Performance

Report

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| Name of service: | Hawthorn Village |
| Service address: | 23A Wells Parade BLACKMANS BAY TAS 7052 |
| Commission ID: | 8026 |
| Approved provider: | Christian Homes Tasmania Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 December 2022 to 7 December 2022 |
| Performance report date: | 17 January 2023 |

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 D. Fekonja, 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 - 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.
* the provider’s response to the assessment team’s report received on 16 December 2022 where they stated a response will not be provided.

# Assessment summary

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| 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 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.

# Other relevant matters:

The service was found to be non-compliant following a Site Audit conducted 30 November 2021 to 2 December 2021 in the following Requirements 2 (3)(a), 2 (3)(b), 2 (3)(e), 3 (3)(a), 3 (3)(b), 3 (3)(d), 7 (3)(c), 7 (3)(d), 8 (3)(c) and 8 (3)(d).

A Non-Compliance Notice was issued on 16 March 2022 and the Plan for Continuous Improvement was submitted by the approved provider on 30 March 2022.

# 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)(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 |
| 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**

The service was found non-compliant with requirements 2(3)(a) and 2(3)(b) and 2(3)(e) following a Site Audit conducted from 30 November 2021 to 2 December 2021 as the service did not demonstrate:

* assessment and care planning always identified and considered each consumer’s risk associated with their health and well-being and did not always inform the delivery of safe and effective care and service.
* assessments always address consumers’ current needs, goals, and preferences, including advance care planning and end of life planning.
* care and services were reviewed or monitored for effectiveness when changes occur, or when incidents impact the needs of the consumers.

Following a site assessment in December 2022, the Assessment Team found the service has implemented several actions in response to the non-compliance which have been effective.

The service has recruited a consumer care nurse and facility care manager who both assist with assessment and planning responsibilities. Management stated this has resulted in a vast improvement in the care planning documentation and clinical and care staff having more time and up-to-date information to provide safer and more effective care to consumers.

Training has been provided to staff in relation to the sequence of clinical assessments and back-to-basics training which includes a unit on care planning and the review process. Staff have completed an interactive workshop including a focus on clinical documentation and accountability.

The Assessment Team found all care plans had up-to-date information and consumers and representatives are satisfied with the assessment and planning process and risks are considered. One consumer who had reduced mobility due to recent falls was found to have risk assessments in place relating to their risks of falls, skin integrity, medication, and frailty.

Care plans are being regularly reviewed and updated to include all relevant information about consumer goals of care, needs and preferences including advance care plans. Advanced care planning and end of life planning have been completed for consumers. Staff demonstrated knowledge of the needs and preferences of the consumers. End of life planning is discussed with the medical officer, the consumer and their family at admission and is updated as part of the care planning review and resident-of-the-day process. For example:

* One consumer who was recently referred to the palliative care pathway has their goals of care reflected in the care documentation. Their representative has been involved in the process and has been provided with all documentation outlining the advanced care plan.

Care planning documentation reviewed by the Assessment Team demonstrated that care plans are being regularly reviewed and updated to include changes that occur and the recording of incidents. Consumers and representatives stated they were aware of changing needs of consumers being identified and acted on.

I am satisfied the service is compliant with this requirement.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The service was found non-compliant with requirements 3(3)(a) and 3(3)(b) and 3(3)(d) following a Site Audit conducted 30 November 2021 to 2 December 2021 as they were unable to demonstrate:

* effective management of wounds, post-fall management, pain management and restrictive practices and the provision of personal and hygiene care to consumers.
* effective management of high impact or high prevalence risks associated with complex clinical care and falls.
* an understanding of high impact or high prevalence risks and the management of complex clinical care such as diabetes, urinary catheters and falls with injury, did not always align with best practice.
* the timely identification of deterioration in consumers and response to changes in a consumer’s physical function.

Following a site assessment in December 2022, the Assessment Team found the service has implemented several actions in response to the non-compliance which have been effective.

The service has completed a review of falls management protocols, wound management, behaviour management, personal care and pain management processes. It has provided education and training to staff on restrictive practices, wound management, delivery of personal care and hygiene and pain assessment and monitoring.

Consumers and most representatives said they were satisfied with the provision of clinical and personal care for consumers. The Assessment Team found the service demonstrated the provision of individualised personal and clinical care that is safe and right for each consumer living at the service, with documentation demonstrating that consumers’ wounds, pain, falls and changed behaviours are effectively managed.

Care documentation for consumers subject to chemical restraint, demonstrated informed consent had been obtained and information on non-pharmacological strategies to be trialled prior to the use of psychotropic medications for managing changed behaviours was included.

Care planning and progress notes evidence a planned and consistent approach to the delivery of personal care including oral hygiene.

The service conducted a review of falls management protocols and catheter care. It has a process in place to identify and manage high impact or high prevalence risks. The service has protocols and risk-related tools for monitoring and assessing consumers. It has provided education and training to staff on high impact high prevalence risks associated with the care of consumers. When clinical care needs change or incidents occur all stakeholders are notified, and consumers’ health and well-being are optimised. File review by the Assessment Team, training records and interviews conducted all confirmed this is occurring, with ongoing review and monitoring in place.

Staff were able to demonstrate an understanding of the high impact and high prevalence risks associated with consumers. All consumers and most representatives said they were satisfied care is effectively managed. A review of consumer files by the Assessment Team demonstrated appropriate and timely post-fall management by care and clinical staff and appropriate escalation as required. Consumers requiring complex clinical care in relation to catheters and diabetes management had appropriate individualised care plans in place. The Assessment Team also found the service was effectively managing the high impact risk of one consumer with specific nutrition and hydration needs.

I am satisfied the service is compliant with requirements 3(3)(a) and 3(3)(b) and 3(3)(d).

# 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service was found non-compliant with requirements 7(3)(c) and 7(3)(d) following a Site Audit conducted from 30 November 2021 to 2 December 2021 as the service was unable to demonstrate:

* staff had the knowledge and skills to support consumers with high impact and high prevalence risks, such as post-falls management, provision of personal care and Serious Incident Response Scheme (SIRS) obligations.
* processes include an effective review of training delivered to staff, as related to embedded knowledge of the SIRS and restrictive practices.

Following a site assessment in December 2022, the Assessment Team found the service has implemented several actions in response to the non-compliance which have been effective.

The Assessment Team found there is consistent training provided for all staff, and position descriptions describe roles and inform staff of their accountabilities. Staff must acknowledge in writing, their reading and understanding of their position descriptions.

The service uses external education providers to assist with training and staff qualifications. Formalised training has been provided for nursing and care staff in the form of interactive workshops, online learning modules involving competencies and face-to-face learning.

An interactive workshop was conducted for clinical staff and covered a range of topics including restrictive practices, incident management and SIRS. Three clinical staff confirmed attending the workshop and demonstrated knowledge of the subject matter covered in the training. Staff also confirmed attending training on a range of subjects such as dementia-specific from Dementia Services Australia and food texture and dysphagia. Records and documentation identified that the restrictive practice and the psychotropic medication procedure was provided to nursing staff for review and acknowledgment.

Recruitment advertisements reflect the advertised role’s key responsibilities and the experience required. Assessments are conducted on language, literacy and numeracy, comprehension and listening skills prior to engagement. Buddy shifts are provided to new staff members to ensure staff are equipped to deliver required care to consumers.

Annual training is provided to maintain staff skills in required areas including fire and emergency, manual handling, infection control, safe food handling, medication management, dementia care modules, diversity and equality and SIRS.

Consumers and their representatives are satisfied that staff know what they are doing and are confident in performing their roles.

I am satisfied the service is compliant with requirements 7(3)(c) and 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |
| 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

The service was found non-compliant with requirements 8(3)(c) and 8(3)(d) following a Site Audit conducted from 30 November 2021 to 2 December 2021 as the service was unable to demonstrate:

* that audits identified opportunities for continuous improvement.
* effective governance systems in relation to staff knowledge, competency, and training.
* management of consumers’ high impact high prevalence risks related to absconding and living in a safe environment.
* their incident management system supported staff to understand, manage and prevent risk.

Following a site assessment in December 2022, the Assessment Team found the service has implemented several actions in response to the non-compliance which have been effective.

The service demonstrated they have governance systems in place which incorporate continuous improvement, workforce governance and regulatory compliance. The documentation viewed reflects audits conducted that identified improvements related to personal care, clinical care and the environment. Training has been provided to staff to embed knowledge. Staff demonstrated knowledge related to restrictive practices, high impact high prevalence risk, incident management and SIRS.

Audits are conducted on a range of topics each month through an external benchmarking company. The service ensures it meets its regulatory responsibilities by belonging to an industry peak body and other industry organisations that provide updated information about legislative changes, which are then allocated to an executive manager who is responsible for distributing the required information or changes.

Staff are aware of their responsibilities in relation to SIRS reporting, restrictive practices and high impact/high prevalence risk associated with the care of consumers following training and completing competencies.

The service demonstrated they have effective risk management systems in place related to high impact high prevalence risk and that staff now understand and have embedded knowledge regarding risk and incident management and prevention.

Staff are aware of their responsibilities in logging incidents in the electronic incident management system and management review the incidents to ensure consumer care and safety are maintained. The quality team and clinical governance committee look for trends in incident reports and analyse the information which is then forwarded to the Board. Risk is identified, and further strategies are implemented with improvements logged on the plan for continuous improvement.

Consumers are consulted and assessments conducted in relation to risk and dignity of risk forms signed to respect consumer choice and control. The consumer named as having absconded in the Site Audit report of 30 November 2021 to 2 December 2021 is no longer at the service but the service has reviewed its approach to dignity of risk and improved the recording of information.

I am satisfied the service is compliant with requirements 8(3)(c) and 8(3)(d).

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)