Hawkesbury Living Pty Limited

Performance Report

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**Commission ID:** 2467

**Provider name:** Hawkesbury Living Pty Limited

**Assessment Contact - Site date:** 29 January 2021 to 1 February 2021

**Date of Performance Report:** 30 March 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | 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)(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 site assessment on 29 January 2021 to 1 February 2021 observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s infection control monitoring checklist completed during the Assessment Contact on 29 January 2021
* the provider’s response to the Assessment Contact - Site report received 3 March 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The care planning documents reviewed by the Assessment Team did not show evidence of consumer’s current needs, goals and preferences. However, in general consumers and representatives interviewed by the Assessment Team were satisfied with the care provided.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-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.*

The Assessment Team found that sampled consumer’s assessment and care planning documents did not routinely record or address the consumer’s current needs, goals and preferences. Some care plans reviewed by the Assessment Team indicated conflicting information in relation to a consumer. The Assessment Team found the service’s electronic care documentation system generates an extended care plan utilised by clinical staff, but the care documents and care planning did not always reflect the needs of the consumers sampled or consumer preferences. For example, two consumers did not have information in their care plan about their current needs which had changed since their care plans were previous created and updated. One consumer did not have current assessment information recorded.

In their response, the approved provider acknowledges that not all specific details concerning current needs, goals and preferences were reflected in the required documentation for the sampled consumers. The approved provider stated that they are in the process of implementing a person-centred care model which will provide the foundation for safe, high-quality care. The provider stated significant changes in the electronic documentation system and clinical governance have taken place and there has been a restructure of management, and extension of the clinical governance team.

Whilst improvements are underway to address this deficiency, at the time of the site visit assessment and planning did not show consumer’s current needs, goals and preferences were identified and addressed.

I find this requirement is Non-compliant.

# 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

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.

The Assessment Team found the service was not able to demonstrate that consumers are consistently receiving personal and clinical care that is best practice, safe or effective. The service did not indicate effective management of high impact or high prevalence risks associated with care were appropriately managed. However, the Assessment Team found consumer feedback was generally positive in relation to clinical care.

The Assessment Team identified systemic deficits in care documentation and staff knowledge and best practice principles did not always guide care delivery. Review of clinical documentation reflected that incidents were not always reported to registered staff or management. The service has not undertaken adequate precautions to prevent and control a COVID-19 or other infectious outbreak.

The Quality Standard is assessed as Non-Complaint as three of the seven specific requirements have been assessed as Non-Complaint.

### 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 the service has policies and procedures in relation to personal and clinical care; however, it has not been demonstrated that consumers are consistently receiving personal and clinical care that is based on best practice and that optimises their health and well-being

The Assessment Team identified one consumer has an ongoing pressure injury. There was conflicting information regarding the classification of the wound in care documents and a pressure alternating mattress was not provided in timely manner. There were gaps in documentation and the wound management chart was missing entries. The service advised that they are implementing photographic wound monitoring weekly, but this was not evident in the consumer’s chart.

For another consumer, the Assessment Team identified that the consumer had four skin injuries and six falls in two months and one episode of physical aggression. The progress notes captured the incidents but investigation and implementation of strategies to prevent future incidents were not documented.

The approved provider response advised they are committed to strengthening their clinical governance and employing further staff to provide oversight over clinical documentation, quality and education. The approved provider reported that documentation regarding skin care management has been strengthened, all consumers have had their skin assessed and interventions and preventative strategies individualised to the consumer are now in place.

While the approved provider has made improvements since the site visit and is strengthening clinical care overall, at the time of the site visit clinical and personal care was not tailored to the consumers’ needs, in-line with best practice and did not optimise consumers’ health and wellbeing.

I find this requirement is Non-compliant.

### 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 records trends of high impact or high prevalence risks associated with the care of consumers in the monthly clinical indicators data. However, not all incidents related to behaviours are reported or recorded in the data. For consumers sampled, care planning documentation did not reflect that the service monitors and adjusts practices in relation to effective management of high impact and high prevalence risks, especially in the areas of behaviour management and where consumers pose a risk to themselves or others.

The Assessment Team reviewed the incident reports of one consumer and observed several incidents of physical aggression towards staff and other consumers. The Assessment Team noticed a comprehensive review was completed by a specialist external service and strategies were recommended to minimise triggers for this consumer. These strategies were not updated in the consumer’s care plan. The Assessment Team observed staff were not trialling the strategies recommended by external service and staff do not routinely document the interventions that are used or evaluate interventions for effectiveness. The service advised the Assessment Team the clinical documentation system did not have an incident form to capture behaviours although the Assessment Team observed some incident reports were completed on a paper form. These incident reports did not demonstrate investigation around the circumstances surrounding incidents and limited or no consideration of interventions to prevent further incidents was mentioned.

The Assessment Team reviewed the behaviour chart record of another consumer. It was noted that consumer displayed aggression and other behaviours daily. The Assessment Team observed a specialist behaviour service was consulted and recommendations made; however, the recommendations were not included in the consumer’s care plan and documentation indicates staff were not following the recommendations. The service management advised the Assessment Team the organisation has introduced a new integrated quality system which will enable improved monitoring of care.

In their response, the approved provider stated that as part of the strengthening of the clinical governance at the service they are committed to employing a registered nurse with a behaviour management speciality. The approved provider states that they are committed to increasing staff knowledge to ensure staff have information that reflects the current assessment and planning for each consumer so staff can provide individualised care. Time is needed for the approved provider to undertake the planned actions and to demonstrate their effectiveness.

At the time of the site visit there was not effective management of high impact and high prevalence risks associate with the care of each consumer.

I find this requirement is Non-compliant.

### 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 the service has practices to promote appropriate antibiotic use and these procedures are followed. However, in relation to precautions to prevent and control infection, the Assessment Team found the service has not developed a comprehensive outbreak management plan for COVID-19 and there were deficiencies observed in infection control practices.

The Assessment Team were advised daily screening of consumers for infection was not in place. The Assessment Team observed staff wearing masks incorrectly and not cleaning surfaces and equipment between use. Not all staff had completed the hand hygiene competency assessment and PPE competency assessment. The Assessment team noted gaps in the service’s outbreak management plan and outbreak management information was located in different places.

The approved provider response advised all consumers are monitored daily for deterioration or change in condition. The approved provider advised the outbreak management plan information is stored electronically and is available through the clinical management system. The approved provider did not provide comment on staff infection control practices observed by the Assessment Team but does express commitment to staff education and improvement in all areas identified by the Assessment Team.

While the service has practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, improvement is required in standard and transmission-based precautions to prevent and control infection.

I find this requirement is Non-compliant.

# STANDARD 5 NON-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

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

The Assessment Team found most sampled consumers consider they belong in the service and feel safe in the service environment. All consumers sampled said staff are caring which make service a nice place to live. However, consumers said the communal bathrooms are not always clean and well maintained.

The Quality Standard is assessed as Non-Complaint as one of the three specific requirements has been assessed as Non-Complaint.

## 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 observed while the service environment does allow consumers to move freely both indoors and outdoors the service environment is not safe, clean and well maintained.

The Assessment Team observed that the bathrooms were not clean, had wet floors, and had stains and damage marks which made them look worn. Consumers said there are not enough toilets for the number of consumers in the service and the toilets are often not clean. The Assessment Team observed one cubicle was used for equipment storage so that the toilet and sink were not accessible for consumers.

The Assessment Team observed tables and chairs in the outdoor area were not clean. The Assessment Team noted the laundry and storerooms were safe, clean and well maintained. The furniture in indoor communal spaces and consumer rooms was clean.

The Assessment Team observed three fire doors in the main kitchen were obstructed by trolleys and kitchen equipment. The service removed these obstructions during the site visit. The Assessment Team observed the outdoor smoking area is adjacent to a non-smoking area and consumer rooms. One consumer whose room is located in front of the smoking area advised they would like to open their window but were unable to.

The approved provider response advises that there are plans for refurbishments for the communal bathrooms. The approved provider is in consultation with an external contactor about strategies to cover the worn tiles, replace toilet seats and fittings in the communal bathrooms.

The approved provider advised a plan is with their maintenance team to relocate the smoking area to more open space which will be fenced off for consumers privacy and consultation on this change will occur. The approved provider has adjusted their cleaning schedule to increase the cleaning in both indoor and outdoor spaces, particularly consumer bathrooms. The kitchen checklist now includes the monitoring of the fire doors for obstructions.

I acknowledge the approved provider’s response and plans to update and refurbish the consumers’ living environment and to implement the strategies to address the issues identified. However, the approved provider was not able to demonstrate that the service environment was safe, clean, well maintained, and comfortable at the time of the site visit.

I find this requirement is Non-compliant.

# 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

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

Most consumers who spoke to the Assessment Team did not consider that they get quality care and services when they need them. Consumers said there are insufficient staff available to ensure the delivery of safe and quality care and services and they have to wait for extended periods to have care needs met. Consumers advised staff are friendly and caring.

The Quality Standard is assessed as Non-Complaint as one of the five specific requirements have been assessed as Non-Complaint

## 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 noted since the performance assessment in August 2020, the organisation has commenced work to address human resource issues. However, the service continues to experience difficulties filling shifts. Consumers and staff report issues related to there being insufficient staff.

Consumers who spoke with the Assessment Team said staff are very friendly and caring but they sometimes have to wait longer periods of time to receive personal care as the service is short staffed. One consumer said there is usually one day per week when the service is short staffed. One consumer said there is not enough staff and staff are busy and rushing around.

Staff interviewed by the Assessment Team advised that they frequently work short which results in consumers waiting longer than normal for staff to respond to their needs. Staff also said they are unable to meet the required level of care because of needing to balance different demands. Staff interviewed said on average the service is short staffed two days out of every ten working days. The staff said the shifts are not always filled which results in consumers waiting an extended period for assistance.

The approved provider in their response advised that while the service has enough staff to fill the roster and planned leave the current task focussed approach has contributed to consumer waiting times and staff dissatisfaction. The approved provider stated they will be implementing a bespoke person-centred model with blended roles so staff can attend to what needs to be done for consumers. The approved provider advised a new call bell system is in the process of installation throughout the service.

The approved provider’s focus on improvement to the workforce is acknowledged. However, at the time of the site visit feedback from consumers and staff shows there are still improvements required in workforce planning to enable the delivery and management of safe and quality care and services.

I find this requirement is Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(b)

*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.*

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* Review the processes for reflecting current needs in consumer assessment and care planning.

### 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.*
* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Review and improve personal and clinical care for consumers including in falls management and skin care and pressure injury management.

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

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

* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Ensure staff understand their responsibility to report consumer incidents at the time they occur and monitor this does occur.
* Ensure consumer incident management includes investigation and that this informs the consideration and implementation of interventions where appropriate to prevent future incidents.
* Review staff knowledge and skills in relation to consumer behaviour and behavioural management and provide staff with relevant training and support.

### 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.*
* Ensure minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.
* Reinforce and monitor staff practice in relation to current requirements for infection prevention and control.

### 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.*
* Ensure the service environment is safe, clean, well maintained and comfortable.
* Review the internal and external cleaning processes.

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

1. *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 consider current workforce planning to ensure that consumers receives safe, timely and quality care and services.