Performance

Report

**1800 951 822**

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| Name: | Hawthorn Village |
| Commission ID: | 8026 |
| Address: | 23A Wells Parade, BLACKMANS BAY, Tasmania, 7052 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 October 2024 |
| Performance report date: | 30 October 2024 |
| Service included in this assessment: | Provider: 158 Christian Homes Tasmania Inc  Service: 4999 Hawthorn Village |

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 Hawthorn Village (**the service**) has been prepared by M Murray, 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) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements 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 | |  |
| 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 |

Findings

Requirement 2(3)(a) was found non-compliant following a Site Audit undertaken from 20 May to 22 May 2024, as the service was unable to demonstrate:

* individualised assessment regarding environmental restraint for all consumers.

The Assessment Team’s report provides evidence of actions taken to address the issue identified, including, but not limited to staff training on restrictive practices; updates to policy and procedures; undertaking risk assessments in line with the revised policy and seeking consumer feedback; and agreeing to an afterhours service entry process.

The Assessment Team found these actions were effective and recommended Requirement 2(3)(a) met.

The Assessment Team reviewed planning documentation which demonstrated clinical staff undertake risk assessments when a consumer enters the service in consultation with the consumer and/or representative to inform the consumer’s care needs. Representatives are satisfied with the assessment process and the level of communication the service provides when it comes to consumer assessment, including environmental restrictive practices such as the use of sensors, wanderer’s bracelets and exit and/or re-entry from/to the service.

Clinical staff provided an overview of the assessment process and gave examples of consumers being referred for specialist assessments as part of the care planning process. Care staff provided examples of interventions and strategies that are used successfully to engage with individual consumers, including those with wandering behaviours, in line with strategies in the consumers’ care plans.

The service’s clinical governance policy guides staff on restrictive practices and the service’s expectations of monitoring any consumers subject to a restrictive practice.

Based on the information summarised above, I find the service compliant with Requirement 2(3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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