Heritage Illawong

Performance Report

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**Commission ID:** 0504

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 29 November 2021 to 30 November 2021

**Date of Performance Report:** 7 January 2022

# Performance report prepared by

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# Publication of report

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

**Overall assessment of this Service**

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | 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) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

**Detailed assessment**

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment conducted 29 to 30 November 2021, 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 23 December 2021.

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

**Consumer outcome:**

1. 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 Assessment Team found that some sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team interviewed consumers and representatives who were aware of care plans, however, some said they were not involved or had a little involvement in the care planning process. One consumer representative said they been emailed a copy of the consumer’s care plan. Representatives said they are informed about falls and are advised about the outcomes of assessments.

The Assessment Team found that while the service has schedules to guide staff in completing assessments on entry and to assist in the development of care plans, the process does not always result in providing interventions for staff to follow in the interim care plan. Files reviewed, show assessments are completed in relation to the service’s schedule. Risk assessments are completed but the information is not used to manage risk.

The Assessment Team reviewed care plans that generally show that although consultation with consumers does occur, consumers and representatives do not consider they are partners when planning their care.

The service has a system of regular reassessment and incident recording however these processes are not used to determine the effectiveness of planned care. When incidents occur, they are not always recorded and reviewed to consider their impact on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as Non-compliant as one of the two assessed requirements have been assessed as Non-compliant.

**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.*

The Assessment Team found that while risks are considered and assessed, the Assessment Team observed in the results of assessment it does not inform planning and does not reflect that individualised interventions have been developed and implemented to inform the delivery of safe and effective care.

The Assessment Team observed for one consumer, there was no pain assessment completed or interventions for pain for more than 2 weeks after admission. Another consumer identified as a high falls risk, did not have detailed assessments and comprehensive care plans completed on entry to the service and falls continued to occur. Assessments and care plan entries were generally marked as having been reviewed following incidents, however this did not result in changes in care.

The approved provider responded to the Assessment Teams report and submitted additional documentation to support the compliance with this requirement. Attachments were provided in addition to the approved providers response, which generally demonstrated that initial care plans are commenced on day 1 with comprehensive care plans completed at day 28 with the consumer and representatives involved.

I find that the approved provider is compliant with this requirement.

**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 that while care plans are reviewed regularly and when circumstances change, or incidents occur, the Assessment Team observed that this does not always result in changes made to the care plan to ensure they are effective in meeting consumer’s current needs, goals and preferences.

The Assessment Team reviewed consumers files which show when falls and other incidents occur an incident form is completed. Care notes show clinical monitoring such as neurological observations and wound charting occur. Consumers who have had a fall are reviewed by the physiotherapist. The medical officer is generally made aware of the incident and if necessary, the consumer is transferred to hospital for further assessment and treatment although this is not always done in a timely manner. The registered nurses generally complete a falls risk or skin assessment but review, planning and strategies to prevent future falls, skin tears, bruising or pain is either not considered or not documented in the care plan. The Assessment Team also noted that recommendations from Dementia Services Australia had not been included in a sampled consumer’s care plan.

The Assessment Team identified a continuous improvement activity in February 2021 states that the process to reinforce the practice of reviewing care plans would be reinforced to ensure risks to resident’s health and wellbeing is captured in their assessment and care plan. The initiative was closed out in February 2021. However, the Assessment Team found that while care plans are regularly reviewed they do not result in changes in care.

The approved provider responded to the Assessment Teams report and provided additional documentation to support compliance with this requirement. However, the attachments did not demonstrate that recommendations or strategies to prevent future incidents were not always included in the consumer’s care plan or result in changes to care, despite specialist recommendations.

I find that the approved provider is not compliant with this requirement.

**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.

The Assessment Team interviewed consumers and representatives who considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives generally indicated satisfaction with the care of consumers and felt that staff communicate any issues or incidents to them and that they are kind and caring in their approach to consumer care. Representatives of consumers who have experienced frequent incidents said they are comfortable that the service is doing as much as they can and that nothing more can be done to prevent incidents.

The Assessment Team found that the service does not ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice tailored to their needs; and optimises their health and well-being. The service’s processes for management of high impact or high prevalence risks associated with the care of each consumer has not been effectively implemented for some consumers.Deterioration or change of some consumers’ condition has not been recognised and responded to in a timely manner.

The service generally arranges appropriate referrals to individuals, other organisations and providers of other care and services when required.

The Quality Standard is assessed as Non-compliant as three of the four assessed requirements have been assessed Non-compliant.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-compliant**

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found that the service does not ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice tailored to their needs; and optimises their health and well-being. Effective measures to meet consumers’ needs are not developed and implemented.

The Assessment Team reviewed care planning documentation and found that comprehensive investigation of incidents has not occurred and additional measures to prevent future incidents have not been implemented and comprehensive and individualised assessments and interventions have not been developed to prevent future incidents.

The approved provider responded to the Assessment Team’s report and provided additional documentation. The attachments included updated information and assessments, however does not demonstrate that effective measures are developed and implemented or that comprehensive investigation of incidents occurs to ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice tailored to their needs; and optimises their health and well-being.

I find that the approved provider is not compliant with this requirement.

**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’s processes for management of high impact or high prevalence risks associated with the care of each consumer has not been effectively implemented for some consumers. Deficiencies were identified in relation to skin integrity issues, falls and behaviour management.

The Assessment Team reviewed care planning documentation and noted for one consumer who sustained several falls, effective interventions have not been undertaken in relation to managing the consumer’s falls and behaviour. The consumer had been referred to Dementia Services Australia (DSA), however these recommendations made by DSA have not been implemented.

The Assessment Team identified that care planning documentation does not demonstrate that incidents related to skin integrity and falls are appropriately investigated to identify contributing factors and effective interventions are not developed to manage these risks.

The Assessment Team noted a continuous improvement activity in February 2021 was to ensure high impact or high prevalence risks associated with the care of consumers are managed by “investigating the causes, managing and developing harm minimisation strategies”. The improvement was closed out as completed in March 2021. However, the Assessment Team noted that in incidents reviewed for recent months do not demonstrate thorough investigation or development of effective strategies to prevent further incidents.

The approved provider responded to the Assessment Teams report and provided additional documentation. The response and attachments include some actions taken since the Site Audit, however do not demonstrate that at the time of Site Audit there was effective management of high impact or high prevalence risks associated with the care of each consumer or that incidents were effectively investigated with interventions in place to prevent reoccurrence.

I find that the approved provider is not compliant with this requirement.

**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 that deterioration or change of some consumers’ condition has not been recognised and responded to in a timely manner.

The Assessment Team reviewed care planning documentation and found for one consumer, that the service has acknowledged that the consumer’s condition is deteriorating, however the care documentation does not demonstrate that the consumer’s deterioration has been responded to. Care planning documentation does not reflect changes in care responding to the consumer’s frequent skin integrity incidents and falls.

Review of care and other documentation for another consumer show deterioration in their condition resulting in increased behaviour issues and falls. The service referred the consumer to a geriatrician and psychotropic medication was prescribed. Meeting minutes indicated that the medication was having a negative impact and the consumer should be reviewed again by the geriatrician; this has not occurred.

The approved provider responded to the Assessment Teams report and refuted the Assessment Team’s findings. Although the approved provider has furnished extensive documentation to support their compliance with this requirement, there was insufficient supporting evidence at the time of Site Audit that deterioration or change in a consumer’s mental health cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

I find that the approved provider is non-compliant with this requirement.

**Requirement 3(3)(f) Compliant**

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

The Assessment Team found that documentation sampled, and consumers, representatives and staff interviewed by the Assessment Team, indicate that consumers are mostly referred to appropriate services and specialists in response to consumer needs.

The Assessment Team reviewed care planning documentation and found that physiotherapy, medical officer, dietician and speech pathology reviews had been made.

The Assessment Team interviewed clinical staff who said the director of nursing is informed if a referral is required.

I find that the approved provider is compliant with this requirement.

**STANDARD 4
Services and supports 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 asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Assessment Team interviewed sampled consumers who considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team interviewed consumer representatives who confirmed consumers were offered support to keep in touch with people who are important to them during Covid-19 restrictions, including offering window visits. However, consumer representatives said they were concerned that visiting in the home is restricted by the requirement for visiting family to have a negative Covid-19 PCR test within 72 hours of a visit. While the representatives understand the need for caution the requirement is prohibitive in supporting consumers to keep in touch with the people who are important to them. Management were advised of these concerns by the Assessment Team.

The Quality Standard does not have an overall rating, as only one of the specific requirements was assessed and this was assessed as Compliant.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(f) Compliant**

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

The Assessment Team observed the menus in the kitchen indicated a variety of meals provided to consumers. Meals being served to consumers during the performance assessment were observed to be of suitable quality and quantity.

The Assessment Team interviewed consumers and representatives. One consumer representative said the consumer doesn’t like all the food but will not complain. Consumers interviewed said the food was okay.

The Assessment Team interviewed the kitchen staff who advised the resident dietary assessment folder located in the kitchen contains dietary forms sent by the registered nurses for new admissions or any changes. The forms are used by the kitchen staff to accommodate specific dietary needs or preferences. There are written notes and whiteboard notes up in the kitchen for easy identification of dietary needs. The trolley trays are consumer specific and colour coded for allergies and have written notes for individual instructions.

The chef serves the meals in the dining room, asks the consumers about the food and speaks to the staff assisting with meals to know whether consumers are enjoying the food and get enough. The care staff can ask for extra food for consumers who require more.

I have found that the approved provider is compliant with this requirement.

**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).

The Assessment Team interviewed consumers and representatives who considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives generally said they are satisfied with how care and services are delivered to consumers.

The Assessment Team found that 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 and managing and preventing incidents, including the use of an incident management system.

The Quality Standard is assessed as Non-compliant as one of the one specific requirement assessed have been assessed as Non-compliant.

**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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team was provided with a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can
* incidents are managed and prevented.

The Assessment Team asked staff whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were generally aware of these policies and procedures and could describe actions they would take in relation to SIRS incident and responding to abuse and neglect of consumers. However, the organisations risk management framework has not been effective in relation to managing high impact or high prevalence risks associated with how the care of consumers is managed and in managing and preventing incidents and use of an incident management system.

The Assessment Team found that the previous performance assessment reports, including performance assessment report dated 21 December 2020 identified deficiencies related to incident management and investigation. The Assessment Team noted that some improvement activities have been undertaken in relation to improving the services practices in relation to high impact and high prevalence management, and incident investigation and management. However, these activities have not been effective with ongoing deficiencies identified during this performance assessment visit.

The approved provider responded to the Assessment Team’s report and refuted the findings of the Assessment Team. The team have acknowledged some improvements have been initiated, and the provider has implemented some training in manual handling, skin and wound management with physiotherapist and also wound consultant throughout December, however has not demonstrated at the time of Site Audit that high impact and high prevalence risks and incidents are managed and prevented.

I find 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 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 approved provider must demonstrate:

* Recommendations from specialists are documented and implemented.
* Changes are made to the care plan to ensure they are effective in meeting consumer’s current needs, goals and preferences.
* Review, planning and strategies to prevent future falls, skin tears, bruising or pain is considered and documented in the care plan.

**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 approved provider must demonstrate:

* Comprehensive investigation of incidents is conducted and additional measures to prevent future incidents are implemented.
* Comprehensive and individualised assessments and interventions are developed to prevent future incidents.

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

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

The approved provider must demonstrate:

* The management of high impact or high prevalence risks associated with the care of each consumer is effectively implemented for consumers.
* Recommendations from other providers are documented and implemented.
* Incidents related to skin integrity and falls are appropriately investigated to identify contributing factors and effective interventions to manage these risks.

**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 approved provider must demonstrate:

* The deterioration or change in consumers’ condition is recognised and responded to in a timely manner.
* Care planning documentation reflect changes in care.

**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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* High impact or high prevalence risks associated with the care of consumers is managed and the effective use of the incident management system is utilised to prevent and manage these risks.
* Comprehensive investigation of incidents are completed to prevent reoccurrence.