Old Timers

Performance Report

446 South Stuart Highway
ALICE SPRINGS NT 0870
Phone number: 08 8952 2844

**Commission ID:** 6983

**Provider name:** Australian Regional and Remote Community Services Limited

**Assessment Contact - Site date:** 1 September 2020 to 2 September 2020

**Date of Performance Report:** 12 November 2020

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 provider’s response to the Assessment Contact - Site report received on 30 September 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(d) in Standard 1 and recommended the Requirement as met. All other Requirements in this Standard were not assessed.

Overall consumers and representatives sampled said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* All consumers and representatives said staff listen to them and speak politely and are respectful.
* Consumers and representatives said consumers are supported to do things that matter to them.
* Consumers said staff support them in their life choices.

Management described how they minimise risks and tailor solutions to assist consumers to live their life according to their preferences.

Clinical staff provided the Assessment Team with evidence of a risk assessment which had been completed for one consumer associated with leaving the service without informing staff. In addition, staff provided examples of consumers who want to maintain their independence, being supported to go out on outings with family and friends, and consumers who wish to continue to smoke. Staff described how they monitor consumers who smoke, including the risk mitigation strategies in place.

Staff said they receive education on cultural and social choices. The service has an Indigenous liaison officer whose role is to assist consumers with travel between community and the service.

The Assessment Team observed the service’s smoking area with appropriate safety equipment available to ensure the safety of those consumers who smoke.

Based on the information detailed above, I find the approved provider, in relation to Old Timers, is Compliant with Requirement (3)(d) of Standard 1.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

# 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 Requirements (3)(a) and (3)(b) in Standard 3 and recommended Requirement (3)(a) as met; however, Requirement (3)(b) was recommended as not met. All other Requirements in this Standard were not assessed.

Consumers sampled said they receive care that is safe and right for them and have access to a doctor and other health professionals when needed. For example:

* Consumers said they are satisfied with pain management, medication delivery, wound care and personal hygiene.
* One representative said their family member does not always want to be assisted and staff are respectful of their wishes.
* One representative said their family member has been assessed by a physiotherapist and went to hospital following a fall.

Management provided information on the organisation’s policies and procedures and discussed how personal and clinical care is recorded, monitored and analysed for trends. However, not all clinical staff were familiar with the organisation’s processes and were not able to provide evidence to the Assessment Team of evaluation of each consumer’s needs.

Staff said they are provided with information at handover regarding changes in consumers’ clinical and care needs, and have access to on-line education. Clinical staff are informed of best practice through presentations by specialist organisations.

Documentation viewed by the Assessment Team confirmed consumers are provided with individualised care which is tailored to their specific needs. Care documentation reflected oversight by clinical staff, including referral to allied health and other specialist services. However, the Assessment Team noted consumer goals in care planning were nursing focussed rather than reflecting consumer goals.

The service has policies and procedures in line with best practice care delivery and these are regularly reviewed by Head Office. In particular:

* In relation to skin integrity, the service undertakes risk assessments and complex wounds are reviewed by nursing specialists from the Alice Springs hospital.
* Pain assessments are undertaken following behaviour incidents and falls; however, evidence of pain charting being analysed and evaluated to improve care outcomes was not viewed.
* In relation to chemical restraint, staff were not clear of the definition of chemical restraint.

The Assessment found the service could not demonstrate that all high impact or high prevalence risk is identified, managed, monitored and regularly reviewed, particularly in relation to falls and behaviour management.

I have considered the Assessment Team’s report and the approved provider’s response to come to a view that the service is Compliant with Requirement (3)(a) of Standard 3.

However, I find the service is Non-compliant with Requirement (3)(b) of Standard 3. I have provided the reasons for my decision below.

### 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.*

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

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

While the service demonstrated some understanding of this Requirement, the Assessment Team was not satisfied that the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls and behaviour management. The Assessment Team provided the following findings and evidence relevant to my decision:

* Incident reports and care documentation for one consumer indicates falls have not been managed effectively.
* The consumer had five falls in July and August 2020. Strategies for reducing falls incidents were repeated on each incident report, indicating the interventions had not been successful in reducing the consumer’s falls.
* Documentation did not demonstrate evaluation and analysis of the consumer’s continued falls. A care evaluation in August 2020 had not been updated to include additional strategies to minimise further falls.
* The Assessment Team noted an allied health review did not occur following each fall, as per the organisation’s Falls Management policy.
* Staff acknowledged the falls strategies had not been successful. Clinical staff said they would commence toileting and continence assessments as falls often occur when the consumer is trying to go to the bathroom.
* Incident reports and care documentation for three consumers indicated ongoing behaviours impacting on others are not effectively managed.
	+ One consumer had eight incidents of intruding on other consumers and interfering with their belongings.
		- While staff were provided with strategies to manage this behaviour, no evaluation had been undertaken of the effectiveness of the strategies, and strategies were not included in the behaviour management care plan.
		- There had been no update of the behaviour management care plan.
		- The service’s ‘Care Evaluation’ form is to be completed following incidents and to include updated strategies; however, this had not been completed following the consumer’s incidents.
		- The consumer’s care plan did not identify physical aggression as a behaviour or provide staff with strategies to minimise the potential of physical aggression towards others.
		- Strategies suggested by Dementia Services Australia had not been included in the consumer’s behaviour management care plan.
	+ The second consumer had seven incidents of physical agitation and aggression between May and September 2020.
		- The Care Evaluation form had not been completed following the incidents, including updating strategies.
		- A care plan review did not identify further strategies to assist in the management of the consumer’s behaviours.
		- The consumer had been reviewed by Dementia Services Australia. While not all suggestions had been successful, progress notes and incident documentation recorded success with particular interventions; however, the consumer’s behaviour management care plan had not been updated to reflect these interventions.
	+ The third consumer was noted to have wandering behaviours, agitation and calling out loudly. Incident forms showed the consumer is often the victim of other consumer’s physical aggression. While the consumer’s emotional support care plan directs staff to provide emotional support when they are being aggressive to others, the plan does not provide strategies to reduce the likelihood of the consumer being a victim of other consumer’s physical aggression.

The approved provider submitted a response to the Assessment Team’s report and provided information on the following actions taken or proposed to be undertaken by the service and the organisation:

* In relation to falls management:
* The service has discussed the risks of falling while walking without their aid or wheelchair with the consumer. The consumer has signed a ‘Right to Take Risks’ form.
* The consumer’s behaviour management documentation has been updated
* The service has reviewed and modified their falls procedure, noting that a referral to a physiotherapist is not always required.
* The organisation has included compliance with the falls flowchart into the monthly audit program.
* Education on falls and falls management is to be provided to staff through toolbox or on-line training.
* In relation to behaviour management:
* Dementia Support Australia recommendations have been incorporated in the consumer’s behaviour management care plan. Strategies have been implemented and evaluated.
* A three-day pain assessment was completed which showed pain is being effectively managed and is not a contributing trigger for behaviours.
* A further review has been undertaken by Dementia Support Australia for one consumer and following the receipt of further recommendations, these will be implemented and evaluated.
* The second consumer with behaviours has been re-referred to Dementia Support Australia. Some strategies have been implemented and other strategies will be implemented and evaluated shortly.
* To ensure behaviour management is undertaken consistently in accordance with the organisation’s systems:
* The organisation has contracted an external organisation to provide evidence-based dementia and specialist support to Alice Springs services, including a site visit and intensive training.
* Education sessions have commenced on behaviour management, including undertaking assessments, documentation and compulsory reporting processes.
* Incorporate a compulsory assessment checklist in the organisation’s electronic care system.
* Include compliance with the behaviour management flowchart into the monthly audit program. Outcomes are to be reported at local and organisational governance meetings.

I acknowledge that the organisation and service have been responsive to the deficiencies identified by the Assessment Team and have initiated actions to improve the assessment, monitoring, review and evaluation of falls and behaviour incidents. I also acknowledge that training has been and is to be provided to staff on falls management and behaviour management. However, at the time of the Assessment Contact visit, the service could not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls and behaviour management.

For the reasons detailed above, I find the approved provider, in relation to Old Timers, is Non-compliant with Requirement (3)(b) of Standard 3.

# 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 Assessment Team assessed Requirement (3)(a) in Standard 7 and recommended the Requirement as met. All other Requirements in this Standard were not assessed.

Overall consumers said they get quality care and services and staff are knowledgeable, capable and caring. For example:

* Consumers confirmed there are enough staff and take time to care for them.
* Consumers said staff respond to their needs promptly. One consumer said they had a long wait for their call bell to be answered; however, they had not raised this with management.

Management said that a recent review of the workforce has resulted in a restructure which included recruitment of three senior clinical staff and a new rostering process which is currently being trialled. Management said the changes have improved the stability of the workforce and reduced the services reliance on Agency staff.

Clinical and care staff said they are supported by management and have enough time to carry out their duties. Care staff said staffing levels and mix of staff ensure staff gender preferences are respected.

The Assessment Team observed staff assisting consumers with care and dignity.

Based on the information detailed above, I find the approved provider, in relation to Old Timers, is Compliant with Requirement (3)(a) of Standard 7.

## 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.*

# 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 Assessment Team assessed Requirement (3)(c) in Standard 8 and recommended the Requirement as not met. All other Requirements in this Standard were not assessed.

The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. In relation to regulatory compliance, the organisation could not demonstrate the service was fully applying or following their own policy when exercising ‘Discretion Not to Report’ requirements following an allegation or suspicion of assault.

I have considered the Assessment Team’s report and the approved provider’s response to come to a view that the service is Non-compliant with this Requirement. I have provided the reasons for my decision 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 organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. The organisation could not demonstrate that the service was applying or following the organisation’s policy when exercising ‘Discretion Not to Report’ requirements following an allegation or suspicion of assault.

In particular, in relation to regulatory compliance:

* The organisation’s policy states there is discretion not to report allegations or suspicions of assault to the police or Department of Health when they are perpetrated by consumers with cognitive or mental impairment. The policy identifies four criteria which must be met when assaults are excluded for reporting, one of which is that within 24 hours of receiving an allegation or suspicion of an assault, a behaviour management plan is in place and/or reviewed.
* The Assessment Team noted that following assaults by three consumers staff had not updated the consumers’ behaviour management care plans in line with legislative requirements or the organisation’s policy.
* The Assessment Team noted incident reports and progress note entries had been completed on all occasions.

The approved provider submitted a response to the Assessment Team’s report and indicated that staff at the service were not always following the legislative or organisation’s requirements and behaviour management care plans were not being updated within the legislative timeframe. The approved provider has or plans to implement the following actions to ensure compliance with this Requirement:

* An incident report has been completed for one incident and this has been added to the mandatory reporting log.
* The organisation has reported all incidents to the local police where gaps in documentation to support discretionary reporting have been identified.
* Compulsory reports have been submitted to the Aged Care Quality and Safety Commission with an explanation as to why the incidents have been reported outside of the 24-hour timeframe.
* Staff have reviewed behaviour management charts and identified no further gaps.

In addition, the organisation has provided additional elder abuse and compulsory reporting training and support to clinical staff on the documentation to be completed and actions to be taken in accordance with the legislation. Further training for registered and care staff on the behaviour assessment process, escalation and documentation has commenced. An audit of incident reports, compulsory reports, escalations and documentation has been included in the monthly audit schedule and reported on monthly at the organisation’s Clinical Governance meeting.

I acknowledge that the organisation and the service have been responsive to the deficiencies identified by the Assessment Team and have initiated actions to demonstrate effective organisation wide governance systems relating to regulatory compliance, and particularly with regard to the service applying the legislation and following the organisation’s policy when exercising ‘Discretion Not to Report’ requirements following an allegation or suspicion of assault. This includes the completion of incident reports and behaviour management plans being reviewed and updated within 24-hours of an incident.

However, at the time of the Assessment Contact visit, the service could not demonstrate there were effective management and monitoring systems for adhering the legislative requirements and the organisation’s policy when exercising ‘Discretion Not to Report’ requirements following an allegation or suspicion of assault.

For the reasons detailed above, I find the approved provider, in relation to Old Timers, is Non-compliant with Requirement (3)(c) of Standard 8.

# 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.

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

In relation to falls management:

* Ensure strategies are reviewed, and an evaluation undertaken following a falls incident to minimise the consumer’s continuing risk of falling.
* Ensure the falls flowchart is incorporated into the monthly audit program.
* Ensure education on falls and falls management is provided to staff through toolbox or on-line training.

In relation to behaviour management:

* Ensure dementia and specialist support and training is provided to staff.
* Ensure education sessions have commenced on behaviour management, including undertaking assessments, documentation and compulsory reporting processes.
* Ensure a compulsory assessment checklist is incorporated into the organisation’s electronic care system.
* Ensure the behaviour management flowchart is included into the monthly audit program and outcomes reported monthly at the local and organisation’s Clinical Governance meetings.

**Standard 8 Requirement (3)(c)**

* Ensure behaviour management care plans are reviewed within 24 hours following an ‘Discretion Not To Report’ incident of assault or suspicion of assault, in line with legislative and the organisation’s policy requirements.
* Ensure incidents of assault or suspicion of assault are report to the police and Department of Health within legislative timeframes.
* Ensure staff are provided with additional elder abuse and compulsory reporting training.
* Ensure registered and care staff are provided with training on the behaviour assessment processes, escalation and documentation.
* Ensure an audit of incident reports, compulsory reports, escalations and documentation is included in the monthly audit schedule and reported on monthly at the organisation’s Clinical Governance meeting.