Performance

Report

**1800 951 822**

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| Name of service: | Christophorus House Hostel |
| Service address: | 396 Peats Ferry Road HORNSBY NSW 2077 |
| Commission ID: | 0200 |
| Approved provider: | Christophorus House Retirement Village |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 June 2023 to 8 June 2023 |
| Performance report date: | 28 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Christophorus House Hostel (**the service**) has been prepared by G Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 14 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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)**

* Ensure 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, particularly in relation to high risk and high prevalence risks including pressure injury, diabetes and continence management.

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

* Review process to ensure early detection of deterioration in a consumer’s health and well-being and that escalation processes are utilised to permit further investigation of the situation and action taken, as required.
* Ensure any 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.

**Requirement 8(3)(d)**

* Ensure effective risk management systems and practices, including but not limited to the following:
  1. managing high impact or high prevalence risks associated with the care of consumers;
  2. identifying and responding to abuse and neglect of consumers;
  3. supporting consumers to live the best life they can
  4. managing and preventing incidents, including the use of an incident management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Non-compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

This Quality Standard is assessed as Non-Compliant as one of the five requirements is assessed as non-compliant.

Consumers and representatives provided positive feedback in relation to their needs, goals and preferences being met. Care and service documentation contained most consumers' individual preferences and current needs. Consumers and representatives said they had been given the opportunity to discuss end of life care and their wishes. The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer. Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. However, assessment and care planning processes do not include consideration of risks to the consumer’s health and well-being, and inform the delivery of safe and effective care and services.

Requirement 2(3)(a) was found to be non-compliant at a previous assessment. Since that time the Assessment Team found the Approved Provider has implemented actions to address the non-compliance by updating sampled consumers’ assessments, including consideration of risks to the consumer’s health and well-being, where appropriate. However, the Assessment team found deficits in the assessment and care planning documentation pertaining to the management of risk for some consumers.

This related to consumers with diabetes in relation to documenting blood sugar ranges in care plans, the lack of a diabetic management plan for one consumer, recording of BGL levels and recording and management of pressure injuries.

The Approved Provider in their response provided information about the named consumers in the team’s report. The Approved Provider also provided plan for continuous improvement updated on 12 July 2023, including but not limited to, providing staff training on diabetes management.

I have considered the evidence provided by the Assessment Team and the information provided by the Approved Provider. I have found requirement 2(3)(a) non-compliant as the management of risk to the health, safety and well-being for some consumers was not considered and documented. While the approved provider has now addressed some of the issues identified, further improvement is required such as the education of staff to ensure that 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 on all occasions.

The Approved Provider responded to the Assessment Team’s report with a plan for continuous improvement updated on 12 July 2023, including but not limited to, providing staff training on diabetes management.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(a) is found Non-compliant.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated 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.

Care and service documentation consistently addressed all areas of care and services and contained consumers' individual preferences or current needs. Consumers and/or representatives provided positive feedback in relation to their needs, goals and preferences being met. Staff were able to describe the current needs or preferences for consumers. Consumers and/or representatives stated they had been given the opportunity to discuss end of life care and their wishes.

Requirement 2(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and/or representative and documented in a care and services plan that is readily available. Care and service documentation showed discussions around care have been occurring. Consumers and/or representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. Staff explained how they keep consumers and/or representatives updated with changes to consumer care and services.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Non-compliant |

Findings

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences. Consumers and/or representatives provided positive feedback about their clinical care, and staff knowledge of consumer care needs. Observations and documentation reviewed showed the service is providing safe and effective clinical care that optimises consumers' health and wellbeing.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service identified diabetes management, falls, skin integrity and wounds, pain and behaviour management as their high impact, high prevalence risks. Consumers and/or representatives provided positive feedback about their clinical care, and staff demonstrated knowledge around high impact, high prevalence risks and strategies to mitigate those risks.

Deficits where identified in assessment and care planning processes, particularly in relation to the consideration of high impact, high prevalent risks to the consumer’s health and well-being, particularly in relation to diabetes and pressure injury, which is reflected in a non-compliance finding in Requirement 2(3)(a).

Requirement 3(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate a process for recognising and addressing the needs, goals and preferences of consumers nearing the end of life. Consumer care and service records reflect that consumer comfort was maximised, and dignity preserved when receiving end-of-life care. Consumer wishes and directives are incorporated into their care and services records, and staff were able to describe strategies used and care provided for consumers receiving end-of-life care.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Whilst the service was able to demonstrate a process for recognising and addressing the needs, goals and preferences of consumers experiencing a deterioration or change in their condition resulting in a timely transfer to hospital for two sampled consumers, the deterioration in the skin integrity for two consumers was not timely resulting in ‘suspected deep tissue’ pressure injuries developing. Neither adverse event was given consideration as to whether it should be reported through the Serious Incident Response Scheme (SIRS) in order to escalate concerns so that the organisation could assess the situation and take action. Furthermore, for one consumer, the deterioration in their pressure wound was not escalated appropriately to ensure clinical review. The Approved Provider provided information to demonstrate that a wound consultant was involved in the consumer’s care. Despite this the wound consultant was not contacted when the wound deteriorated 14 to 19 May 2023. Additionally, there was a lack of intervention to manage the offloading of pressure to promote healing of the wound and prevent further deterioration.

The Approved Provider responded to the Assessment Team’s report with a plan for continuous improvement updated on 12 July 2023, which included interventions to providing staff training on wound management, pressure injury, care documentation and reporting of serious adverse events through the Serious Incident Response Scheme.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(d) is found Non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Management confirmed staff is recruited, trained, and supported to deliver the outcomes required by the Aged Care Quality Standards. There are appropriate recruitment processes in place and interviews with staff reflected a comprehensive and responsive training and education program is in place at the service. The Assessment Team observed numerous posters displayed in the staff room and throughout the service in relation to the Aged Care Quality Standards and other information supporting delivering outcomes required by the Quality Standards. Interviews with staff reflected a comprehensive and responsive training education program is in place at the service. The Assessment Team observed training records, and posters with future training opportunities, including compulsory training.

The Approved Provider responded to the Assessment Team’s report with a plan for continuous improvement updated on 12 July 2023, which including interventions to providing staff training on wound management, pressure injury, care documentation and reporting of serious adverse events through the Serious Incident Response Scheme. This demonstrated the Approved Provider’s ongoing commitment to ensuring staff are trained, equipped and supported to deliver the outcomes required by these standards.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |

Findings

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated it has effective organisational governance systems in place relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has reviewed policies and procedures and update them as required and provided education and training to guide staff on understanding and implementing the new policies.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance, however, effective risk management systems and practices were not demonstrated. Whilst Management has undertaken a number of actions to regularly monitor high prevalence high impact risks relating to the care of consumers, the identification of risk has not been adequately demonstrated in assessment and planning, including consideration of risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services for consumers as described in Requirement 2(3)(a).

The Approved Provider responded to the Assessment Team’s report with further information and a plan for continuous improvement updated on 12 July 2023 including interventions to providing staff training on wound management, pressure injury, care documentation and reporting of serious adverse events through the Serious Incident Response Scheme.

Furthermore, managing and preventing incidents, including through the use of an incident management system, resulting in the effective investigation and analysis of serious adverse events for consumers has not been demonstrated. The organisation has not undertaken a root cause analysis approach to establish the underlying causes in relation to serious adverse events which occurred to two consumers. Additionally, the response by the Approved Provider does not demonstrate the organisation has an effective risk management system for preventing harm to consumers through the early identification of risk of harm and actions taken when adverse events or incidents occur, including reporting to the Commission as required through SIRS.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Non-compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)