Hope Aged Care Swan Hill

Performance Report

39-41 Acacia Street
SWAN HILL VIC 3585
Phone number: 03 9380 8028

**Commission ID:** 3796

**Provider name:** Sixth Eastway Pty Ltd

**Assessment Contact - Desk date:** 21 September 2021 to 30 September 2021

**Date of Performance Report:** 11 November 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received on 20 October 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

The service was found Non-complaint in two of the specific Requirements under this Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in these Requirements.

The service was unable to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed two Requirements under this Standard and found these two Requirements are Non-compliant

## 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 found that assessment and planning processes at the service did not adequately identify risks in various clinical areas including falls, behaviour management and weight loss. Assessment information does not accurately inform care plans. Interventions recorded on care plans to mitigate identified risks are not individualised or effective to ensure the delivery of safe care.

The service has acted on the Assessment Team’s feedback and has put in place processes to improve its documentation system. The response from the service advised that they have included these actions in its continuous improvement plan to reassess all residents to develop a person-centred care plan. The service advised that staff are being provided with education in relation to assessment and planning processes.

While acknowledging the work that the service has put into addressing the areas of concern identified by the Assessment Team, based on the evidence summarised above, the service does not comply with this Requirement.

### 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 sampled documentation and found care plans are not always tailored to the individual consumer. Information concerning consumers’ goals of care are not individualised and are inconsistent.

The service has acted on the Assessment Team’s feedback and has put in place processes to improve its documentation system. The service has included in its continuous improvement plan to reassess all residents for more person-centred approach. The service advised that staff are being provided with education in relation to assessment and planning processes.

While acknowledging the work that the service has put into addressing the areas of concern identified by the Assessment Team, based on the evidence summarised above, the service does not comply with this Requirement.

# 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

The service was found Non-complaint in five of the specific Requirements under this Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in these Requirements.

The service was unable to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed five Requirements under this Standard and found one Requirement is Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 implemented improvements and consumers generally receive personal and clinical care that is best practice, tailored to their needs and optimises their well-being. Sampled documentation and associated interviews demonstrate effective management of pain and skin integrity.

However, while the service demonstrated improvements in relation to the management of restrictive practices, for one consumer this did not reflect best practice. Evidence for this consumer showed they were prescribed an anxiolytic with inconsistent indications across a few documents. It is unclear if a discussion with the family regarding the use of this medication has been carried out. It is also unclear if the non-pharmacological measures have been trialled on all occasion when “if necessary” medication was administered and if the effects of the medication are being monitored and evaluated for effectiveness.

While the care experience for this individual did not meet best practice for restrictive practices, I have taken into consideration all the evidence and find on balance the service complies 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 reviewed the files of consumers living with diabetes, experiencing weight loss issue, exhibiting behaviours of concerns and experiencing falls. While the Assessment Team recommended this requirement as met, the Assessment Team found deficits in the way these aspects of consumers’ care are delivered.

One of the sample consumers has experience progressive weight loss in the last three months with no active measure being taken. The Assessment Team noted this consumer is flagged as “at risk of malnutrition” however has not had any dietitian review for the last 10 months and it is not evident to the Assessment Team that the general practitioner’s review addressed the weight loss issue. Another consumer with co-morbidity is experiencing weight loss with no active measure being taken by the Approved Provider to address this issue.

The service demonstrated that other high-impact or high-prevalence risks activities such as diabetes management and falls management are managed appropriately.

Based on the evidence summarised above, the service does not comply with this Requirement. While there is evidence of effective management of some risk, it is not evident to me that weight loss is being managed effectively.

### 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 evidenced that care plans, assessments and progress notes demonstrate that where a consumer’s condition deteriorates this is recognised and responded to in a timely manner. The Assessment Team reviewed the policies and procedures pertaining to the management of consumers who deteriorate.

Based on the evidence summarised above, the service complies with this Requirement.

### Requirement 3(3)(f) Compliant

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

The service demonstrated that referrals to health practitioners and other specialists generally occur in a timely manner. Document reviewed by the Assessment Team confirmed consumers have been referred to the relevant health care providers when required. Staff interviewed are able to describe the referral processes.

Based on the evidence summarised above, the service complies with this Requirement.

### 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 service has a process in place to minimise infection- related risks including an infection control policy, outbreak protocols, COVID-19 response plan and promotes antimicrobial stewardship. Staff and management interviewed demonstrated they have a good understanding about minimisation of infections and antibiotic use.

Based on the evidence summarised above, the service complies 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

The service was found Non-complaint in one of the specific Requirements under this Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this Requirement.

The service was able to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed one Requirement under this Standard and found this Requirement compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

Representatives sampled were satisfied that consumers at the service receive safe and effective services and supports for daily living to meet their needs, goals and preferences. All staff and management were able to describe each consumer’s particular preferences and supports for everyday living with confidence and explained how the service was meeting their personal goals. Care plans sampled by the Assessment Team, however, were not consistently personalised with each consumer’s goals and preferences to optimise their independence, health, well-being and quality of life.

Based on the evidence summarised above, while the care plans sampled were not consistently personalised, I have taken into consideration all the evidence and find on the balance the service complies with this Requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service was found Non-complaint in one of the specific requirements under this Quality Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this Requirement.

The service was able to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed one Requirement under this Standard and found this Requirement compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Overall, consumers and representatives were satisfied with the action taken in relation to complaints and the way in which staff and management acknowledged mistakes. All staff sampled demonstrated an appropriate understanding of open disclosure and explained the steps they follow when something goes wrong. Policies and procedures reviewed by the Assessment Team defined open disclosure and were consistent with the process followed by staff. Education records demonstrated the service has undertaken open disclosure training and complaints records show feedback is consistently recorded and actioned.

Based on the evidence summarised above, the service complies with this Requirement.

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The service was found Non-complaint in two of the specific Requirements under this Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in these two Requirements.

The service was able to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed two Requirements under this Standard and found these two Requirements compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The service demonstrated that the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services. Overall, representatives said the number and mix of members of the workforce at the service are adequate and expressed satisfaction with the standard of care provided. Rosters reviewed by the Assessment Team demonstrated unexpected or planned staff leave was covered and staffing numbers had increased to meet the changing needs of consumers.

Based on the evidence summarised above, the service complies with this Requirement.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service demonstrated that the workforce is competent and members of the workforce has the qualifications and skills to effectively perform their roles. All representatives expressed satisfaction that staff have the knowledge and skills to meet the required care needs.

Based on the evidence summarised above, the service complies with this Requirement.

# STANDARD 8 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

The service was found Non-complaint in two of the specific Requirements under this Standard at the last visit. The focus of this desk assessment was to assess the service’s progress in returning to full compliance in these two Requirements.

The service was able to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team assessed two Requirements under this Standard and found these two Requirements compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 service demonstrated that the governance systems are in place and how this is applied to achieve best practice outcomes for consumers. The management and quality team routinely monitor, review and analyse data related to the consumer experience. This data is then relayed to the organisation’s director. The director and management team demonstrated that systems and processes are in place to ensure the organisation is well run in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Based on the evidence summarised above, the service complies with this Requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service demonstrated there were adequate clinical governance systems and processes in place to ensure positive clinical outcomes for consumers. Documents reviewed by the Assessment Team include the antimicrobial stewardship policy, minimising the use of restraint policy and open disclosure policy. Staff interviewed stated that they had been educated about the policies and can provide examples of their relevance to their work.

Based on the evidence summarised above, the service complies 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)(a), 2(3)(b)**

Ensure the processes of assessment and planning for care are effective for all consumers and include consideration for risk to consumers’ health and wellbeing.

Ensure the processes of assessment and planning for care identifies and addresses the consumer’s current needs, goals and preferences.

Ensure staff have the skills and knowledge to meet the above.

Ensure care documentation systems used by staff contain consistent or complete care information.

**Requirement 3(3)(b)**

Ensure the management of high-impact or high-prevalence risk associated with the care of each consumer are effective

Establish a monitoring system to ensure care interventions initiated are reviewed on an ongoing basis to ensure the desired outcome is achieved. For example, weight management issues