Wongaburra Garden Settlement Hostel

Performance Report

210 Brisbane Street
BEAUDESERT QLD 4285
Phone number: 07 5540 1400

**Commission ID:** 5085

**Provider name:** Wongaburra Society

**Assessment Contact - Site date:** 4 November 2020 to 5 November 2020

**Date of Performance Report:** 7 December 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 30 November 2020
* referral information received by the Commission.

# 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 Quality Standard is assessed as Non-compliant as one 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 service was not able to adequately demonstrate each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being. The Assessment Team identified deficiencies in clinical monitoring, clinical management, clinical documentation and clinical reassessment in relation to consumers’ care needs.

The Assessment Team identified registered staff have not monitored one consumer’s vital/neurological observations following unwitnessed falls in line with best practice, have not reviewed falls management strategies for effectiveness and/or conducted risk assessments to ensure clinical care provided remained tailored to the consumer’s needs and optimised her health and wellbeing.

The Approved provider in its written response to the Assessment Team’s findings has agreed a number of deficiencies exist in relation to clinical monitoring, clinical management, clinical documentation and clinical reassessment at the service. The Approved provider has initiated formal performance management of a staff member responsible for clinical oversight at the service. The Approved provider has taken action to ensure the electronic care system has been amended to include the recording of neurological observations as a standard procedure following falls sustained by consumers. The service is sourcing an appropriate risk assessment process in relation to furniture and equipment and will further modify its electronic care system to include the safety and suitability of equipment and furniture into the falls management processes.

The Assessment Team identified clinical monitoring and/or management was not provided in a timely way in relation to an alleged manual handling incident/reportable assault report, involving a consumer (victim) and a staff member (alleged offender). While a senior management staff member was aware of the alleged assault of a consumer by a staff member on 7 November 2020, this information was not recorded, reported, shared, escalated or investigated until seven days later. The consumer sustained a suspected broken hip and passed away 10 days after the alleged assault.

The Approved provider in its written response to the Assessment Team’s findings has acknowledged the delay in the incident being reported, has expressed regret the staff member misinterpreted the need to escalate the event and have conceded to failure on the part of the service in relation to the care of the consumer. Actions have been taken by the Approved provider in relation to the incident including performance management of the staff member involved in not escalating the assault, the introduction of a checklist or actions taken following a change in consumers’ health status, a care-related incident and a significant near-miss adverse consumer event. The falls risk assessment tool has been revised to ensure it is completed following every fall.

The Assessment Team identified registered staff have not a consumer to their medical officer for review in a timely way when the consumer was in pain following a fall. Documentation does not support assessment, monitoring and/or adequate actions taken to address the consumer’s changed pain management needs. Registered staff have not documented trialling alternative pain management strategies. While the consumer was reviewed by an allied health specialist when they exhibited symptoms of severe pain, the consumer’s medical officer was notified via facsimile rather than by telephone and did not review the consumer until two days after the initial fall. The consumer was diagnosed with a suspected fracture of their hip and subsequently passed away ten days after the fall.

In response to the Assessment Team’s findings, the Approved Provider has refuted a delay in the notification of the medical officer when the consumer experienced pain the day following the fall. However, I question if notifying the medical officer by facsimile demonstrates a timely and appropriate course of action. The Approved provider has stated that while a non-verbal pain assessment could have been undertaken it would not have changed the management of the consumer’s pain or affected the outcome. The Approved provider has also stated that trialling other pain management strategies, including non-pharmacological strategies would have been contraindicated for the consumer, and the service managed the consumer’s pain needs during the delay in attendance by the medical officer.

The Assessment Team identified a lack of information to ensure the safety of staff when caring for a consumer requiring cytotoxic medication. Staff were unaware of any additional precautions to take in relation to the consumer and appropriate personal protective equipment was not observed by the Assessment Team.

Signage was placed on the consumer’s door during the audit to advise staff and visitors of the required precautions. The Approved provider in its written response has stated education has been provided to registered staff in relation to wound management and safe cytotoxic medication practices.

I acknowledge the actions taken by the Approved provider in response to deficiencies identified by the Assessment Team, however these actions were not in place at the time of the assessment contact and have not been fully implemented or tested for their effectiveness. It is my decision that consumers have not received safe and effective clinical and personal care and therefore this Requirement is non-compliant.

# 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 have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

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

The Assessment Team identified staff do not have sufficient knowledge to effectively perform their roles. The Assessment Team identified nursing staff did not have sufficient knowledge regarding assessment, monitoring, mandatory reporting, infection control, escalation and documentation processes.

The Assessment Team identified a staff member did not escalate, record or report an incident of unreasonable force exerted by a care staff member against a consumer until seven days after the incident occurred.

The Approved provider in its written response has reluctantly agreed given the recent critical event involving the consumer noted above, that some deficiencies in staff knowledge exists. The Approved provider has stated the alleged perpetrator of the assault on the consumer is no longer an employee of the service. The staff member who delayed the reporting, recording and escalation of the assault is undergoing performance management.

The Assessment Team have provided information relating to documentation and assessment deficiencies in the provision of care for a consumer. It is my decision this information relates to Requirement 3 (3) (a) and is an indication of poor clinical care provision.

While I acknowledge the actions of the Approved provider in relation to this Requirement, it is my decision that at the time of the Assessment contact, not all members of the workforce were competent and therefore my decision is this Requirement is non-compliant.

# 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 did not assess all Requirements under this Standard; therefore a compliance rating or summary is not provided.

## 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 Assessment Team recommended the service did not meet this Requirement based on the monitoring capabilities of the compulsory reporting process and deficiencies identified in information management.

I have come to a different decision to the Assessment Team and have found this Requirement is compliant. It is my decision the organisation has an appropriate system to meet mandatory reporting requirements. Information management processes are effective in ensuring the transfer of information occurs across the service.

# 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.

* Consumers are to receive safe and effective clinical and personal care.
* Staff are to be competently skilled to perform their roles.