Performance

Report

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| Name: | Hawkesbury Living Pty Limited |
| Commission ID: | 2467 |
| Address: | 116 March Street, RICHMOND, New South Wales, 2753 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 September 2024 |
| Performance report date: | 5 December 2024 |
| Service included in this assessment: | Provider: 2806 Hawkesbury Living Pty Limited  Service: 853 Hawkesbury Living Pty Limited |

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 Hawkesbury Living Pty Limited (**the service**) has been prepared by Katrina Platt, 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 (performance assessment) – 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 on 17 October 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 8** Organisational governance | **Not Applicable** |

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

# 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 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. | Compliant |

Findings

Consumers and consumer representatives provided positive feedback about the personal and clinical care they received. Effective risk identification and management of pressure injuries, diabetes management, infection management and weight loss for consumers was demonstrated and management and staff demonstrated awareness of these consumer risks.

Ineffective medication management resulted in increased medication incidents which included missed medication, incorrect dosages, packing errors, delayed medication orders and low stock. Consumer impacts included increased behaviours, falls and hospitalisations. Improved consumer outcomes through incident investigation and implementation of effective mitigation strategies were not demonstrated. Falls management strategies were not consistently implemented and comprehensive assessment of consumers with multiple falls histories was not evidenced. Post-fall evaluations were ineffective in risk identification and evaluation of effective mitigation strategies.

Whilst an understanding of restrictive practices including environmental and mechanical restraint was demonstrated by staff and management, some deficiencies were noted in the assessment and consultation processes which considered consumer impacts for environmental restraint. Chemical restraint used as a measure of last resort and for the shortest time period was not demonstrated. Behaviour support plans were developed without identification of underlying causes and responsive behaviours. Recommended strategies for individually tailored behaviour support and effectiveness of intervention reviews were not demonstrated.

In response to the Assessment Team report, the approved provider disagreed with the characterisation of medication incidents and provided a comprehensive response to address the findings and absence of key staff at the time of the assessment contact. The approved provider discussed the investigation of all medication incidents and implementation of preventative strategies including individual consumer reviews, weekly pharmacy medication balance checks, updated handover processes, improved monitoring of medication cupboards, completion of staff medication competencies, toolbox talks and staff discussions. Preventative strategies are reviewed for effectiveness by the clinical risk and governance meetings, through individual consumer ‘special care days’ and review of consumer progress notes.

Evidence of medication risk investigations, consumer incident reports, communications to clinical staff, staff performance discussions, and the clinical high-risk register were provided for consideration. Continuous improvement actions included consumer medication self-assessments and updates to the medication management care plan and medication incident form. Medication orders were documented and phone orders charted and endorsed by medical officers within 24 hours, in line with the service policy. Evidence of medical officer approval of nurse-initiated medications and appropriate charting was provided. The medication management policy and medication procedure manual has also been updated. The approved provider discussed the oversight of medication management through the clinical risk and governance meetings and the marked improvement in medication incidents to October 2024.

Medication assessments and medication charts for consumers receiving palliative care were provided as evidence of appropriate medication administration and management. Complementary pain assessments identified non-pharmacological interventions and progress notes confirmed their application prior to administration of high-risk pain medications. Medical officer oversight was evidenced and family conferencing was undertaken to provide consumer updates and to obtain informed consent for use of high-risk pain medication during palliation. Multiple pain charts were submitted which support the appropriate use of the abbey pain scale.

In relation to medication stocks, the approved provider discussed delays in pharmacy supply of certain medication patches, which were ordered in a timely manner however not received due to delays in provision of medical officer scripts. To mitigate further delays, communications were sent to medical officers about consumer prescription needs, automated system ordering and legislative supply requirements. Additional strategies were also introduced including review of medication patch application times to ensure sufficient stock ordering time was available, weekly stock checks and reporting to assist with delayed prescription identification and reminder emails to medical officers and the clinical team to ensure prescription follow-up.

In relation to falls management, the approved provider submitted falls risk assessments and incident reports, bed safety assessments, mobility and functional assessments and evidence of discussion with consumers and consumer representatives about falls prevention strategies and dignity of risk. The documented falls prevention and management practice, dated September 2024, was submitted to support comments about falls investigations, which includes oversight by care managers, discussions and updates at morning huddle, handover and weekly consumer ‘focus’ meetings where multi-disciplinary staff review high-risk strategies including falls. Other oversight mechanisms include consumer ‘special care days’, monthly registered nurse and clinical risk and governance meetings, and high-risk staff monitoring of implemented strategies and feedback to the clinical team if further actions are required.

The approved provider discussed the decrease in falls between August and September 2024 and the data analysis undertaken by clinical managers which identifies falls mechanisms, consumers at high-risk and those who need additional prevention strategies implemented. The approved provider also highlighted the committed efforts of the clinical team and physiotherapist in developing strategies to reduce the number of falls.

In response to restrictive practices management, the approved provider noted consumers are supported to leave the service when they choose and accompanying risk assessment forms provide additional information about external risks, general risk reduction strategies and other supports that may be required. Evidence of behaviour support with accompanying chemical restraint review and reduction where possible was provided. Geriatrician reviews were conducted when appropriate and recommendations included non-pharmacological interventions for behaviour support. The approved provider discussed the regular review of consumers requiring psychotropic medications and the guiding principles available to staff to support medication management.

The approved provider discussed how the monthly review of psychotropic medications by the clinical risk and governance committee and support from other health professionals and services including (but not limited to) geriatricians, Older Person Mental Health Team and Dementia Support Australia has contributed to the successful cessation of 28 chemical restraints since February 2024. Evidence of deprescribing and increased referrals for review of chemical restrictive practices was provided.

When discussing behaviour support, the approved provider supplied examples of behaviour support plans which considered tailored strategies for individual consumers based on past histories and experiences. Behaviour support plans considered responsive behaviours, unmet needs, and detailed immediate and other care strategies and proactive interventions to support consumers, like engagement in activities. Consumer preferences and personalised interests and family connections were considered on admission and informed behaviour support strategies. Appropriate assessments and reviews were evidenced to accompany behaviour support measures and included pain assessments, and delirium and depression screening. Referrals were made to Dementia Support Australia, physiotherapy and specialised psychological services when required and recommendations were implemented.

For comprehensive behaviour support plans, staff are provided with training on behaviour support, reading a behaviour support plan and instructions on how to quickly identify responsive behaviours, intervention strategies and monitoring requirements. Additional staff supports include individual ‘know your’ consumer behaviour guides, consumers ‘of the week’ and staff huddle and handover discussions which raise awareness of consumers with high-risk behaviour support needs. Recent improvements to tailor behaviour support plans further include reduction of behaviour occurrences and behaviour change histories to the preceding 12 months, which ensures staff have access to current information.

In making a decision about Requirement 3(3)(b), I have considered the intent of the Requirement which is to ensure the effective management of risks is underpinned by clinical governance systems for safety and quality. This includes reviewing the delivery of personal and clinical care and responding appropriately to the changing needs of consumers and the impacts risks have on the health and well-being of consumers.

I have considered the positive feedback from consumers and consumer representatives about the care and services provided and the effective management of pressure injuries, diabetes management, infections and weight loss. The comprehensive response from the approved provider has further demonstrated the effective management of medications, behaviours and falls restrictive practices, and the commitment to continuous improvement and safe and effective care delivery for consumers.

I therefore, find that Requirement 3(3)(b) is 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

Recent improvements to risk management systems and practices were demonstrated and included updated organisational policies and procedures and alignment with best practice approaches to ensure effective risk management. Risk monitoring at organisational level involved the board and management team. Deficiencies in risk management at service level were identified and those have been discussed in more detail in Standard 3 Requirement (3)(b).

Governance of high-impact and high-prevalence risks and consumers with complex health care needs were not aligned with organisational policies and risk mitigation strategies were not always identified. Some consumers with complex care needs were not supported to exercise their rights and live their best lives, as provided in the Aged Care Charter of Rights and *User Rights Principles 2014* (Cth). Whilst incident investigations were conducted, limited mitigation strategies were identified and some incidents were not recorded.

In response to the Assessment Team report, the approved provider discussed the high-impact high-prevalence risk register and allocation of risk identification areas which ensure clinical managers have appropriate oversight of consumer risks. Individual risk assessments accompany each risk identified for consumers and the incident management manual provides risk prioritisation ratings which inform incident investigations, required actions, appropriate escalations, reporting and committee referrals. Improvements have been implemented to the high-impact high-prevalence register and staff training and compliance with the incident management manual has been demonstrated.

The approved provider detailed the weekly clinical governance reporting which has focused on consumer risks, analysis of those risks, implementation of appropriate risk management strategies and progress against the plan for continuous improvement and compliance with the Quality Standards. Weekly focus meetings discuss consumer risk management, informed by the risk register and clinical governance reporting. Daily huddles identify immediate risks and escalations managed by the management team and robust handovers between staff shifts ensure risks are identified and managed accordingly.

In detailing supports provided to consumers to live the best life they can, the approved provider discussed systems and processes in place which reduce the possibility of risks and impacts on consumers. This includes comprehensive risk assessments, consumer and consumer representative consultation to manage emerging risks and ensure minimal impacts on consumers, and improvement actions to strengthen communication and board reporting.

The approved provider submitted the incident management system manual for consideration and detailed the process map and steps for incident management, from identification through to investigation, analysis and actions. The organisational governance guide details the management actions taken when conducting incident investigations and analysis, with support from the clinical risk and governance meeting to ensure sustainable strategies are implemented. Improvement actions were considered for early identification of root cause analysis at service level and refresher education was provided to clinical staff.

The approved provider reiterated that all incidents are investigated and referenced the management of an incident relevant to the serious incident response scheme. Incident management included escalation to management, engagement with appropriate outside authorities, staff monitoring of consumers, and implementation of measures to prevent further harm. Incident investigation and reporting was completed and improvement opportunities were identified, which included review of escalation protocols and processes.

In making a decision about Requirement 8(3)(d), I have considered the intent of the Requirement which provides that organisations have effective systems and processes are in place to identify and assess risks to the health, safety and well-being of consumers. I have considered the comprehensive response from the approved provider and the improvement actions taken to rectify the identified issues. I also note the commitment to continuous improvement.

I therefore, find that Requirement 8(3)(d) is 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)