Hawkesbury Living Pty Limited

Performance Report

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**Commission ID:** 2467

**Provider name:** Hawkesbury Living Pty Limited

**Assessment Contact - Site date:** 24 August 2020

**Date of Performance Report:** 2 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 22 September 2020

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Some sampled consumers expressed dissatisfaction with the provision of personal and clinical care. Some consumers raised concerns that consumers living with dementia and/or with challenging behaviours are not always well managed. Review of consumer care documentation identified that these challenging behaviours by some consumers impacts adversely on other consumers and staff within the service.

The Assessment Team identified gaps in clinical documentation and found that best practice principles did not always guide care delivery.

The Assessment Team found that the service had policies, procedures and plans to guide the implementation of infection control practices and outbreak management. However, there were inconsistencies and lack of standardisation in the application of infection control practices and processes to ensure that transmission-based infections were minimised.

The Quality Standard is assessed as Non-Compliant as two of the seven specific requirements have been assessed as Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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 that all consumers do not get safe and effective personal and clinical care that optimises their health and well-being and is delivered using best practice principles.

One consumer told the Assessment Team that another consumer’s unmanaged behaviours interrupted their sleep, impacted on their personal space and wellbeing and caused them to be fearful. Review of this consumer’s documentation confirmed that behaviours impacted adversely on other consumers. The Assessment Team found that this consumer had not been reviewed by a specialist behaviour management specialist. Staff interviewed said that the complexity of consumer needs had increased and that the service was continually short staffed.

The Assessment Team found that one consumer’s pain was not managed effectively; there were a high incidence of falls and that staff availability impacted on care being delivered in a timely manner. There were gaps in documentation and review of both incidents and of consents for the use of psychotropic medication.

In its response the Approved Provider acknowledged there were some omissions identified during the site audit and provided documentation of strategies that are being implemented to address these issues. The Approved Provider submitted information which indicated that referrals to a geriatrician to manage the worsening cognitive and behavioural condition for a consumer had been made. These referrals had been identified by the Assessment Team, however, at the time of the site audit the consumer’s behaviour was not managed effectively and strategies to manage behaviour were generic in nature and did not address the individual needs and requirements. The consumer had not been reviewed by a specialist behaviour therapist. Following the site visit the consumer has been referred to a behaviour management specialist.

The Assessment Team found that there had been an increase in consumers falls in recent months. An incident report reviewed by the Assessment Team found that one consumer was left on the floor for 40 minutes and sustained a skin injury during this wait time. Availability of two staff to assist this consumer from the floor contributed to this incident.

The Approved Provider has documented a number of further measures to address clinical documentation and practice to ensure that best practice principles guide care delivery.

In relation to management of a consumer’s pain, the Approved Provider stated that on 10 August 2020 the consumer’s pain management was reviewed by a vascular surgeon who did not alter the pain medications prescribed, and that the consumer was also referred to the palliative care team on the 17 August 2020, however no information was provided in relation to the outcomes of that referral. However, the Assessment Team found that although the consumer had been administered pain analgesia, except for one instance the effectiveness of the pain medications was not documented. On the day of the assessment contact the consumer told the Assessment Team that they had been in pain for two hours and asked for assistance in obtaining medications which was conveyed to the medication nurse. The consumer was attended 20 minutes later.

While I acknowledge the Approved Provider’s submissions and information, I believe these improvements will require time to become embedded and for the Approved Provider to demonstrate their sustainability.

I consider that the Approved Provider is not compliant with this requirement

### Requirement 3(3)(g) Non-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.*

The Assessment Team found that there were inconsistencies and lack of standardisation in the application of infection control practices and processes to ensure that transmission-based infections were minimised.

The service has an infection control outbreak management plan to manage flu outbreaks or flu like illnesses.

The Assessment Team found that whilst the service has a COVID 19 outbreak plan, there was insufficient preparedness to prevent or to manage a COVID 19 outbreak and to adequately minimise infection related risks. The Assessment Team found that there was: insufficient planning for staff availability during an outbreak, gaps in the provision of sufficient PPE equipment particularly masks for current usage and for stocked supplies, twenty staff had not completed the mandatory training requirements for infection control, and there was insufficient hand sanitising equipment in communal areas. The Assessment Team found that mobility aides being used by multiple consumers could not be effectively cleaned between each consumer use to minimise infection transmission.

Staff interviewed provided inconsistent feedback in regard to the types of masks to be worn and said that there were insufficient supplies of surgical masks available for staff usage on a daily basis.

The Approved Provider’s response included copies of the infection control and COVID 19 response plans developed. The response included copies of audits conducted to check on availability of equipment and staff practices. The Approved Provider clarified that up until 25th August 2020, the wearing of surgical masks was not mandated for staff living in the Hawkesbury region. The Approved Provider has since introduced the mandatory wearing of surgical masks for staff. Training records for staff attendance were also included.

Whilst the Approved providers response provided information on how infection control practices and requirements were to be addressed within the service, the response did not address the specific gaps identified in the implementation of these processes as identified by the Assessment Team.

While I have not identified any issues in relation to practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, in my view and for the reasons set out above the Approved Provider was not able to demonstrate minimisation of infection related risks.

I consider that the Approved Provider is not compliant with this requirement.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

**Consumer outcome:**

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

### Organisation statement:

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

## Assessment of Standard 5 Non-compliant

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team examined relevant documents and audits, interviewed staff and observed the internal and external living and service environments.

The Assessment Team found that while the service has systems and processes in place to ensure that the service is well maintained, safe and clean, this was not always evident in the service and living environment during the site audit.

The Assessment Team found that the internal and external living and service environments was not always well maintained, clean, comfortable or safe. Furniture and equipment provided at the service were not always safe, clean or well maintained. Chemicals were not always stored in a safe manner with measures taken to prevent unauthorised access.

Consumers were observed to be able to move freely between internal and external environments.

The Quality Standard is assessed as Non-Compliant as one of the three specific requirements have been assessed as Non-Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found that the living environment was not well maintained, clean, comfortable or always safe. Consumers are able to move freely, both indoors and outdoors.

The Assessment Team found that cleaning and infection control is compromised due to unsealed surfaces, missing or broken tiles and damage and chips to walls in the kitchen, laundry, some communal areas and cleaning cupboards and utility rooms.

Some furniture and equipment was found to be damaged and soiled and not maintained in a clean or safe manner. Some external communal areas were not well maintained or clean. The service conducts scheduled maintenance checks but there was no evidence that regular environmental audits are conducted.

The Assessment Team found that the smoker areas are not maintained safely. Chemicals for cleaning in the laundry, kitchen and cleaners’ room was not always stored safely or secured in order to prevent unauthorised access. The courtyard area had bird faeces on the paving, walls and seating.

The Approved Providers response provides information of planned refurbishment of the older sections of the service. The response includes information on the risk management system and other processes in place which guides cleaning schedules, maintenance audits, infection control audits and the safe storage of chemicals. Following consultation with a pest control company a pigeon management plan was developed and provided in the response.

However, not all the gaps identified by the Assessment Team was specifically addressed in the response. The service advises that it has increased the random spot check audits to address cleanliness and other issues identified by the Assessment Team.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

I acknowledge the Approved Providers response and the plans to update and refurbish the consumers living environment and to implement strategies to address issues identified at the site audit. While I have not identified any concerns with the ability of consumers to move freely, both indoors and outdoors, the Approved Provider was not able to demonstrate that the service environment was safe, clean, well maintained and comfortable.

I consider that the Approved Provider is not compliant with this requirement.

# STANDARD 7 NON-COMPLIANT 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 Non-compliant

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 and training records.

The service does not ensure there are sufficient staff available for the delivery and management of safe and quality care and services. Consumer interviews and the Assessment Team’s observations demonstrated that consumers’ requests for assistance are not met in a timely manner. Rosters are not fully staffed, and shift vacancies are not always filled.

The Assessment Team found that there were insufficient staff available to fill the service’s roster resulting in extending waiting periods to meet consumer care needs. Staffing issues were found to impact behavioural and incident management.

Most sampled consumers did not consider that they get quality care and services when they need them. Sampled consumers raised concerns about there being insufficient staff available to meet their needs.

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements have been assessed as Non-Compliant. 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)(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 service could not demonstrate that there are sufficient staff available for the delivery and management of safe and quality care and services. Consumer interviews and the Assessment Team’s observations demonstrate that consumers’ requests for assistance are not met in a timely manner. Rosters are not fully staffed, and call bells not promptly responded to.

The Assessment Team sampled a variety of consumers and representatives and found that consumers needs were not always attended to in a timely manner. Sampled consumers said that they often had to wait for long periods before their call bells were attended. The delay in answering calls bells and the unavailability of staff to do so was also observed by the Assessment Team. Call bell response time provided for some areas of the service also reflected lengthy delays.

One consumer sought assistance from the Assessment Team. This consumer related to the Assessment Team that they had not seen a staff member since they had been showered in the morning.

Consumers said that the service was often short staffed. They said that that staff worked very hard and were good, but there were not enough of them and that they did not stay long with the service.

One consumer said that there were not enough staff to manage challenging behaviours of other consumers or to prevent other consumers wandering into their room. The consumer said that the unmanaged behaviours of other consumers had impacted on them adversely and that they were fearful.

Staff interviewed confirmed that they often work short on a daily basis. Staff also said that the complexity of care needs of consumers had increased but staffing levels had not been adjusted to reflect these changes. Staff said that consumers often had to wait a long time to be assisted. Staff rosters and allocation sheets reviewed showed that staff absences are not always replaced. The Assessment Team identified an instance where a consumer was left on the floor for 40 minutes due to unavailability of staff to assist.

In its response the Approved Provider indicated that the service was actively recruiting staff to maintain staffing levels to meet consumer needs. The service has a Facility Contingency plan to manage additional workforce requirements during an outbreak. The service has advised that call bell response times are being monitored and actioned where response times exceed ten minutes. The service has an employee assistance program to support staff and enhance their wellbeing.

I acknowledge the Approved Providers response however it was not able to demonstrate that there are sufficient staff available for the delivery and management of safe and quality care and services.

I consider that the Approved Provider is not compliant 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.

### Requirement 3(3)(a)

*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.*

* Review behaviour management processes to ensure that individual consumer’s behaviours are managed effectively
* Ensure that pain is effectively monitored and managed
* Implement staff training to support the delivery and documentation of personal and clinical care to meet individual consumer needs and that service delivery reflects best practice principles.

### Requirement 3(3)(g)

*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.*

* Review and implement infection control practices, plans, equipment and staff training to ensure the minimisation of infection related risks
* Ensure processes are developed to monitor and maintain the sustainability of improvement activities.

### Requirement 5(3)(b)

*The service environment:*

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

* Ensure that the service is safe, clean, well maintained and comfortable
* Ensure processes are developed to monitor and maintain the sustainability of improvement activities.

### Requirement 7(3)(a)

*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*

* Review and implement staffing arrangements to ensure that consumers receive safe and timely care and to meet the changing complexity of consumer needs
* Ensure processes are developed to monitor and maintain the sustainability of improvement activities.