R M McHale Hostel

Performance Report

18 Purdey Street   
TONGALA VIC 3621  
Phone number: 03 5859 0800

**Commission ID:** 3314

**Provider name:** Tongala & District Memorial Aged Care Service Inc

**Assessment Contact - Desk date:** 24 November 2021

**Date of Performance Report:** 17 January 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(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 |

# 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 a review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received on 23 December 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as 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 while most sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services, the service did not consistently identify individual consumer risks such as pain and wound management. The service could not demonstrate that clinical risks to consumers are monitored effectively through routine assessments. For example:

* A review of care planning documentation for one consumer does not indicate if pain assessments were completed.
* For one consumer there is no comparative wound photographs or wound measurements that contain a baseline comparison of the wound.
* No referral to a wound specialist is made in relation to a consumer’s chronic unstageable wound as required by service policy.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement, planned action and expected dates of completion. Planned areas for improvement include enhancements to assessments and care planning.

I note the actions planned by the provider and that many of these actions are in progress. I note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 the service regularly reviews care and services. However, current care strategies are not satisfactorily monitored for effectiveness, and changes in consumer needs are not consistently reflected in care strategies where there is a change or when incidents impact on the needs, goals or preferences of consumers. For example:

* There was no pain charting in relation to morphine injections, nor was an advance care directive in place for one palliating consumer.
* Interventions to manage two consumers with responsive behaviours were not effectively monitored.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include introducing new systems to enhance assessment, evaluation and determination of individual goals of care.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is assessed as 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 while sampled representatives considered consumers get the care they need, the Assessment Team identified ongoing responsive behaviours are not effectively reviewed to reduce reoccurrence and impact on other consumers.

In addition, the service did not demonstrate consumers receive safe and effective clinical care that is tailored to the individual consumer’s current or changing needs. The Assessment Team also noted that the service’s psychotropic medication register is yet to be completed, and medication charts do not have indications or maximum daily dosage for ‘as needed’ medications.

In their response to the Assessment Team report the approved provider lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include enhanced clinical governance systems.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 report noted positive feedback from consumers and their representatives who felt that risks relating to their care are effectively managed. However, documentation indicates management of high impact or high prevalence risks are not effectively monitored and reviewed. High prevalence risks are not consistently identified and interventions are not tested for effectiveness. For example:

* There is no indication that the service sought assistance with a behavioural consultant to assist with one consumer’s ongoing responsive behaviours.
* In relation to the same consumer, the service could not demonstrate if pain or behaviour charting was completed and reviewed for effectiveness.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include undertaking a full review of all consumers subject to restrictive practices.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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 representatives interviewed provided positive feedback regarding the care consumers receive, and staff demonstrated knowledge of individual consumer care needs. However, the Assessment Team identified gaps in the ongoing management of changes in consumer function. For example:

* A consumer who transitioned from comfort care to palliative care, had little consultation documented.
* Wounds are not charted or photographed.
* The service did not effectively monitor or reassess consumer deterioration in a timely manner to reduce the potential impact to consumers, including not conducting COVID screening at the onset of symptoms, or completing clinical charting to monitor the risk of potential aspiration pneumonia.

In their response to the Assessment Team report the approved provider nominates a self-rating of met and lists evidence and a number of policies and procedures to support outcomes within this requirement. The approved provider’s response also details several identified areas for improvement and planned action. Planned areas for improvement include undertaking a full review of all consumers with wounds.

I note the actions planned by the provider and note improvements are yet to be evaluated. The service was non‑compliant at the time of the assessment and thus I find the service non‑compliant in 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)**

* Implement routine assessments to ensure clinical risks to consumers are monitored effectively.

**Requirement 2(3)(e)**

* Implement systems to ensure changes in consumer needs are consistently reflected in care strategies.

**Requirement 3(3)(a)**

* Implement systems to ensure identified ongoing responsive behaviours are effectively reviewed to minimise impacts on other consumers.
* Ensure consumers who experience changing care needs are reviewed to enable current care strategies to meet their needs.
* Ensure the psychotropic medication register is up-to-date and that consumer medication charts are accurate.

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

* Ensure high prevalence risks are identified and interventions are tested for effectiveness.

**Requirement 3(3)(d)**

* Ensure ongoing management and review of consumer function to detect and address deterioration or changes to consumer health.