Hocart Lodge Aged Centre Inc

Performance Report

3 Knowles Street
HARVEY WA 6220
Phone number: 08 9729 0499

**Commission ID:** 7051

**Provider name:** Hocart Lodge Aged Centre (Inc)

**Assessment Contact - Site date:** 20 August 2021

**Date of Performance Report:** 7 October 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 Approved Provider’s response to the Assessment Contact - Site report received on 5 October 2021.

# STANDARD 3 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

The Assessment Team assessed Requirement (3)(d) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements in this Standard were not assessed. Therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and based on this information, I find Hocart Lodge Aged Care Centre (Inc), in relation to Hocart Lodge Aged Centre Inc, to be Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(d) 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 provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service has systems and processes to enable timely identification and appropriate escalation of deterioration of consumers’ mental health, cognitive or physical function, capacity or condition, including handover, ‘resident of the day’, policies, procedures and referrals.
* All seven consumers/representatives interviewed expressed satisfaction with the provision of personal care and clinical care, including how changes in consumers’ conditions are identified and responded to.
* All five consumer files sampled, demonstrated appropriate actions were taken in response to gradual or acute decline, with appropriate assessment tools, charts, and referrals to medical officers or hospital undertaken in accordance with advance care directives and consultation with consumers/representatives.
	+ One of five consumer files sampled indicated a consumer was dissatisfied with the service’s response to a change in their condition. However, the file also demonstrated overall, clinical staff had identified and responded to the consumer’s change in condition, with one instance where the staff did not consider all possibilities for changes, with the consumer transferred to hospital at their request. However, the Assessment Team found staff to have undertaken appropriate monitoring and consultation with the consumer in a timely manner to provide care in accordance with their wishes. It was identified the skills of staff impacted on actions taken by clinical staff, however, I have considered this information in relation to Standard 7 Requirement (3)(a).

For the reasons detailed above, I find Hocart Lodge Aged Care Centre (Inc), in relation to Hocart Lodge Aged Care Centre Inc, to be Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the organisation does not have effective systems to ensure there are enough staff with different levels of skills and abilities to meet consumers’ needs, including registered professionals, lifestyle staff and to provide supervision and leadership to deliver care and services in accordance with these Standards. The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to widespread improvement in relation to organisational systems, including this Requirement.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Hocart Lodge Aged Centre (Inc), in relation to Hocart Lodge, to be Non-compliant with Requirement (3)(a) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the organisation does not have effective systems to ensure there are enough staff with different levels of skills and abilities to meet consumers’ needs, including registered professionals, lifestyle staff and to provide supervision and leadership to deliver care and services in accordance with these Standards. The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding:

* While consumers and representatives were overall satisfied with the provision of care and services, the service was unable to demonstrate the organisation had effectively managed workforce shortages to ensure consumers at high risk of unmet needs in relation clinical care and lifestyle support were adequately planned or catered for.
* Key personnel, including the chief executive officer (CEO) and their assistant, and the human resource officer resigned two days prior to the Assessment Contact. Additionally, the role of clinical nurse manager had not been permanently filled for approximately one-and-a-half years.
* While the Board members indicated they had planned interviews for a facility site manager four days following the Assessment Contact, advertisement for a clinical nurse manager had been ongoing for months with no applications received.
* Staff interviewed confirmed the CEO (who was also a registered nurse) was responsible for clinical incident report collation, review and analysis, delivery of staff training, mentoring new registered staff and overseeing provision of clinical care.
* Staff interviewed indicated clinical oversight has been impaired by the actual or intended resignation of experienced clinical staff. Staff provided examples of how this reduction in experienced clinical staff has impacted consumers’ health and well-being, including in relation to medication management, wound care and incident management.
* All lifestyle staff have recently resigned and there has been no lifestyle support for consumers for a week, impacting on consumers’ exercise and walks outside a secured living environment.
* Staff interviewed indicated not all shifts have been filled in relation to care staff, however, the staff member now assigned rostering duties (due to recent resignations) was not able to provide further information in relation to the roster.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to widespread improvement in relation to organisational systems, including this Requirement. The Approved Provider also submitted a plan for continuous improvement to demonstrate actual and planned improvements to ensure compliance with all Standards, including this Requirement. Improvements and actions include (but are not limited to):

* Review consumers’ current lifestyle needs and preferences and recruitment and orientation of appropriately skilled and experienced lifestyle staff.
* Develop a training plan to enhance skills of staff.
* Review of the roster in context of consumer acuity and needs, with commencement of recruitment and staff training, including review of skills of clinical staff.
* Provide experienced staff to mentor and support less experienced clinical staff.

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

While I acknowledge the Approved Provider’s commitment and actions taken to rectify the deficiencies identified by the Assessment Team, I find that at the time of the Assessment Contact, the service was unable to demonstrate the workforce was effectively planned to ensure the number and mix of the workforce enabled the delivery of safe and quality care and services. In coming to my finding, I have considered that due to recent resignations of key personnel and the long-standing vacancy of the clinical manager, this has not ensured supervision and monitoring of staff, specifically clinical and care staff. I have also considered this has and potentially will impact on the provision of safe and effective care for consumers, including medication management.

Information in Standard 3 Requirement (3)(d) relating to a consumer’s dissatisfaction of clinical staff actions in response their changed condition, specifically relates to clinical staff not having the experience or knowledge to address clinical concerns. I consider the recent and impeding resignation of experienced clinical staff has not ensured the service always has an appropriate mix of staff to ensure safe and quality care and services.

Additionally, the resignation of lifestyle staff and non-filling of these shifts has impacted upon consumers’ lifestyle support and the delivery of these routine services.

For the reasons detailed above, I find Hocart Lodge Aged Centre (Inc), in relation to Hocart Lodge Aged Centre Inc, to be Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team assessed Requirement (3)(c) in this Standard, all other Requirements in this Standard were not assessed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service could not demonstrate effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to widespread improvement in relation to organisational systems, including this Requirement.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Hocart Lodge Aged Centre (Inc), in relation to Hocart Lodge, to be Non-compliant with Requirement (3)(c) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 8 Requirements

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found the service could not demonstrate effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence and information relevant to my finding:

* In relation to information management, the responsible personnel for updating the documented handover sheet has resigned and this responsibility has not been reallocated. A clinical agency staff member interviewed was unaware of the incident management procedure or the service’s general policies or procedures.
* In relation to continuous improvement, the responsible personnel for managing the continuous improvement plan has resigned.
* In relation to financial governance, the Board members indicated the organisation’s emergency funds have been predominately used to engage agency clinical staff and the longevity of financial viability is going to be discussed at the next Board meeting. They also indicated discussions with the Department of Health are ongoing to support the service’s financial viability.
* In relation to workforce governance, recent resignations and the unfilled clinical manager position for an extended period, has impacted on the supervision and leadership of staff to ensure delivery of care and services in accordance with these Standards. Additional clinical staff are predominately agency staff with no direction or leadership to ensure orientation is completed or that they are supervised to ensure they are competent to perform their role. The personnel responsible for managing the roster has recently resigned and while there is another staff member completing the roster and filling the position, they are not evaluating consumers’ needs to determine sufficiency and mix of staff.
* In relation to regulatory compliance, the responsible personnel for identifying and communicating regulatory changes has resigned and remaining staff or Board members were unable to provide information in relation to restrictive practices.
* In relation to feedback and complaints, the responsible personnel for managing feedback and complaints has resigned and this responsibility has not been reallocated.

The Approved Provider submitted a response to the Assessment Team’s report demonstrating their commitment to widespread improvement in relation to organisational systems, including this Requirement. The Approved Provider also submitted a plan for continuous improvement to demonstrate actual and planned improvements to ensure compliance with all Standards, including this Requirement. Improvements and actions include (but are not limited to):

* Staff training for all relevant staff in relation to the electronic care platform.
* Review of current policies and procedures, including handover, induction and orientation processes.
* Identify opportunities for continuous improvement through analysis of feedback, incidents, staff performance and internal audit mechanisms.
* Review of all consumers’ and staff files to ensure appropriate is equipment is available and sufficiency of staff skills and knowledge.

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

While I acknowledge the Approved Provider’s commitment and actions taken to rectify the deficiencies identified by the Assessment Team, I find that at the time of the Assessment Contact, the service was unable to demonstrate effective organisational governance systems. In coming to my finding, I have considered the recent resignation of key personnel who had responsibility for ensuring the implementation of processes associated with effective governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints have not been replaced or responsibilities reallocated to ensure ongoing effective governance processes. I have considered the organisation had not effectively planned for the resignation/loss of key personnel by not having plans or procedures to support changes in responsibilities and roles when unexpected changes occur. This has resulted in actual and potential loss of efficacy relating to organisational governance processes.

For the reasons detailed above, I find Hocart Lodge Aged Centre (Inc), in relation to Hocart Lodge Aged Centre Inc, to be Non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# Areas for improvement

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

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

The service should seek to ensure:

* The mix and number of staff ensure the delivery of safe and effective care and services.
* Staff with monitoring and supervision responsibilities have the skills and knowledge to perform their roles and mentor/monitor other staff.
* Replacement or arrangements for the loss of key personal to ensure all responsibilities and duties are attended to support effective governance.