the consumer has never attended the activity they expressed a desire to attend.
		- The consumer’s care plan does not identify this desired activity as a goal.
	+ One consumer indicated they do not like the activities offered by the service. The consumer indicated this causes them to feel bored, that they are unable to do thing that makes them feel worthwhile or like they are contributing to the community.
		- The consumer has made suggestions of activities of interest to them and this has been documented in the consumer’s care plan.
		- Daily activity records indicated that a limited number of activities of interest to the consumer have been offered to the consumer.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to have the activity coordinators review consumers’ activity goals, preferences and update care plans accordingly.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not support two consumers to engage in activities to optimise their well-being and quality of life. In coming to my finding, I have considered that these consumers reported to the Assessment Team that their well-being has been impacted by the service not acting upon known feedback in relation to the consumers’ interests and expressed desire to participate in particular activities.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 4 Requirement (3)(a).

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’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

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in this Standard. Riverland

The Assessment Team found all consumers interviewed indicated they feel they belong in the service and feel safe and comfortable in the service’s environment. Examples provided by consumers include:

* All consumers indicated the service is clean and well-maintained and they enjoy the communal areas and outdoor spaces.
* All consumers feel safe and said the service is always clean with furnishings which meets their needs.
* All consumers are satisfied furnishings, furniture, fittings and equipment are safe, clean, well-maintained and suitable for their use.
* One consumer provided an example of a piece of equipment provided to improve their ability and capacity to move to different areas outside of their room.

The Assessment Team observed the service has indoor and outdoor spaces suitable for consumers and visitors, with the environment appearing clean and allowing consumers to move freely indoors and outdoors. The service has navigational signs throughout to assist with orientation and direction.

Management informed the Assessment Team there are renovation plans for the service and an environmental audit completed by dementia specialists in the memory support unit has recently been completed, with recommendations currently being considered. The service has staff who support internal and external maintenance programs and these staff provided an example during the Site Audit in relation to how they respond to emergency maintenance issues, including considering consumers’ safety. These staff also described the process for monitoring and maintaining equipment.

The Assessment Team reviewed maintenance reports in relation to reported maintenance issues and routine maintenance records.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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

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

# STANDARD 6 NON-COMPLIANTFeedback 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 is assessed as Non-compliant as one of the four specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service did not demonstrate it consistently uses an open disclosure process when things go wrong or that consumers’ complaints are appropriately actioned. The Assessment Team also found the service has not consistently identified areas of continuous improvement from feedback and complaints to improve care and services. Based the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendation in relation to Requirement (3)(d) in this Standard and find this Requirement Compliant. However, I agree with the Assessment Team’s findings in relation to Requirement (3)(c) in this Standard and find this Requirement Non-compliant. I have provided reasons for my finding in the respective Requirements below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team found the service did not demonstrate it consistently uses an open disclosure process when things go wrong or that consumers’ complaints are appropriately actioned. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers interviewed provided examples of feedback/complaints they had raised with staff and management which had not been appropriately actioned.
* Three consumers who have raised concerns in relation to care indicated open disclosure was not used and incident reports indicate an incident where a consumer was administered the incorrect medication, however, no apology was offered to the consumer.
* Management and staff interviewed demonstrated some understanding about open disclosure processes, however, their descriptions and actions did not include the use of an apology when things went wrong.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes the following actions:

* Staff have been reminded and visual prompts developed to remind staff about open disclosure processes and open disclosure training for staff has been planned.
* Evaluation of complaints will be completed to allow for the full quality cycle to be completed, ensuring consumers’ satisfaction with the response to the identified issue and that no further issues have arisen.
* Resident surveys will commence and be coordinated by the Health Advisory Council presiding member.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit the service was not using best practice complaints processes to support effective resolution of complaints or open disclosure processes. In coming to my finding, I have considered information in the Assessment Team’s report which indicates three consumers’ feedback/complaints have not been actioned appropriately. Additionally, examples of incidents/complaints where an apology has not been provided indicates the service requires improvement in relation to open disclosure processes.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 6 Requirement (3)(c).

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found the service has not consistently identified areas of continuous improvement from feedback and complaints to improve care and services. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Three consumers interviewed were unable to provide examples of improvements made as a result of their feedback.
* The Assessment Team provided an example of a complaint used to improve care and services for consumers, however, noted the service had not identified it as a continuous improvement opportunity.
* The Aged Care Experience Survey records complaints, however, this information is not collated with other complaints for trending and analysis.
* The service’s complaints log has identified a consumer complaint as resolved, however, the Assessment Team indicated the consumer does not consider the issue resolved.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes the following actions:

* The Approved Provider asserts there have been many instances of improvements to care and services because of informal and formal feedback, and examples of continuous improvement activities initiated by this feedback was presented to the Assessment Team.
* The service has developed a spreadsheet to ensure greater clarity and visibility of the improvements resulting from feedback.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s report that includes examples of improvements to care and services initiated from feedback and complaints. I have also considered that the continuous improvement plan documents evidence of feedback and how this is used to improve the quality of care and services. While three consumers interviewed indicated their personal complaints/feedback relating to their own care had not been actioned, I have considered this information in Requirement (3)(c) in this Standard. While I acknowledge there are opportunities to improve documentation in relation to continuous improvement activities and use of feedback in data analysis, I am persuaded that on the evidence in the Assessment Team’s report and the Approved Provider’s response, the service, considers feedback and complaints to improve care and services for consumers, albeit improvement in relation to individual consumers’ complaints and feedback requires improvement.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Standard 6 Requirement (3)(d).

# 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 assessed as Non-compliant as three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended all five Requirements in this Standard as not met. The Assessment Team found the service was unable to demonstrate enough numbers of staff to deliver safe and quality care and services or that staff are competent and have the skills perform their roles. The Assessment Team also found the service did not demonstrate staff are provided with effective and ongoing training or that they monitor staff performance. Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirements (3)(a), (3)(b) and (3)(c) are Non-compliant. However, I have come to a different view in relation to the Assessment Team’s recommendation in relation to (3)(d) and (3)(e) and find these Requirements Compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found some consumers were satisfied with staffing levels and knowledge, interactions and skills of staff. However, some consumers indicated staffing skills were inadequate and that staff interactions are not always kind, caring or respectful.

The Assessment Team observed staff to speak respectfully to consumers and to purposely stop and engage in conversations. Staff were observed to assist consumers around the service and provide guidance during activities.

Management confirmed regular formal staff appraisals are completed, and staff are informally monitored by their line manager. Staff interviewed confirmed they regularly participate in appraisals.

## 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 found the service did not demonstrate the workforce is planned to ensure the delivery and management of safe and quality care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumers/representatives interviewed said staff are not always available to provide consumers adequate care and supervision:
* Two consumers interviewed indicated staffing hours have recently been reduced which has caused consumers to wait longer for morning personal care.
* Two consumers/representatives interviewed indicated consumers sometimes have to wait for staff to attend when they use their call bell.
* One consumer indicated they have to wait for staff to assist them to an activity of their choice and this is not accordance with the previously agreed times.
* Feedback from several staff indicate they do not have enough time to monitor consumers with wandering and intrusive behaviours, monitor consumer safety alarms, conduct neurological observations following falls, or provide assistance in a timely manner.
* Staff indicated they are unable to always attend to one particular consumer’s call bell in a timely manner which has resulted in the consumer being incontinent and distressed.
* While the service has a process to monitor and review call bells over 10 minutes, management were unable to provide evidence of follow-up for 12 calls bells over 10 minutes in a four-day period.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff. The Approved Provider asserts that the service is above the minimum staffing requirements as outlined in the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2020 and staffing mix and methodology is assessed daily and more often if required. Additional resources were deployed in June 2019 following issues identified by the Commission, however, these were only for a fixed term and the service is in the process of returning to normal staffing levels, following a period of significant overstaffing.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team and the additional resources which were initially deployed to assist the service to return to compliance and view that the service is over-staffed according to outlined union standards. However, in coming to my finding I have relied on upon the feedback from consumers, representatives and staff which indicates staff are not always available to supervise and assist consumers in a timely manner, including responding to call bells for consumers requiring assistance to the toilet or assisting consumers to engage in activities of their choice at agreed times. I have also considered that call bell monitoring processes have not been effective.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 7 Requirement (3)(a).

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

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team found the service was unable to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team provided the following information and evidence relevant to my finding:

* Three consumers interviewed provided examples of interactions with staff they had experienced which were not kind, caring or respectful.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff. This includes face-to-face Code of Ethics training and focus groups in relation to dignity and respect.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, in coming to my finding I have relied on upon the feedback from consumers which indicates some staff interactions with three consumers has not demonstrated kindness or respect.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 7 Requirement (3)(b).

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

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

The Assessment Team found the service did not demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. The Assessment Team provided the following information and evidence relevant to my finding:

* Four consumers/representatives are not satisfied staff have the skills and knowledge to perform their roles effectively.
* Staff have not always provided consumers with care in accordance with consumers’ needs, best practice or organisational processes.
* Staff have not identified and responded to consumers’ changes in health condition in a timely manner.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff, including comprehensive training for staff. The Approved Provider asserts there are informal mechanisms to actively assess, monitor and review performance of the workforce via the implementation of thee Associate Nursing Unit Managers, one for each area, who work on the floor constantly monitoring clinical performance.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to increase monitoring of clinical and care staff. However, in coming to my finding I have considered that while staff have been provided extra support and supervision by additional clinical managers, staff have not demonstrated they are able to effectively identify and manage risks associated with consumers’ care, respond appropriately or in a timely manner to changes in consumers’ clinical health status or respond to ongoing behavioural incidents.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found the service did not demonstrate it provides staff with effective ongoing training, education and/or support to ensure they carry out their roles and responsibilities to deliver safe and quality care and services to consumers. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* The Assessment Team found training has not been effective and not all staff have completed training in relation to compulsory reporting of allegations or suspicions of consumer assault as evidenced by staff failing to meet their legislative requirements in this respect.
* While training in relation to several clinical areas has been provided to staff, this training has not been effective as evidenced by deficiencies identified in Standard 2 and Standard 3.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to further provide ongoing support to staff, including comprehensive training for staff. The training includes a range of clinical topics aligned to the newly developed performance monitoring framework.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s report that indicates a range of training has been provided to staff. The training provided indicates it is provided to support appropriate delivery of care. While deficits in relation to staff practice have been identified by the Assessment Team, I find that these deficiencies have been considered in relation to Standard 7 Requirement (3)(c), that is staff have not effectively performed their roles and have not been monitored in their roles, rather than not having been provided appropriate training.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Standard 7 Requirement (3)(d).

### Requirement 7(3)(e) Compliant

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

The Assessment Team found the service did not demonstrate assessment, monitoring or review of performance of members of the workforce is consistently and effectively undertaken. The Assessment Team provided the following findings and evidence in relation to their recommendation of not met in this Requirement:

* Management was unable to provide evidence of staff performance management undertaken in relation to some deficits identified by the Assessment Team.
* Management were not aware of the deficits identified by the Assessment Team in relation to staff not managing two consumers’ wandering and intrusive behaviours or managing consumers with several incidents of falls.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to provide further ongoing support to staff, including comprehensive training for staff. The Approved Provider asserts performance review and assessment, monitoring and review of the performance of each staff member is undertaken. Performance reviews are undertaken in accordance with organisational policy and is monitored by the organisation monthly.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered information in the Assessment Team’s evidence in this Requirement has already been considered in other Requirements in this Standard and in Standard 2 and Standard 3. The Assessment Team found regular formal appraisals are completed as part of a staff performance framework. I consider that this indicates staff members have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any required training and development. I am satisfied if the service improves their monitoring of staff competency in relation Requirement (3)(c) in this Standard and outcomes in Standard 2 and 3, the service’s current process in relation to this Requirement are sufficient to review the performance of staff.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Standard 7 Requirement (3)(e).

# STANDARD 8 NON-COMPLIANTOrganisational 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 is assessed as Non-compliant as three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service does not have effective organisation-wide governance systems relating to information management, continuous improvement, workforce governance, and feedback and complaints. The Assessment Team also found that while the organisation has a documented risk management framework, the service did not demonstrate the aspects of managing high impact of high prevalence risks were effectively managed. The Assessment Team found the service’s clinical governance framework was not effective in relation to minimising the use of restraint and open disclosure. Based on the Assessment Team’s report and the Approved Provider’s response, I find that Requirements (3)(c), (3)(d) and (3)(e) in this Standard are Non-compliant. I have provided reasons for my finding in the respective Requirements below.

The Assessment Team found consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through the organisation’s governance structure. The organisation has a partnering with consumers procedure, including various ways to engage with consumers.

The Board and governance structure monitor the delivery of services to ensure the service is well run and delivers safe, high quality care in accordance with the organisation’s purpose, aims and goals.

## 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.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-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.*

This Requirement was found to be Non-compliant following an Assessment Contact on 4 to 6 February 2020. The Assessment Team found actions were implemented to address the deficiencies identified at the Assessment Contact. These actions include:

* Education for staff in relation to compulsory reporting and requisite actions.
* A template/register for the reportable and non-reportable incidents of assaults was implemented.
* All consumers’ progress notes are read daily each week-day to identify any suspicions of assaults.
* Management complete a daily review of consumer numbers and allocated shifts, including reviewing call bell response times.

While the service had implemented actions to address the deficiencies identified at the Assessment Contact, the Assessment Team found the service was unable to demonstrate actions have been effective in relation to continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to continuous improvement, two improvement activities relating to deficiencies identified at previous audits by Commission have not been effective.
* In relation to regulatory compliance, the service did not report incidents of allegations or suspicions of consumer assault in accordance with relevant legislation.
* In relation to workforce governance, the service did not demonstrate staffing levels, skills or knowledge were adequate to meets consumers’ needs and preferences as indicated by evidence in Standard 7.
* In relation to feedback and complaints, the service did not demonstrate that feedback and complaint processes actively improve results for consumers as evidenced in Standard 6.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes an action to address the issues identified by the Assessment Team. The Approved Provider indicated the Governing Board of the service has been focused on aged care, and they receive monthly quality and safety reports. The Governing Board has also been informed about all Commission activities and outcomes and they have also conducted site visits at all aged care sites within the organisation.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the organisation’s governance systems were not effective in relation to workforce governance and regulatory compliance. In coming to my finding I have relied upon evidence in other Non-compliant Requirements in this report which demonstrates deficiencies have not been identified by the organisation’s monitoring processes. This includes the service not having a workforce that is sufficient and skilled to meet consumers’ needs or meeting legislative responsibilities. I have also considered that the deficiencies identified are similar and/or the same to some deficiencies previously identified at an Assessment Contact in February 2020.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 8 Requirement (3)(c).

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer or that the service always identifies and responds to abuse of consumers in accordance with relevant legislative requirements. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer who sustained several falls did not have their risk of falls effectively managed.
* Consumers’ behaviours are not effectively managed to ensure safety of other consumers.
* Allegations or suspicions of consumer assault are not consistently reported or managed in accordance with relevant legislative requirements, including if the discretion not to report incidents is used.

The Approved Provider’s response includes the service’s plan for continuous improvement which includes actions to address the issues identified by the Assessment Team. Actions include that clinical audits will be conducted and discussed with staff.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the risk management framework has not been effective in identifying ongoing falls and behaviours within the service. The ongoing occurrence and frequency of falls and behavioural incidents persuades me to consider that clinical staff practice deficiencies are systemic in nature in relation to identifying and responding to risk. Additionally, staff are not meeting their legislative responsibilities in relation to compulsory reporting of allegations or suspicions of incidents of consumer assault to ensure appropriate actions and responses are taken to respond to abuse or neglect of consumers.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 8 Requirement (3)(d).

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the service was unable to demonstrate the service’s clinical governance framework has been effective in relation to minimising the use of restraint and open disclosure. The Assessment Team provided the following information and evidence relevant to my finding:

* The service’s clinical governance framework includes processes to support and encourage open disclosure, however, there have been several instances where the service should have apologised to consumers, but this has not occurred.
* Clinical staff were unaware that a current practice used to manage a consumer’s wandering and intrusive behaviour is physically restraining the consumer.
* The Approved Provider’s response includes the service’s plan for continuous improvement which includes actions to address the issues identified by the Assessment Team. Actions include that staff have been reminded and visual prompts developed to remind staff about open disclosure processes and open disclosure training for staff has been planned. There are also plans to further provide ongoing support to staff, including comprehensive training for staff

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the clinical management framework has not been effective in ensuring staff practices are consistent with open disclosure processes and minimising the use of restraint.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Standard 8 Requirement (3)(e).

# 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.

The service has implemented an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team in the relevant Requirements.

The service should seek to ensure:

* Consumers are supported to engage in activities of their choosing, including the identification and management of risks associated with their chosen activity.
* Reassessment and evaluation of care strategies are reviewed following incidents or changes in health conditions.
* Staff provide care and monitoring of health in accordance with health professional directives, current health condition and best practice.
* Staff provide care which minimises risk associated with high prevalence and high impact risks associated with the care of each consumer, including effective monitoring processes.
* Staff recognise and respond in a timely manner to changes in health conditions, including monitoring and responding to changes following incidents.
* Staff support consumers to engage in activities that are of interest and purpose to them to ensure consumers’ health and well-being.
* Consumers’ feedback and complaints are effectively managed and responded to, with the appropriate use of open disclosure where necessary.
* Staff numbers are adequate to respond to call bells in a timely manner to meet consumers’ need and preferences.
* Call bell monitoring processes are effective to identify opportunities for improvement or requirements to change staffing levels.
* All staff interactions with consumers are polite, kind and respectful.
* Staff practices are monitored to identify staff knowledge and competency are at the required standard of practice.
* Care plans are updated to include relevant information to support best practice clinical monitoring.
* Staff report allegation or suspicions of consumer assault in accordance with legislative requirements.
* Staff practices identify, and appropriate actions are implemented to address consumers’ high impact or high prevalence risks associated with their care and use this information to improve care and services within the service.
* Staff practices support the minimisation of the use of restraint and best practice complaints processes are used.