The District Nurses

Performance Report

2 Birdwood Avenue
MOONAH TAS 7009
Phone number: 03 6208 0500

**Commission ID:** 300344

**Provider name:** Hobart District Nursing Service Inc. T/A The District Nurses

**Assessment Contact - Site date:** 2 September 2021 to 3 September 2021

**Date of Performance Report:** 19 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.

**Services included in this assessment**

**Home Care:**

* The District Nurses - SOUTHERN, 23611, 2 Birdwood Avenue, MOONAH TAS 7009

**CHSP:**

* Short Term Restorative Care (STRC), 8116, 2 Birdwood Avenue, MOONAH TAS 7009
* CHSP Transport, 4-7WB8TG5, 2 Birdwood Avenue, MOONAH TAS 7009
* Social Support - Individual, 4-7WB8TIW, 2 Birdwood Avenue, MOONAH TAS 7009
* Allied Health and Therapy Services, 4-7WBK8V7, 2 Birdwood Avenue, MOONAH TAS 7009
* Specialised Support Services, 4-7WBK8YI, 2 Birdwood Avenue, MOONAH TAS 7009
* CHSP Personal Care, 4-7WBK919, 2 Birdwood Avenue, MOONAH TAS 7009
* Nursing, 4-7WBK94K, 2 Birdwood Avenue, MOONAH TAS 7009
* Domestic Assistance, 4-7WBK97L, 2 Birdwood Avenue, MOONAH TAS 7009
* Home Maintenance, 4-7WBK9AC, 2 Birdwood Avenue, MOONAH TAS 7009
* Flexible Respite, 4-7WBK9DN, 2 Birdwood Avenue, MOONAH TAS 7009
* Allied Health and Therapy Services, 4-7WBK8V7, 14 Willis Street, LAUNCESTON TAS 7250
* Domestic Assistance, 4-7WBK97L, 14 Willis Street, LAUNCESTON TAS 7250
* Flexible Respite, 4-7WBK9DN, 14 Willis Street, LAUNCESTON TAS 7250
* Nursing, 4-7WBK94K, 14 Willis Street, LAUNCESTON TAS 7250
* Short Term Restorative Care (STRC), 8116, 14 Willis Street, LAUNCESTON TAS 7250

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | 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 did not include a response.

# STANDARD 2 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

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

The focus of this Assessment Contact was to assess compliance with Standard 2 Requirements (3)(a), (3)(c) and (3)(e).

Overall consumer representatives sampled considered that they are involved in the ongoing assessment and planning of their care and services.

The three requirements are assessed as compliant as described below.

## 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.*

I find the service is compliant with this requirement based on the following evidence:

* Consumer care documentation for consumers sampled demonstrated care planning includes an integrated care assessment and a goal directed care plan.
* Representatives described how they have participated in initial and on-going consumer care assessment and planning.
* Clinical staff described how the consumer care plan informs and supports care and services.
* In response to a complaint from a representative in relation to care provided to a former consumer, the provider has reviewed processes and implemented action to strengthen the assessment and planning for risk of pressure injury and skin integrity.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

I find the service is compliant with this requirement based on the following evidence:

* Representatives described how they participate in consumer assessment and care planning.
* Care planning documents demonstrated consumers, their representatives and others are involved in assessment and care planning.
* Staff described how consumers, representatives, health professionals and other organisations contribute to the consumer’s care plan.

### Requirement 2(3)(e) 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.*

I find the service is compliant with this requirement based on the following evidence:

* Care plans are reviewed on a three-monthly basis and re-assessment occurs annually or as consumer care needs change.
* Representative feedback they have access to a consumer care plan and are made aware when changes occur.
* Clinical staff described how they respond to change in a consumer’s care needs.
* The service has recently implemented processes to strengthen review of care and services following a complaint from a representative in relation to care provided to a former consumer.

# 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 focus of this Assessment Contact was to assess compliance with Standard 3 Requirements (3)(a), (3)(d) and (3)(e).

While the service demonstrated safe and effective care for most consumers sampled, the required care for one consumer was not identified, communicated or managed effectively resulting in significant adverse outcomes for the consumer.

The service has recognised and is implementing processes to strengthen care and communication processes and staff skills in relation to the deficits identified.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been 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:

* While representatives for sampled consumers expressed satisfaction consumers’ care needs and preferences being met, a representative complained through the Commission about care provided to a now former consumer in relation to the identification and management a sacral pressure injury.
* Documentation and staff interviews for four consumers sampled during the Assessment Contact indicated care provided meets their needs. However, evidence in relation to the consumer named in the complaint indicates care provided did not meet their needs, resulting in significant adverse outcomes for the consumer.
* The provider has commenced a number of actions to address deficits highlighted in the complaint and prior to the assessment contact. These actions include revised assessment and review processes for high risk consumers and resources for the development of staff knowledge and skills.

While I note the team’s evidence in relation to four consumers sampled during the assessment contact, I cannot discount the significant impact the deficits in care had for the former consumer. While I note the remedial action already commenced by the provider, the effectiveness of the actions still need to be established. For these reasons I find the service does not comply 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:

* While representatives sampled stated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner, a consumer representative complained through the Commission about inadequate recognition and response to the development of their consumer’s pressure injury.
* Documentation for consumers sampled during the assessment contact show staff identify and respond to deterioration or change. However, this did not occur for the consumer in the complaint, who over an approximate two-month period developed an unstageable sacral pressure injury that was not effectively identified or responded to by the service.
* The provider has commenced a number of actions to address deficts highlighted in the complaint and prior to the assessment contact. These actions include revised communication and consumer review processes and the commitment of resources for the development of staff knowledge and skills.

While I have considered the team’s evidence in relation to the consumers sampled during the assessment contact, I have placed weight on the significant impact for the consumer whose changing condition was not recognised and responded to in a timely manner. While I note the remedial action already commenced by the provider, the effectiveness of the actions still need to be established. For these reasons I find the service does not comply with this requirement.

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The Assessment Team found:

* While staff and documentation demonstrated how they communicate and share information with others where responsibility for care is shared, for one consumer who developed a pressure injury the service’s communication processes were not effective. This contributed to a significant impact for the consumer.
* The provider has commenced remedial actions to address deficts highlighted in the complaint. These actions include revised communication and review processes and the commitment of resources for the development of staff knowledge and skills.

I have considered the Assessment Team’s evidence and recommendation in relation to the service’s documentation and sharing of information about consumers’ condition, needs and preferences. I have placed weight on the significant impact for the consumer whose changing condition was not effectively communicated within the service.

I thus disagree with the Assessment Team’s recommendation, and find the service does not comply 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.

Standard 3 Requirement (3)(a)

* Ensure staff have the knowledge and skills to provide safe and effective care and management of pressure injuries.

Standard 3 Requirement (3)(d)

* Ensure staff have the knowledge and skills to identify and respond to changes or deterioration of consumer health or condition.

Standard 3 Requirement (3)(e)

* Ensure effective processes for staff to communicate changes or deterioration in health within the service.