Performance

Report

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| Name of service: | Harold Williams Home |
| Service address: | 267 Eyre Street BROKEN HILL NSW 2880 |
| Commission ID: | 0027 |
| Approved provider: | Southern Cross Care (Broken Hill) Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 October 2022 |
| Performance report date: | 28 November 2022 |

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 Harold Williams Home (**the service**) has been prepared by M Glenn, 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.

# 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; and
* the Performance Report dated 26 May 2021 for a Site Audit conducted from 1 March 2021 to 3 March 2021.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found consumers had not been actively supported to understand risks associated with their choices nor had they been involved in decision making in relation to risk minimisation strategies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Undertaken risk assessments, Resident collaboration forms and Physiotherapist reviews for consumers and reviewed all consumers for potential risk.
* Reviewing the Risk register at an organisational level and risk is discussed at service level and management meetings.

At the Assessment Contact, the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Processes are in place to identify and mitigate risk on entry and as consumers’ health and circumstances change. Documentation sampled demonstrated risks are discussed with consumers as part of care planning processes, recorded on Resident risk collaboration forms and changes to health and circumstances are captured in progress notes and as part of handover processes. Risk collaboration forms sampled had been completed in consultation with consumers relating to activities they choose to partake in which include an element of risk. Staff were knowledgeable about individual consumer risks and described risk mitigation strategies for consumers sampled.

For the reasons detailed above, I find Requirement (3)(d) in Standard 1 Consumer dignity and choice Compliant.

# 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Requirements (3)(a) and (3)(e) were found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found the service did not demonstrate:

* assessment and care planning information was complete and accurately reflected risks associated with consumers’ needs and preferences; and
* effective processes relating to review of care and services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed a care plan review and audited all care plans.
* Implemented a new electronic reporting system to ensure assessments are automatically carried into the care plans to ensure they are congruent.
* Completed an audit to review consumer preferences, and updated care plans and shower lists to reflect consumers’ gender preferences.
* Provided education to clinical staff in relation to incidents and deteriorating consumer pathways.

At the Assessment Contact, the service demonstrated 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. Admission processes guide clinical staff in assessment across various clinical and care domains and validated risk assessment tools are used to identify key risks, including falls, malnutrition and skin integrity. Care files sampled for consumers with specialised care needs, including diabetes, had specialised care plans which included key risks, such as cognitive impairment, self-medication assessments and skin and fall assessments. Clinical and care staff described risks and management strategies for consumers, in line with care plans.

Care plans are reviewed three monthly and following changes to a consumer’s needs or when changes are required due to an adverse event or personal preference. Care files demonstrated appropriate review and update of care plans, including following a consumer’s return from hospital.

For the reasons detailed above, I find Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning Compliant.

# 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)(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. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirements (3)(a), (3)(d) and (3)(g) were found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found the service did not demonstrate:

* consumers were consistently receiving care that optimised their health and well-being;
* staff were identifying and responding appropriately to consumers who had experienced a deterioration in their condition and consumers received the care they required; and
* staff practices minimised infection related risks.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated electronic care platforms to include all blood glucose level ranges from Medical officers’ directives to ensure monitoring for out of range levels.
* Reviewed and updated Diabetes management plans, Wound management charts and skin assessments, where applicable.
* Provided education to staff in relation to the deteriorating consumer pathway and use of personal protective equipment.
* Developed a training schedule for the donning and doffing of personal protective equipment.
* Monitoring the COVID-19 management plan for compliance.
* Implemented a weekly schedule for restocking personal protective equipment.

At the Assessment Contact, the service demonstrated consumers receive safe and effective personal and/or clinical care that is best practice, tailored to their needs to optimises health and well-being. Care files sampled demonstrated appropriate clinical and/or clinical care in relation to nutrition and hydration, wound management, pain and hygiene preferences. Additionally, care files demonstrated involvement of Medical officers and consultation with consumers in relation to personal and clinical care needs.

There are systems and processes to support staff to recognise and respond to consumers whose function, capacity or health condition changes or deteriorates. Care files sampled showed changes in consumers’ condition, including pressure injuries, risk of malnutrition and end of life had been identified and appropriate actions implemented. Actions taken included involvement of Medical officers and/or Allied health specialists, implementation of monitoring processes and updating of care plans to incorporate management strategies. One clinical staff said the newly introduced daily huddle process assists staff to discuss changes in consumers and what the follow up or response will be.

The service demonstrated standard and transmission-based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing. The Assessment Team observed appropriate staff practices in relation to use of personal protective equipment and staff washing their hands between tasks. Staff said they have a door sticker alert process to advise staff of the infection status of the consumer and an abundance of personal protective equipment is available. Antimicrobial stewardship processes are in place and are a standard agenda item at medication advisory committee meetings.

For the reasons detailed above, I find Requirements (3)(a), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found the service did not demonstrate consumers’ needs and preferences in relation to laundering of personal items had been met. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a new laundry process with new Standard Operating Procedures.
* Reviewed complaints processes and implemented a new flow chart to ensure all concerns raised are actioned in a timely manner.
* All clothing is now brought into the service to be labelled for easy identification and a labelling machine had been purchased.

At the Assessment Contact, all consumers sampled stated staff provide them with supports for daily living that meet their needs goals and preferences and optimise their independence, well-being and quality of life. Care files demonstrated consumers’ likes and preferences are documented, and a monthly Care connection communication sheet is completed and notes changes to consumer care as health and circumstances change. Staff said issues with laundry have improved with the new processes implemented and said they know each consumer’s likes and preferences and described how they support these.

For the reasons detailed above, I find Requirement (3)(a) in Standard 4 Services and supports for daily living Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Requirement (3)(c) was found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found the service did not demonstrate staff consistently had the knowledge to effectively perform their roles. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided education to registered staff relating to risk management, incident prevention and deterioration.
* Sent messages to all clinical staff regarding clinical documentation, assessments and care planning issues.
* Liaising with local education providers and offering support to staff who wish to undertake qualifications of Certificate III or Certificate IV.

At the Assessment Contact, the workforce was found to be competent and to have the qualifications and knowledge to effectively perform their roles. Induction processes are undertaken, and competencies are tested on commencement and annually. Training needs are identified through various mechanisms, and staff stated they are supported to undertake training which is sufficient for their scope of practice. Documentation sampled demonstrated staff have completed annual appraisals, workplace assessments and competencies relevant to their roles and are up-to-date with training requirements. All consumers sampled said staff are trained and competent to deliver care they need.

For the reasons detailed above, I find Requirement (3)(c) in Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Compliant |

Findings

Requirement (3)(d) was found Non-compliant following a Site Audit undertaken from 1 March 2021 to 3 March 2021 where it was found the service did not demonstrate risk assessment processes were well understood or applied appropriately. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated risks to include clinical risks, such as infection control, antimicrobial stewardship, pressure injuries, COVID-19, medication errors, weight loss, restraint and diabetic management.
* Completed Resident risk collaboration forms for all consumers identified as partaking in activities which include an element of risk.
* Provided education to staff in relation to risk assessment.

At the Assessment Contact, the service demonstrated effective risk management systems and practices, including managing high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

An incident management system records incidents, and policies and procedures, such as the Compulsory reporting policy and flow chart are used to guide staff practice. Staff and consumer meeting minutes include the Serious Incident Response Scheme as a standing item. A High falls risk identifier project has been implemented and identifies consumers as high falls risk. Falls have noted to have reduced since implementation of the program. Other documentation sampled, including reports for October 2022, showed safety of risk concerns/risk collaboration are discussed for individual consumers. The employees’ Policies and questionnaires booklet includes compulsory and mandatory reporting and all staff are required to complete Elder abuse training at commencement and annually.

For the reasons detailed above, I find Requirement (3)(d) in Standard 8 Organisational governance 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)