Heritage Illawong

Performance Report

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**Commission ID:** 0504

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 10 December 2020 to 11 December 2020 and 21 December 2020 to 22 December 2020

**Date of Performance Report:** 12 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)(a) | Non-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)(d) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(f) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 11 February 2021

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Teams noted that assessments are undertaken when consumers enter the service, however they are not always comprehensive or responsive to consumers’ individual circumstances. Care is not always reviewed and changes made in response to changes in the consumer’s circumstances or in response to incidents.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-Compliant

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

The Assessment team reviewed care planning documents for a sample of consumers and found that assessments and planning were undertaken when consumers entered the service. However, the team found some care plans for consumers did not evidence comprehensive assessment and are not individualised relative to the risks to each consumers health and wellbeing.

The Assessment Team interviewed staff whom were able to describe the processes they follow in relation to assessment and planning. The team also sighted documented policies and procedures to assist staff undertake assessment and planning.

The service has responded by providing additional assessments which supports consumers had received more comprehensive assessment and planning that considered the risks to their health and wellbeing. However, the service’s response did not address all gaps in assessment and planning identified by the Assessment Team. For example, a consumer who entered the service with a pressure injury did not have it noted on their care plan, although their documentation did note that the consumer was at risk of pressure injuries and has a history of skin tears. Furthermore, the service did not respond to the Assessors finding that risk associated with the use of high risk (psychotropics and opioids medications) are not consistently documented or addressed in the care planning of two consumers.

I find this requirement non-compliant.

### 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 interviewed staff who raised concerns about their workload and its impact on a consumer’s care and assessment. The staff stated they ran out of time to complete necessary documentation and were concerned about how wound reviews are conducted for consumers.

The Assessment Team reviewed a sample of care plan documents and noticed that they did not show evidence of review on both a regular basis and when circumstances change or when incidents occur. For example, the team noted instances of consumers’ wounds, pressure injuries, dietary needs, and incidents that were not reviewed regularly, adequately or effectively, which has resulted in deterioration in consumers.

The provider has since responded with further information demonstrating that some of the consumers identified by the assessors had received regular or adequate review at the time. They have also submitted a care plan evaluation schedule noting that care plans are regularly reviewed.

However, I have found that some issues identified by the Assessment Team were still present after reviewing the additional information. For example, the documentation do not demonstrate that unexplained and repeated consumer incidents are always investigated to determine causes, contributing factors, or risk prevention measures, which would assist with determining if care and services are effective. The Assessment Team also identified that consumer documentation is not always adequately updated, by way of example, they identified one consumer whom had a fall and a fractured hip in November and their documentation did not indicate their care was reviewed. The provider has since provided the consumer’s care plans and progress notes demonstrating there was a review from the RN and physiotherapist, but it remained evident that some of their documentation were incomplete in regard to updated information regarding the consumer’s fractured hip, or they were only updated after the Assessment Team’s Site Audit.

Whilst the AP has provided evidence that care plans are regularly reviewed, I am not satisfied that reviews are always undertaken effectively and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find this requirement non-compliant.

# 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.

Overall sampled consumers stated that they receive personal care and clinical care that is safe and right for them. However, this was not reflected in the feedback of representatives whom described concerns with care provided to their consumers.

The effective management of high impact or high prevalence risks associated with the care of each consumer was not evidenced in many of the consumers records assessed by the assessment team. While some consumers were comfortable and were confident in the care they received, others had not had significant care episodes adequately addressed in a timely manner. Some clinical issues were not followed through or documented well.

The Assessment team did not assess all requirements for this Quality Standard. However, 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 interviewed a sample of consumers who provided some positive feedback about their care. However, representatives interviewed stated that the care of their consumers was impacted by the low staffing levels at the service and inadequate staff training. For example, several representatives complained about the length of time it took for staff to respond to their consumer call bells, with one representative stating that their consumer had to contact them by telephone when their care bell had not been answered after 30 minutes (although I note the Assessment Team reviewed the service’s call bell records and found most calls were answered in a timely manner). Another representative mentioned the lack of care provided to their consumer which resulted in the consumer’s eventual deterioration and transfer to hospital.

Staff interviewed were mostly able to describe clinical/personal care risks for the consumers sampled. Some staff interviewed discussed a consumer who had sustained a fracture, but they were unable to describe any specific precautions they should take in relation to her care. The staff interviewed also raised concerns about the inadequacy of staff numbers and its impact on their ability to manage high impact risks for the consumers. Management staff interviewed advised they have recently reviewed the roster and increased staffing levels.

The Assessment Team reviewed a sample of care documents and noticed gaps in various aspects of consumer care such as wound management and skin integrity, falls, weight management, and other aspects of care. The provider has since submitted further information demonstrating that they have adequately managed some aspects of consumer care that were identified as gaps by the Assessment Team, however, there are still some outstanding gaps in clinical and personal care.

As an example, the service is unable to demonstrate adequate management of wounds and/or skin injuries. The service has a high number of active wounds recorded at the time of assessment, and a high number of incidents involving unexplained bruising and pressure injuries. One consumer was identified to have sustained many significant unexplained skin injuries and was later transferred to a hospital as a result of deterioration. The feedback from their representative was that they believed this was a result of the service being under staffed and under skilled, and they had previously raised concerns about staff’s management of the consumers care.

I find this requirement 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 reviewed care documents and identified deficiencies in some care of consumers. Although the provider has since responded with further information demonstrating that they had taken actions to manage some high impact or high prevalence risks, the information still indicates that many of these risks were not consistently managed in an effective manner.

As an example, the Assessment Team identified deficiencies in relation to wound management and skin integrity issues. The service had a significant number of active and various categories of wounds at the time of assessment. Although the provider states that six wounds were inherited by consumers externally prior to entering the service, the Assessment Team noted many instances of wounds occurred after a consumer has entered the service. For example, one consumer had consistently sustained many significant but unexplained skin injures while at the service; as a consequence, she was admitted to hospital for extensive medical treatment for wounds and general deterioration.

Furthermore, the Assessment Teams notes that the provider could not consistently demonstrate that each incident related to skin tears, bruises and falls were investigated to determine the cause or contributing factor. The Assessment Team stated they brought this issue to the attention of the service and it was acknowledged that senior staff had not been following the organisational policy which provided detailed steps to be taken to investigate causes and prevent or minimise recurrence of incidents. The relevant staff have since received a training session regarding investigating incidents.

I find this requirement Non-compliant.

### 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 reviewed care planning documents and identified that consumers did not receive timely recognition of and response to deterioration of function in capacity or condition.

As an example, one consumer susceptible to fluid retention experienced changes in his condition and was eventually diagnosed with fluid overload and admitted to hospital for assessment and review. The service was unable to demonstrate that they had promptly recognised and responded to the consumer’s change over time, and the documentation indicates that the diagnosis was not made until the representative had raised concerns and requested for their father to be reviewed. Prior to this period, the consumer had also gained weight in a short time frame and a medical review was conducted with no mention of his weight increase/fluctuation, and it is unclear in the consumer’s documentation whether the service had considered that the weight gain was related to fluid overload.

Another example would be the service’s management of wounds. One consumer developed multiple unexplained wounds and experienced deterioration in their condition. Although the service provided further information to demonstrate that they had taken measures to manage the pressure injuries, wounds and pain, the service was unable to demonstrate that they had responded and sought clinical expertise in a timely manner, and the consumer was eventually hospitalised.

I find this requirement non-compliant.

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

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

The Assessment Team reviewed care planning documents and identified that consumers did not receive timely and appropriate referrals to individuals, other organisations and providers of other care and services.

As an example, the team identified several consumers whom experienced weight loss in a short period and noted some gaps in care for their weight management. For example, the service did not demonstrate they were proactively monitoring the weight of consumers at risk of weight loss or whom were refusing food/supplement intake, and making timely referrals for weight management. In response, the service has submitted progress notes that evidence consumers with significant weight loss have been attended by a dietician, and the service states that any delays in attendance is due to the dietician’s schedule and is outside of the service’s control. However, within the documentation provided, I am unable to consistently identify information for every consumer referenced that states the exact time/day the service made the referrals to the dietician, and am unable to confirm whether delays in attendance to the consumers is due to external providers or delays in referral.

In reviewing other information that may indicate whether timely referrals are made, the Assessment Team notes they interviewed a Senior staff member that stated there are delays with allied health reviews in the service. This was confirmed by the team’s review of the service’s meeting minutes of December 2020 which noted issues with referrals to medical, dietitian and speech pathology services, and that the service was considering to improve the process.

Given the above, I am persuaded that the service did not have processes that consistently enabled timely and appropriate to individuals, other organisations, and providers at the time of assessment.

I find this requirement non-compliant.

### 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.*

The Assessment Team sighted comprehensive policies and procedure for infection control related issues and antimicrobial stewardship. The team also sighted newly installed hand washing basins located throughout the service and hand sanitiser dispensers are placed in the corridors at regular intervals. The team reviewed the outbreak management plan and observed it is up to date with relevant information including; communication plan, staff, contractors, suppliers and other relevant contacts telephone details.

The Assessment Team also interviewed staff whom were able to identify the ways they minimise infection related risks at the service. They also demonstrated working knowledge of anti-microbial stewardship. Furthermore, training records indicated they receive regular training on minimisation of infection related risks.

# STANDARD 4 NON-COMPLIANT Services 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

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 – observations were made, consumers were interviewed about their meal experience, and staff were interviewed about meal delivery.

Overall sampled consumers and representatives indicated that they are satisfied with the quality and quantity of food provided.

However, the Assessment Team noted their concern regarding the dining experience for consumers in the Dementia Specific Unit, with gaps identified in behaviour management during meals, hydration and nutrition.

The service was also unable to demonstrate proactive consultation regarding meals with consumers and/or their representatives for consumers experiencing weight loss.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

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

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

An Assessment Team reviewed the results of catering surveys conducted in January 2020 which indicates consumers are mainly satisfied with the quality and quantity of the meals provided. Most consumers who were interviewed stated they enjoyed the meals.

However, the Assessment Teams noted concerns in the delivery of meals in the Dementia Specific Unit based on their observations of the lunch environment during the assessment. The team observed many instances of consumers being provided food without a drink, which raises concerns about the hydration of the consumers. There were also observed instances where the delivery of meals to a consumer was disrupted; for example, one consumer was observed to remove other consumers’ plates before they had finished their meals, and another consumer was observed mixing meals by tipping one untouched meal onto another plate in the trays trolley. There was also an observed occasion where a consumer did not receive an adequate quantity of meal as instructed from a dietitian review.

The Assessment Team interviewed staff who indicated they would benefit from additional staff in the Dementia Specific Unit during meal times to assist with feeding and monitoring of behaviours at times.

Furthermore, the Assessment Teams noted that there are several consumers whom have lost significant weight in a short period of time at the service, which may indicate inadequate quality or quantity of meals. The teams note that some of these consumers were refusing their meals, or preferring cordial over supplement intakes which affected their nutritional intake. The service has responded stating that they respected the consumer’s preference to receive cordial over supplements, and had referred consumers to dieticians and the GP whom did not order additional interventions. However, the service documentation did not demonstrate proactive consultation with consumers and/or their representatives to seek alternatives that were acceptable to the consumer, such as fortifying foods or altering the food menu choices, which would assist with delivering meals to the consumer that were of suitable quantity for nutritional intake.

I find this requirement Non-compliant.

# STANDARD 5 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

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.

Overall, the service was able to demonstrate that it is welcome, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

For example:

* Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean, tidy and well maintained.
* Management stated that they engage with consumers as much as possible and actively seek feedback from them including in regard to the environment via direct conversations, feedback forms and meetings. Observations confirmed staff are welcoming and friendly to visitors.

#### The common areas within the building are spacious and decorated in a way that feels homely and warm. The decoration and furnishings enhance the feeling of openness and comfort. Spaces are decorated in light colours and common areas are bright and open during the day.

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

## 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.*

The Assessment Team interviewed consumers who spoke positively about the service environment. The team also observed that common areas within the building are spacious and decorated in a way that feels homely and warm. The decoration and furnishings enhance the feeling of openness and comfort. Spaces are decorated in light colours and common areas are bright and open during the day.

I find this requirement compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

While the Assessment Team identified risk management systems in place, the organisation’s risk management systems and practices have not been effective in managing high-impact or high-prevalence risks associated with the care of consumers.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### 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 reviewed the service’s documented risk management framework and identified numerous policies and procedures that assisted with effective management systems and practices. Staff interviewed also stated they were educated in these policies and could describe their relevance to their work.

However, the Assessment Team identified a gap in relation to systems related to managing high impact or high prevalence risks and responding to abuse and neglect of consumers. The team notes that the risk management system has inadequate investigation, management, and harm minimisation strategies in response to incidents. There is a high number of ‘unwitnessed’ injuries including skin tears and bruising which do no not have their causes or contributing factors identified; the system is therefore limited to promptly determine and manage the cause of some high impact or high prevalence risks, and determine whether any future incidents are a result of abuse and neglect of consumers. I also note that the service has an organisational policy to investigate incidents, however, a senior staff interviewed at the time of assessment stated that the policy was not being followed in practice. Relevant staff have since had training regarding this policy and review of incidents.

In the service’s response, they have refuted the assertation that they do not effectively manage high impact or high prevalence risks, and they state that incident reports are raised when incidents occur and are noted on an incident register. However, the incident reports did not indicate that the incidents have been investigated to determine an accurate cause.

I find this requirement non-compliant.

# Areas for improvement

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

### Requirement 2(3)(a)

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

* Review documentation and care plans to ensure that assessment and planning has considered all risks to the consumers health and wellbeing, and informs the delivery of safe and effective care and services

### Requirement 2(3)(e)

*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.*

* Review care plan documents on a regular basis and when circumstances change, and ensure these reviews are adequately documented

### 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.*

* Ensure care delivered that is best practice, tailored to their needs, and optimises their health and wellbeing, particularly in regard to wound management, weight loss and falls.
* Monitor clinical records to determine if consumers are receiving safe and effective clinical care and implement interventions if indicated.
* Monitor staff training and staffing levels to ensure safe and effective care can be delivered to consumers

### Requirement 3(3)(b)

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

* Ensure there are systems and review processes in place to effectively manage high impact and high prevalence risks particularly in relation to wound management, falls, weight loss and any other identified high impact and high prevalence risks.
* Ensure incidents related to high impact or high prevalence risks have their cause investigated, managed, and prevention strategies are developed

### Requirement 3(3)(d)

*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.*

* Document effectively and accurately any changes or deterioration in a consumer’s condition
* Review current processes of escalating and responding to deterioration or changes to consumer’s condition for effectiveness to recognise and respond in a timely manner, and make adjustments to processes if required

### Requirement 3(3)(f)

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

* Ensure that referral processes are improved to allow for timely referrals to external providers, individuals or organisations
* Ensure documentation clearly reflects when referrals to external providers have been made

### Requirement 4(3)(f)

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

* Ensure that meals delivered to consumers are varied and of suitable quality and quantity, particularly in the Dementia Specific Unit
* Review training for staff in the Dementia Specific Unit in regards to feeding and monitoring of behaviour for consumers with Dementia

### Requirement 8(3)(d)

*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.*

* Ensure that the risk management system adequately manages high impact or high prevalence risks associated with the care of consumers by investigating the causes, managing, and developing harm minimisation strategies in response to incidents