Performance

Report

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| Name of service: | HammondCare - Wahroonga |
| Service address: | 3 - 9 Woonona Avenue South WAHROONGA NSW 2076 |
| Commission ID: | 1035 |
| Approved provider: | HammondCare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 July 2023 to 11 July 2023 |
| Performance report date: | 16 August 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 HammondCare - Wahroonga (**the service**) has been prepared by Melissa Buhagiar, 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 conducted 10 July to 11 July 2023, 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 07 August 2023
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Site Audit report dated 29 June 2022 following Site Audit conducted 10 May to 12 May 2022, Assessment Team report following Site Audit conducted 10 May to 12 May 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3(3)(b)**: The approved provider must demonstrate that comprehensive investigation is conducted following incidents to identify the cause and that mitigation strategies are documented to prevent the reoccurrence. Reviews and assessments must be conducted for consumers following incidents in line with organisational policy and guidance.

# Other relevant matters:

This Assessment Contact was conducted to assess 2 Requirements under the Quality Standards, which were found to be Non-compliant following a Site Audit on 10 to 12 May 2022. The Assessment Team was also directed to assess an additional Requirement: Standard 3 Requirement (3)(b). The Assessment Contact commenced at 1pm on 10 July 2023 and finished at 5pm on 11 July 2023.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

The Quality Standard was found to be Non-compliant as one of the specific requirements were assessed as Non-compliant.

The Assessment Team interviewed consumers and representatives who generally indicated satisfaction for the care the consumers received. However, documentation review and staff interviews show high-impact and high-prevalence risks associated with the care of the consumers sampled have not always been effectively managed.

Management advised the Assessment Team that falls and elder abuse including behaviours involving physical aggression are the main high impact high prevalence risks at the service as all the consumers have a form of dementia diagnosis.

The Assessment Team found that the service has organisational documents including policies and procedures providing staff with guidance regarding managing risks including but not limited to falls, nutrition and hydration deficits, wounds and restrictive practices. However, it was found that these documents were not always followed and have not informed staff practice in providing care to the consumers sampled.

The Assessment Team reviewed care planning documentation which indicated for one consumer who has sustained falls in April and July 2023, that there had not been a review of the mobility assessment following these falls or any pain assessment conducted post the falls. The Assessment Team identified for another consumer who was subject to responsive behaviours that there had been ineffective management of the behaviours and the behaviour support plan had not been completed. Despite several incidents, the incident report response for the most recent incident was to continue monitoring the consumer, as a prevention strategy to the incident, there was no consideration of pain as a contributing factor or any consideration made for what the possible cause may have been for the changed behaviours.

The Assessment Team reviewed documentation for a consumer who was subject to pressure injuries. The Assessment Team observed that there was an absence of wound reviews documented and pain assessments conducted in line with organisational complex wound management guide, despite a medical review being undertaken which was noted to include progress notes with minimal improvement. It was also identified that falls management and investigation of falls had not always occurred following unwitnessed falls in line with organisational guidance documents.

The approved provider responded to the Assessment Team’s report and advised that the move to the electronic care management system resulted in some documentation not being finalised in the electronic system. The provider responded with documentation in relation to the falls and behaviour management and also the improvement of the wound care for the noted consumer. Training records for pain were also provided. It is noted that some of the behavioural incidents were related to pain, however this was not considered to be a trigger factor before the incidents. The provider stated that there was no psychological or physical impact to the consumers for any of the incidents, however it was not demonstrated that effective strategies are in place to minimise future incidents or that staff are following appropriate guidance and conducting effective investigation and review of strategies, which poses a greater potential for high impact and high prevalence risks to consumers.

I acknowledge the information that the provider has submitted and the training records, however I feel that it will take time to demonstrate that staff are effectively documenting effective strategies for behaviours to prevent a reoccurrence and identifying pain for consumers.

I find that the approved provider is Non-compliant with requirement 3(3)(b).

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The Quality Standard does not have a rating as only one of the specific requirements were assessed and found to be Compliant.

A Site Audit was conducted at the service in May 2022 and following this a regulatory official from the Commission decided that this requirement was Non-compliant. The reasons for the Non-compliance were deficiencies in relation to the cleanliness of furniture, equipment and fittings being dusty, visibly marked or dirty including the undercover visitor parking area of the service. Consumers were also not able to move freely through the service.

The Approved Provider acknowledged the findings and detailed related actions and planned improvements. These included an immediate internal audit of the service environment after the Site Audit in May 2022.

Actions initiated by the service included process to ensure the parking area is regularly cleaned by staff. Each apartment including surfaces are regularly cleaned and are part of the daily tasks for care staff to complete. Some furniture has been replaced in the apartments and other furniture has been deep cleaned. Domestic support hours increased for a fortnight in May 2023, to complete a deep clean of the service. Any maintenance issues identified during the clean was logged on the maintenance register and attended to by the maintenance officer.

The information gathered from an assessment of compliance with the requirement during this Assessment Contact demonstrated overall, there are processes in place for a well maintained, safe and comfortable environment at the service. The Assessment Team observed the environment appears safe, well-maintained and comfortable for consumers and is clean. Consumers are able to move freely, both indoors and outdoors and representative feedback was positive about the environment.

The Assessment Team interviewed consumers and representatives who provided positive feedback about the service’s environment, noting that the there is always a fresh smell and the care staff work hard, and are very busy but, they do a great job in keeping everything clean and tidy as well as care for the consumers.

The Assessment Team observed that each apartment has a courtyard or balcony the consumers can access, and doors to these areas were observed to be unlocked so the consumers could freely access outside if they chose.

I have found that the approved provider is Compliant with requirement 5(3)(b).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The Quality Standard does not have a rating as only one of the specific requirements were assessed and found to be Compliant.

A Site Audit was conducted at the service in May 2022 and following this a regulatory official from the Commission decided that this Requirement was Non-compliant. The reasons for the Non-compliance were the mixed response from representatives about the allocation and sufficiency of the workforce. Feedback received included that staff are often rushed and not available when required for transfers, emotional support or for leisure activities. Representatives said staff do not have time to complete their allocated duties and the lower priorities such as cleaning and lifestyle were allocated minimal time. Staff also confirmed they were short staffed; rushed and felt they did not have enough time to spend with consumers. Vacant shifts were filled by staff working extra hours and staff felt exhausted and tired.

The Approved Provider acknowledged the findings and detailed related actions and planned improvements. This included the active recruitment of more care staff with an increase in agency staff in the interim until staffing numbers increased.

The information gathered from an assessment of compliance with the Requirement during this Assessment Contact found that most interviewed representatives were satisfied with the staffing levels at the service. Representatives said the staff are caring and kind to the consumers living at the service and believe their family member is well cared for. Staff are busy but do not appear rushed.

The Assessment Team received feedback from representatives saying that consumers did not have to wait for extended periods of time to be attended to and that staff are always on the floor and visible to consumers, they are often interacting with the consumers or cooking in the kitchen but always available.

However, two representatives said they do not believe there is sufficient staff on shift at night and there is not sufficient staff on shift during the day to engage consumers in meaningful activities.

The Assessment Team interviewed care staff who consistently provided feedback that they are able to comfortably complete all their tasks on each shift. They said whilst they could always do with more staff, they believe there is currently sufficient care staff to meet the needs of the consumers.

The Operations Manager and Residential Manager advised the Assessment Team that the organisation is actively recruiting for care staff and Registered Nurses and that they have recently employed 6 new care staff.

I have found that the approved provider is Compliant with requirement 7(3)(a).

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