Performance

Report

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| Name of service: | Performance report date: |
| Hawksbury Gardens Aged Care | 30 August 2022 |
| Commission ID: | Activity type: |
| 6198 | Assessment Contact |
| Approved provider: | Activity date: |
| UnitingSA Ltd | 9 August 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 Hawksbury Gardens Aged Care (**the service**) has been considered by Janine Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, the Assessment Contact 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 19 August 2022; and
* the performance report dated 24 June 2022 for the Site Audit undertaken from 5 April 2022 to 7 April 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 2

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| Ongoing assessment and planning with consumers | | Not-applicable |
| 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)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

## Findings

The Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 2 Ongoing assessment and planning as part of the Assessment Contact and recommended the service meets these Requirements. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit conducted from 5 April 2022 to 7 April 2022, where it was found the service was unable to demonstrate:

* assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services; and
* assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

The Assessment Team’s report for the Assessment Contact conducted on 9 August 2022 included evidence of actions taken to address the non-compliance, which include, but are not limited to:

* provision of staff training and education;
* held staff forums to provide staff with a better understanding of consumers and their experience;
* completed an internal audit of chemical restraint, with actions implemented as a result of findings;
* implemented processes to undertake weekly medication reporting;
* established a central register to monitor and review all psychotropic medications;
* encouraged consumers to complete an advance care directive and partake in goals of care; and
* reviewed all consumers’ care plans and assessments.

The Assessment Team’s report also included the following information and evidence collected through interviews and documentation, which are relevant to my finding:

Standard 2 Requirement (3)(a)

* Care plans for four sampled consumers demonstrated identification of risks associated with their health and well-being, including mobility, restrictive practices, behaviours, and nutrition and hydration. Where risks were identified, mitigation strategies were documented to guide staff in the delivery of safe and effective care and services.
* Staff were knowledgeable about assessment and planning processes on entry and in response to consumers’ changing needs or increased risk.

Standard 2 Requirement (3)(b)

* All consumers and two representatives interviewed said consumers’ needs and preferences had been identified and were satisfied they were being addressed. Two consumers receiving comfort care were satisfied care planning reflects what is important to them.
* Staff described what is important to consumers and provided examples of how they tailor care and services accordingly.
* Care files sampled reflected consumers’ goals to stay comfortable and pain free, included end of life wishes and strategies to support end of life needs.
* Monitoring processes are in place, such as progress note reviews and clinical audits.

The provider’s response included additional information to clarify some aspects of the Assessment Team’s findings in relation to Requirement (3)(b). This information has no impact on my decision. The response does not address the Assessment Team’s findings in relation to Requirement (3)(a).

Based on the above evidence, I find the service compliant with Requirements (3)(a) and (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

**Standard 8**

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| Organisational governance | | Not-applicable |
| Requirement 8(3)(e) | 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. | Compliant |

## Findings

The Assessment Team assessed Requirement (3)(e) in Standard 8 Organisational governance as part of the Assessment Contact and recommended the service meets this Requirement. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(e) was found non-compliant following a Site Audit conducted from 5 April 2022 to 7 April 2022, where it was found the service was unable to demonstrate the organisation’s clinical governance system was embedded to ensure the effective identification, authorisation and consultation for minimising the use of restraint.

The Assessment Team’s report for the Assessment Contact conducted on 9 August 2022 included evidence of actions taken to address the non-compliance, which include, but are not limited to:

* reviewed all consumers’ medications to ensure the use of chemical restraint reflects best practice and complies with relevant legislation;
* implemented an assessment tool to guide staff when assessing and reviewing the use of restrictive practices;
* developed a centralised restrictive practice register; and
* updated procedures.

The Assessment Team’s report also included the following information and evidence collected through interviews and documentation, which are relevant to my finding:

* Systems are in place to support the clinical governance framework, such as clinical, risk and governance meetings, clinical reviews and audits, incident management systems, and staff training and education.
* Clinical indicators are monitored, trended and analysed in relation to high impact or high prevalence risks associated with the care of consumers, and are discussed with the Board and at various committees.
* The workforce is trained in delivering core elements of the organisation’s clinical governance framework.
* Systems are in place to manage the use of restraint in accordance with legislative requirements, including policies to guide staff practice.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the above evidence, I find the service compliant with Requirement (3)(e) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)