Hawdon House

Performance Report

24 Hawdon Street
BARMERA SA 5345
Phone number: 08 8588 0401

**Commission ID:** 6005

**Provider name:** Riverland Mallee Coorong Local Health Network Incorporated

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 25 July 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# 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.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* the provider’s response to the Site Audit report received 11 July 2022; and
* the Performance Report dated 29 October 2021 for an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

## The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

## Consumers sampled considered that they are treated with dignity and respect, can maintain their identify, make informed choices about the care and services they receive and live the life they choose.

Consumers and representatives confirmed consumers’ identity, culture and diversity were valued and celebrated. Consumers’ identity, culture and diversity is identified through initial and ongoing assessment processes. All staff demonstrated familiarity with consumers’ backgrounds and could identify specific strategies which maintain their identity, culture, and diversity. Staff were familiar with the term cultural safety and described how this influences the delivery of care. Consumers and representatives confirmed staff value who consumers are, understand their needs and preferences and enable them to feel respected, valued and safe.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. Formal processes, such as care plan reviews, provide consumers and their representatives an opportunity to discuss the care provided and alter care plans in line with consumers’ evolving needs and preferences. Consumers and representatives said consumers feel comfortable communicating their decisions and that those decisions were respected and supported. Consumers also felt supported to maintain relationships and have made friendships within the service.

## Consumers confirmed they are supported to take risks to enable them to maintain their independence and do not feel restricted. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs, risk assessments are completed outlining risks involved and management strategies are developed. For consumers who choose to undertake activities which include an element of risk, care and clinical staff described assessment processes and strategies implemented to mitigate risks.

## Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a number of avenues, including meeting forums, newsletters and noticeboards. Staff descried how information is provided to consumers and how they assist consumers to understand the information. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirement (3)(e) in this Standard was found Non-compliant following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021, where it was found care and services were not regularly reviewed for effectiveness or in response to changes in consumers’ circumstance or incidents which impacted the goals, needs and preferences of consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified. However, at the Site Audit, the Assessment Team recommended Requirement (3)(e) not met. The Assessment Team were not satisfied the service demonstrated 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, specifically in relation to use and review of Behaviour support plans.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view from that of the Assessment Team and find the service Compliant with Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated risk assessment tools are used to inform care planning, including in relation to falls and malnutrition, and strategies are developed to mitigate risks.

Consumer files sampled identified and addressed consumers’ needs, goals and preferences relating to care and services and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Consumers said staff are familiar with their preferences, which is demonstrated in their daily routine and the care received.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health professionals was also noted. Consumers said they have input into their care through talking with staff on a day-to-day basis about what they like and want.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Consumers and representatives said they are consulted about care and changes are communicated with them. Additionally, representatives were aware of care plan documents and said they understood they could see a copy of the care plan if they wanted.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

### Requirement 2(3)(b) Compliant

*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.*

### 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.*

### Requirement 2(3)(d) Compliant

*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.*

### 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.*

The Assessment Team were not satisfied the service demonstrated 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, specifically in relation to use and review of Behaviour support plans. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* A care plan identifies use of environmental and chemical restraint and identified known behaviours. Care and clinical staff described Consumer A’s behaviours, the impact they have on other consumers and management strategies.
* A Behaviour cover page was created by the service as it was determined the electronic template did not meet legislative requirements for content required within a Behaviour support plan. The Assessment Team asked to view Consumer A’s cover page to determine if strategies were captured in alignment with documentation, however, this was not in the folder, and was unable to be located during the visit.
* Behaviour cover pages viewed for 12 consumers subject to restrictive practices all had a review date within February 2022.

The service was found Non-compliant with Requirement (3)(e) following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021, where it was found care and services were not regularly reviewed for effectiveness or in response to changes in consumers’ circumstance or incidents which impacted the goals, needs and preferences of consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff relating to wound management and pressure injury strategies, skin integrity, identifying potential injury and implementing pressure relieving strategies.
* Reviewed pressure relieving device equipment and storage and implemented a register.
* Assigned responsibility to senior staff to review documentation following falls or discharge from hospital and implementing a checklist assessment for consumers returning from acute care.

The provider’s response included actions, completed and ongoing, in response to the deficits identified in the Assessment Team’s report, as well as supporting documentation. The provider’s response included, but was not limited to:

* The draft cover page was on trial and was to provide a ‘snapshot handover’ for oncoming staff. It has been determined the cover sheet is not effective and its use has been discontinued.
* The Behaviour support plan process is well covered in the electronic system and includes documenting successful and unsuccessful behaviour strategies.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues relating to review of care and services in response to change in consumers’ circumstances or following incidents.

I have considered that the evidence presented does not indicate Consumer A had a change in behaviours which would require a review for effectiveness of management strategies. Rather, the evidence indicates that a Behaviour cover page was not able to be located during the Site Audit. A care plan identified restrictive practices Consumer A was subject to and outlined known behaviours. Additionally, staff sampled were familiar with the consumer’s behaviours, the impact these had on other consumers and strategies to minimise the behaviours.

While the Assessment Team’s report indicated cover pages for 12 consumers subject to restrictive practices had not been reviewed since February 2022, again, there is no indication to suggest there had been a change in the consumer’s care and service needs which would warrant a such a review.

In coming to my finding for this Requirement, I have considered information presented by the Assessment Team in this Requirement which demonstrates 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. Care plans sampled had been reviewed every four months, or as required in response to change in the consumer’s condition or following incidents; reviews included a review of all assessments. Progress notes are reviewed daily to ensure incidents and changes to consumers’ health and condition are identified and trigger review and/or reassessment. Documentation sampled demonstrated close monitoring of consumers identified with weight loss occurs and changes to skin integrity are recorded, demonstrating early detection of pressure injury, and actions taken in response. Representatives confirmed they are contacted following incidents or changes in consumer’s health or condition and are informed of planned changes to care.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirements (3)(a) and (3)(b) were found Non-compliant following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found the service did not demonstrate:

* Each consumer was receiving safe and effective clinical care that was best practice, tailored to their needs or optimised their health and well-being, specifically in relation to behaviour management and restrictive practices; and
* Wound documentation and pressure injury management and/or strategies were effectively managed or undertaken.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a) and (3)(b) and have recommended these Requirements met.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. An End of life pathway is commenced for consumers identified as actively palliating and goals and preferences are reviewed to ensure alignment with consumer and family wishes. Clinical and care staff advised when they note deterioration in consumers’ health suggesting entering end of life phase, this would be referred to the Medical officer for confirmation and medication management and they have access to palliative care specialists, if required. A care file sampled for a consumer who had recently passed demonstrated a focus on pain management, comfort, and communication with the consumer’s family.

Where changes to consumers’ health are identified, care files sampled demonstrated, assessments and monitoring processes are implemented and timely referrals to Medical officers and/or Allied health staff initiated. Clinical staff described escalation pathways and processes for referral for specialist services where a deterioration to a consumer’s health or condition have been identified. Additionally, where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

An effective infection prevention and control program is in place and the service has a designated Infection prevention and control lead. There was evidence staff were aware of and utilised guidelines and resources provided to manage COVID-19. Staff were aware of consumers who required additional precautions and what their role was to minimise the risk of transmission. Whilst staff could access, describe, and explain processes related to infection control, staff were not always observed to be participating in best practice relating to hand hygiene and wearing masks correctly. Practices that promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics were demonstrated.

Based on the evidence documented above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 found Non-compliant with Requirement (3)(a) following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found each consumer was not receiving safe and effective clinical care that was best practice, tailored to their needs or optimised their health and well-being, specifically in relation to behaviour management and restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided staff education relating to restrictive practice identification, monitoring and risk.
* Provided reminders to staff on the importance of documenting non-pharmacological interventions used prior to administration of medications.
* Developed a restrictive practice register which clearly documents assessment, monitoring, consent and completion of Behaviour support plans.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Policies and procedures are available to guide staff in delivery of best practice. Care files sampled for consumers with complex issues demonstrated appropriate care plans outlining management strategies. Care plans also included personalised management strategies for consumers to inform staff of care preferences and requirements, including functional assessments to inform planning. A range of documentation demonstrated appropriate management of pain, restrictive practices and skin integrity, however, the quality of wound photographs was noted to be inconsistent. Staff described how care is delivered in alignment with consumer wants and needs. Consumers described how staff support them and met their needs. Consumers and representatives said they are confident staff know consumers well and would recognise, report, and manage any issues with their health or well-being.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found wound documentation and pressure injury management and/or strategies were not effectively managed or undertaken. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff in relation to wound care management and documentation and using quizzes to assess staff knowledge.
* Implementing quality audits to check wound care charting.
* Reviewed entry assessments to include skin assessment and evaluation on first day of entry.
* Appointed a Wound care champion to provide oversight of wounds and conduct audits to identify deficiencies and additional training needs.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Consumer files sampled, and information provided by consumers, representatives and staff through interviews demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers’ high impact or high prevalence risks are identified, planned for and addressed. Consumers with identified issues had been referred to Allied health for assessment and management. For example, consumers with falls were reviewed by the Physiotherapist, consumers with weight loss were reviewed by the Dietitian and consumers with potential for swallow difficulties were reviewed by Speech pathologists to ensure risks were managed. Staff were able to identify risks for consumers in alignment with those identified within their care plan and describe strategies for management. Consumers and representatives felt consumers’ care was managed well, and they felt safe.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) 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.*

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

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Care files sampled included information relating to consumers’ background, interests, significant relationships, and spiritual and emotional needs and preferences. Care plans included individual strategies to address and support consumers’ emotional needs, including the kind of activities which provided purpose and meaning. Care staff spoke of the additional emotional support provided to consumers during a recent lockdown due to COVID-19, including spending extra time with consumers following care, and assisting lifestyle staff with coordinating video chats and phone calls with families to stay connected. Consumers sampled felt well supported by staff and services One consumer indicated they had been impacted by restrictions during a recent COVID-19 outbreak, however, staff had been supportive of their well-being during this period.

Services and supports for daily living are provided which enable each consumer to participate both in the internal and external community, maintain and develop social and personal relationships and participate in activities that are important to them and which they enjoy. An activities calendar is in place and is reviewed each month, and feedback relating to the activities program is sought from consumers through consumer meeting forums.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Lifestyle staff spoke of efforts made to connect consumers with volunteers and community services. Consumers said staff were familiar with their likes and preferences, and they are consulted on activities and invited to participate in things they enjoyed.

Meals are prepared and cooked fresh in line with a four-week rotating menu which has been reviewed by a Dietitian and developed in consultation with consumers. Care files sampled reflected consumers’ dietary needs and/or preferences, including specific cultural and spiritual requirements, likes and dislikes. There are processes to ensure this information is provided to staff, including catering staff. Consumers and representatives were happy with the food provided, indicating it meets consumers’ cultural and spiritual needs and preferences and consumers reported overall satisfaction with the quality and quantity of meals provided.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Internal monitoring processes ensure equipment provided is maintained. Consumers confirmed the equipment provided to them is safe, clean, and well maintained.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team observed the service environment to be welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The service has a mixture of single and double rooms and consumer bedrooms were observed to be personalised, enhancing consumers’ sense of belonging. Consumers were observed using the communal areas to meet with loved ones, participate in activity programs, watch television, and engage in conversation with other consumers during meal service. Overall, consumers sampled said they felt at home at the service, they find the service environment easy to navigate and that path finding signage throughout the service promotes their independence.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. Consumers were observed utilising outdoor areas which were clean and well maintained. There are processes to ensure regular cleaning of consumer rooms and common areas and cleaning of high touch points has been increased in response to COVID-19. Staff described actions to take in the event of an emergency, and explained how consumers with hearing, sight and mobility impairments are assisted. All consumers said they are happy with the cleanliness of their rooms and communal areas and stated they enjoy the outdoor areas. Consumers and representatives said consumers felt safe and were able to move freely within the service environment and the external undercover outdoor entertainment area and garden. Consumers also said communal areas and their personal bedrooms were clean and well maintained.

Furniture, fittings and equipment was observed to be safe, clean, well maintained and suitable for the consumer. Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues as well as hazards. Consumers said furniture, fittings and equipment were maintained and suitable to their needs and they felt safe when staff used equipment.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken.

Consumers and others are encouraged and supported to provide feedback and make complaints through a range of avenues, including meeting forums, care and service review processes, feedback forms, surveys and management’s open door policy. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including completing feedback forms on the consumer’s behalf. Consumers and representatives sampled said the feedback process is supportive, they were confident in the system, and were encouraged to provide feedback with several reporting options in place to support the process.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry. Feedback forms and external complaints, language services and advocacy information was also observed on display and secure drop boxes were observed – all accessible to consumers. Consumers confirmed they know how to make a complaint, including one consumer who was aware of external mechanisms, including advocacy services and the Aged Care Quality and Safety Commission.

The service has a framework to guide appropriate action in response to complaints and an open disclosure process is used when things go wrong. Feedback is logged and analysed and used improve the quality of care and services. Policy and procedure documents, including in relation to open disclosure, are available to guide staff practice and actions taken to address feedback and resolve complaints are reported to the Board for further review. Staff were aware of the service’s feedback policies and procedures, including the concept of open disclosure and management provided an example of where an open disclosure process had been applied. Representatives confirmed the service is prompt to make contact when an incident occurs.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. A variety of feedback gathering mechanisms enables ideas for improvement to be identified, including meeting forums, feedback forms, audits and surveys. Management provided examples of improvements made in response to feedback and surveys, however, these improvements had not been documented on the Plan for continuous improvement. Consumer and representatives confirmed being able to give feedback regarding care and services and this information used to improve care and services

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirement (3)(c) was found Non-compliant following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found the workforce was not sufficiently competent or had the knowledge to effectively perform their roles, specifically in relation to wound management. The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirement (3)(c) and have recommended this Requirement met.

In relation to all other Requirements within this Standard, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Rosters are reviewed based on number of consumers accessing the service and consumer acuity. Call bell data, feedback and complaints and incidents are monitored to ensure adequacy of the roster and identify areas for improvement. Roster working groups are held with staff providing staff an opportunity to confirm their pressure points and provide feedback on the roster. All staff sampled said there are enough staff rostered each day to allow them to undertake their duties in a timely manner. Consumers and representatives sampled said there are adequate staff numbers to provide safe and quality care and services and consumers do not have to wait long for staff to attend to their needs.

Staff interactions with consumers were observed to be kind, caring and respectful. All consumers and representatives sampled were complimentary of staff and confirmed staff are kind, caring and respectful with consumers.

The service has an onboarding process which involves organisational induction, orientation, mandatory training and buddy shifts. Following recruitment, ongoing training, both face-to-face and online, is provided and there are systems in place to monitor staff performance ongoing to ensure staff competency and knowledge. Ongoing training opportunities are provided to staff in addition to mandatory training. Staff stated they felt supported by management, have been provided training opportunities and considered the training sufficient to conduct their role confidently and competently. All consumers and representatives said they thought staff know what they are doing, are able to meet consumer care and service needs, and did not express any areas for additional training.

The service has a staff performance framework which ensures staff performance, including poor performance, is regularly assessed, monitored and reviewed. Staff performance reviews are conducted bi-annually and regular monitoring of staff performance is undertaken through review of incident data, complaints and feedback, audits and observations. Staff confirmed they participate in annual performance appraisals where they discuss performance and additional training and development needs and/or wishes. Staff also indicated management actively seek peer feedback from staff and supervisors about staff performance.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### 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) Compliant

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

The service was found Non-compliant with Requirement (3)(c) following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found the workforce was not sufficiently competent or had the knowledge to effectively perform their roles, specifically in relation to wound management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a Wound care checklist to ensure correct wound care processes are being followed in the treatment and review of new and existing wounds.
* Provided education to staff on the management and documentation of wound care and restrictive practices.
* Undertaken staff competency assessments to ensure education provided is sufficient and to identify additional training needs.
* Appointed a Wound care champion to provide oversight of wounds and conduct audits to identify deficiencies and additional training needs.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

Duty statements and policies and procedures are available to guide staff practice and outline roles and responsibilities for each position. The service monitors staff competency through a range of avenues, including incidents, feedback, audits, peer feedback and observation. Additional training is provided where deficiencies are been identified. Additionally, quizzes are provided to staff at random to identify deficiencies in staff knowledge and additional training needs. Clinical staff confirmed they have received extensive wound management training and have undertaken quizzes to ensure competency. Both care and clinical staff felt confident to conduct their duties as they are supported through a range of face-to-face and online training opportunities. Consumers and representatives said staff are skilled and knowledgeable, they do not have any concerns about staff competency and they are confident in their abilities.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, Compliant with Requirement (3)(c) in Standard 7 Human resources.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(c) in this Standard not met. While effective governance systems were demonstrated in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints, the Assessment Team were not satisfied effective governance systems relating to continuous improvement were demonstrated.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my findings in the specific Requirement below.

Requirement (3)(d) in this Standard was found Non-compliant following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found the service did not demonstrate effective risk management systems and practices relating to high impact or high prevalence risks associated with the care of consumers, specifically management of wounds. The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirement (3)(c) and have recommended this Requirement met.

In relation to Requirements (3)(a), (3)(b) and (3)(e) in this Standard, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, feedback processes, surveys and care and service review processes. The Board of Directors aim to visit the service annually, engaging with consumers and staff. Consumer experience is discussed at Board meetings with one consumer speaking at the meeting about their experience living at the service. Two consumers have been elected as representatives and attend Quality risk and safety meetings and provide feedback and suggestions, as well as advocating on behalf of other consumers and providing their feedback and suggestions.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board of directors who are supported by sub committees and the leadership team. The Board satisfies itself that the service is meeting the Quality Standards through regular reporting from the leadership team which includes various governance and clinical information, including quality indicators and trends, mandatory reporting, critical incidents and consumer feedback and complaints.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled were aware of processes relating to these aspects and described how they implement these within the scope of their roles. Staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8 Organisational Governance.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

**Requirement 8(3)(b) Compliant**

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

**Requirement 8(3)(c) Non-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 organisation demonstrated effective governance systems in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the Assessment Team were not satisfied effective governance systems relating to continuous improvement were demonstrated. The Assessment Team’s report provided the following evidence relevant to my finding:

* The organisation was unable to demonstrate a documented Plan for continuous improvement (PCI) is maintained by the service or organisation, documenting how the service and organisation will assess, monitor and improve care and services against the Aged Care Quality Standards as required by the *Aged Care Quality and Safety Commission Rules 2018*.
* The service was previously capturing and monitoring plans for improvement on a register, however, this has not been updated since October 2021.
* Management said following the Assessment Contact visit in September 2021, the service has been focussed on addressing areas of non-compliance and is managing a PCI outlining areas for improvement, specifically in relation to the identified areas of non-compliance.

The provider’s response included commentary relating to the issues raised, as well as actions, completed and ongoing, in response to the deficits identified in the Assessment Team’s report. The provider’s response included, but was not limited to:

* Indicated additional actions and continuous improvements related to the aged care quality activities are monitored through the Quality risk and safety meetings and completion of a Self-assessment.
* All actions related to the self-assessment and quality activities will now be documented in the PCI so all information is available in one document.
* The PCI will now include all identified issues and opportunities for improvement, including from meeting forums, feedback, surveys and quality activities.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate effective organisational governance systems, specifically in relation to continuous improvement, workforce governance and feedback and complaints.

I have considered that while a continuous improvement framework is in place, the framework has not been consistently applied in line with the organisation’s processes. A register, used by the organisation and service to capture and monitor improvements, has not been updated since October 2021. While improvements identified through feedback and surveys were noted in the Assessment Team’s report, these had not been documented on the register and there was no evidence to demonstrate how these improvements had been monitored or evaluated for effectiveness. The provider’s response asserts additional actions and continuous improvements related to aged care quality activities are monitored, including through Quality risk and safety meetings. However, minutes from these meetings to demonstrate this process were not included as part of the response.

I have also considered that while a PCI was in place, the PCI had only been initiated in response to non-compliance identified following an Assessment Contact undertaken in September 2021. As such, I have considered that the register and the PCI do not demonstrate ongoing improvements across all eight Quality Standards or that improvements are identified through a range of sources.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, to be Non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

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

*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.*

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact – Site undertaken from 14 September 2021 to 16 September 2021 where it was found the service did not demonstrate effective risk management systems and practices relating to high impact or high prevalence risks associated with the care of consumers, specifically management of wounds.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to implemented a Wound care checklist to ensure correct wound care processes are being followed in the treatment and review of new and existing wounds; increased frequency of Wound management audits while staff were being trained and developed; and held regular training sessions in relation to wound management.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated an effective risk management framework, supported by systems and processes to guide staff in managing high impact or high prevalence risks, identifying and responding to abuse and neglect, managing and preventing incidents and supporting consumers to live their best life.
* Meeting minutes and reports sampled demonstrated high impact or high prevalence risks and key clinical indicators to manage current and emerging consumer risks are discussed and reported. Monthly clinical audits are undertaken to ensure staff are effectively performing their roles and to identify any trends associated with high impact or high prevalence risks.
* The organisation monitors possible abuse or neglect through daily review of progress notes, incident reports, feedback, audits, observations and peer feedback. Care staff were aware of their duty of care obligations and have been provided training. Staff feel supported by management and would discuss any concerns about staff practice or concerns relating to abuse and neglect, if needed.
* There are processes to identify and assess risky activities, and staff are guided in relation to supporting consumers to take risks through individual risk assessments which identify risks and strategies to mitigate them. Policies and procedures are available to guide staff in the assessment of consumer risks and risks and mitigating strategies are discussed and signed by consumers and/or representatives.
* An electronic incident management system is in place and is used to report incidents associated with consumers. Incidents are assigned a risk rating, are sent to management for review and assessed for reporting under the Serious Incident Response Scheme (SIRS). Incidents are reviewed organisationally and by the Board to identify trends or possible deficiencies. Incident management data from January to June 2022 demonstrated the service have effectively notified and reported incidents, including those reportable under SIRS.

For the reasons detailed above, I find Riverland Mallee Coorong Local Health Network Incorporated, in relation to Hawdon House, Compliant with Requirement (3)(d) in Standard 8 Organisational Governance.

**Requirement 8(3)(e) Compliant**

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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 8 Requirements (3)(c)**

* Review the organisation’s governance systems in relation to continuous improvement.