Performance

Report

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| Name of service: | James Watson Hostel |
| Service address: | 7 Lime Street EAST PERTH WA 6004 |
| Commission ID: | 7199 |
| Approved provider: | St Bartholomew's House Inc |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 2 September 2022 |
| Performance report date: | 26 October 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 James Watson Hostel (**the service**) has been prepared by R Beaman, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and others, and
* the approved provider’s response to the assessment team’s report received on 23 September 2022.

# Assessment summary

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

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

# 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.

* Requirement 2(3)(a) – the approved provider ensures assessment and planning includes consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.
* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care and clinical care including in the areas of continence management, personal hygiene, pain and wound care management.
* Requirement 3(3)(b) – the approved provider ensures the effective management of high impact or high prevalence risks with the care of each consumer.
* Requirement 8(3)(c) – the approved provider ensures they have effective organisation wide governance systems that includes systems and processes for information management and regulatory compliance.
* Requirement 8(3)(d) – the approved provider ensures they have effective risk management systems and practices that includes the management of high impact and high prevalence risks and the management and prevention of incidents.
* Requirement 8(3)(e) – the approved provider ensures they have an effective clinical governance framework that includes systems and processes for minimising the use of restraint.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

All consumers confirmed they are treated with dignity and respect by staff and they are able to make choices about the care they receive, when it is delivered, who is involved in their care and they are supported to maintain relationships of choice.

Consumers confirmed their care is delivered in a culturally safe manner and staff support their diversity and value their choices. Consumers felt supported to take risks to live their best life and do the things they wish, and confirmed risks are discussed and strategies are developed to mitigate any risk of harm to them or others.

Staff were observed maintaining consumers dignity by delivering care behind closed doors and maintaining privacy of information through locked nurses stations and computer passwords required.

Staff were able to describe ways in which they support consumers to maintain choice and decisions through assisting them to maintain connections with those they wish including seating at meals, being taken to visit other consumers they wish to spend time with.

Observations showed consumers undertaking activities of risk with safety measures in place.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | 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

This Quality Standard is Non-compliant as one of the five Requirements has been assessed as Non-compliant.

The Assessment Team found assessments for consumers’ care and services, including risks to their health and well-being, were not done consistently or in a timely manner. The Assessment Team identified five consumers did not have their lifestyle assessments completed as required by the service’s own policy, three consumers did not have their required assessments completed to inform their care plan post admission, four consumers with diabetes did not have an assessment or management plan in place to guide staff practice, and for consumers who choose to undertake activities of risk, while there is a policy in place for a risk assessment to be completed, this was not done and there were no strategies in place to mitigate risks to consumers.

The Approved Provider responded to the site audit report, acknowledged the issued raised by the Assessment Team, actions taken since the site audit and continuous improvement action plans to address the deficits identified in the Assessment Team’s report. The Approved Provider acknowledged the four consumers with diabetes did not have complete diabetes management plans and has undertaken an action to rectify this and reviewed all consumers with diabetes to ensure they have up to date and accurate documentation in place.

In relation to consumers who choose to undertake activities of risk, the Approved Provider acknowledged they did not have in place risk assessments and as such no strategies documented to support those consumers as the forms were not active on their electronic care management system. In response, the Approved Provider have reactivated risk assessment forms and provided evidence those have been completed for the consumers mentioned in the report.

Whilst I acknowledge the actions the Approved Provider has put in place and undertaken since the site audit to address the deficits identified, the evidence compiled during the site audit showed assessment and planning and the consideration of risks to consumers health and well-being was not effectively managed or completed. In coming to my decision, I have considered the Approved Provider is still undertaking actions to address the deficits with assessment and planning and I encourage them to embed those improvements into their practice to ensure assessments and planning are completed with the consideration of risks to consumers for the delivery of safe and effective care and services.

Accordingly, I am satisfied Requirement 2(3)(a) is Non-compliant.

I am satisfied the remaining four Requirements of Standard 2 Assessment and Planning are compliant.

Consumers confirmed their planning and assessments were completed and done so in partnership with them and where they wish, their representatives are also involved. Documentation recorded consultation with consumers and/or their representatives with their assessments and care plans.

Staff demonstrated understanding of assessment and planning processes, including where conditions change, or incidents occur. Documentation reflected changes where those had occurred.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is Non-compliant as two of the seven Requirements have been assessed as Non-compliant.

The Assessment Team found the service did not deliver clinical care in line with best practice or tailored to consumers’ needs in relation to wound care for one consumer. The Assessment Team found for one consumer identified with a necrotic wound, staff did not escalate in a timely manner and a wound management plan, assessment was not developed, and wound care was not delivered for more than one month post initial identification.

The service has policies and procedures to guide the management of high impact and high prevalence risks but did not demonstrate they effectively manage falls. For one consumer who had multiple falls, staff did not consistently follow policy and procedures in relation to post falls management including monitoring of pain, monitoring for signs of injury and regular neurological observations.

The Approved Provider’s response acknowledged the gaps identified in the Assessment Teams report in relation to personal and clinical care and the management of high impact and high prevalence risks associated with the care of consumers. In their response the Approved Provider has included the actions they have implemented and those planned to address the deficits identified. The Approved Provider has provided in their response evidence they have actioned a review of the consumer identified in the assessment teams report in relation to their wound care and all required assessments have been now been completed and directives for staff documented in the consumer’s care plan. The Approved Provider has acknowledged their staff require additional training in wound management and confirmed this is being planned and a toolbox being developed.

In relation to falls management the Approved Provider stated and provided evidence to show they have reviewed their falls management procedure to ensure a consumer’s falls risks is assessed on admission and when their condition changes. Evidence has been provided to satisfy me staff education has commenced in relation to falls management.

Whilst I acknowledge the actions and improvements the Approved Provider has put in place since the site audit to address the deficits identified, the evidence compiled during the site audit showed personal and clinical care is not always delivered in a safe and effective manner and high impact and high prevalence risks are not always managed effectively. In coming to my decision, I have considered the Approved Provider is still undertaking actions to address the deficits with personal and clinical care and high impact risks associated with the care of consumers. I encourage the Approved Provider to continue to action and embed those improvements into their practice to ensure personal and clinical care is tailored to consumers’ needs and in line with best practice and high impact and high prevalence risks to consumer care are effectively managed.

Accordingly, I am satisfied Requirements 3(3)(a) and 3(3)(b) are Non-compliant.

I am satisfied the remaining five Requirements of Standard 3 Personal care and clinical care compliant.

Consumers confirmed they are referred to specialists and other providers of care in a timely manner when they need it.

Documentation reflected consumers end of life needs and preferences are respected, recorded and communicated and consumers comfort and dignity is maximised. Care documentation shows information about consumer’s needs and condition are communicated with those that provide input into their care and services including external professionals and allied health.

Staff confirmed information about consumer health and condition, any changes or incidents during handover at the commencement of each shift and understand the precautions required to minimise the spread of infection.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant, and seven of the seven Requirements have been assessed as Compliant.

Consumers confirmed they are supported to maintain their independence, including one consumer who described how the service had supported them to improve their mobility strengthening, enabling them to participate in the service’s lifestyle program.

Consumers provided positive feedback about services and supports for daily living and confirmed they are able to do the things of interest to them and participate in the outside community when they chose to. Consumers advised information is communicated appropriately and they don’t have to repeat their preferences to other providers of care and they are supported to access external care providers where it is their preference to do so.

Mixed feedback was received around food quantity and quality, with most consumers providing positive feedback about the food, choices and alternatives they are offered and provided.

Staff confirmed they have access to the equipment needed to support consumers engage in the lifestyle program and services and described activities consumers liked to do and how they supported them to do those.

Documentation including meeting minutes showed consumers are engaged to provide feedback around lifestyle services and supports including menu choices.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

Consumers provided positive feedback about the service environment confirming it optimises their sense of belonging, is safe, clean and they are able to move freely indoors and outdoors. Observations showed consumers rooms are personalised with items of importance to them including photographs, memorabilia and other personal items.

The service was observed to be clean, with cleaning staff undertaking various routine activities across the service throughout the visit. Consumers confirmed they were satisfied with the cleanliness of the service environment, including communal areas.

Consumers were satisfied maintenance is completed in a timely manner. Staff demonstrated knowledge of the maintenance process and provided examples of how they action any items that need fixing for consumers.

The Assessment Team observed furniture, fittings and equipment suitable for use by consumers and to be safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers confirmed they are able to provide feedback and complaints in a variety of ways including written and verbally to staff or management. Feedback forms, information about accessing advocacy services, and a suggestion box were observed located across the service for consumers to use. Consumers advised they were satisfied with the way staff and management actioned and resolved their complaints.

Staff demonstrated knowledge of open disclosure and how they practiced this with consumers when they had a complaint, or something went wrong. Documentation and feedback from service management and consumers confirmed a trend in food complaints and the action taken to address and resolve those to consumers satisfaction including adding the improvement project to the service’s plan for continuous improvement and having as a standing agenda item on the monthly consumer meetings.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Overall most consumers provided positive feedback confirming they feel there are enough staff to deliver care and services in a way that meets their needs and preferences. Consumers confirmed staff are kind, caring and knowledgeable and they felt they are well trained to deliver the care and services they needed safely.

Staff confirmed they have access to training and felt they had enough support with numbers of the workforce to undertake their roles and deliver timely and effective care to meet consumer’s needs. Documentation confirmed unplanned leave and vacant shifts are covered with suitably qualified staff.

The Assessment Team observed staff interacting with consumers throughout the site audit visit in a respectful and caring manner. Training records showed planned education is regularly facilitated and where any issues are identified in practice through incidents, feedback and observation ad hoc education is run for staff.

Performance reviews are conducted at regular intervals and management provided examples of where they have performance managed staff as a result of gaps identified in their practices.

# Standard 8

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Non-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. | Non-compliant |
| 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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as three of the five Requirements have been found Non-compliant.

The Assessment Team found the service did not have effective organisational governance systems in relation to regulatory compliance and information systems, they did not have an effective risk management framework in relation to high impact incidents nor effective clinical governance in relation to the minimising the use of restraint.

The organisation has policies and procedures to guide organisational governance, however, for regulatory compliance and restrictive practices, those are not current and do not include the required information as per legislative changes to guide staff effectively. The Assessment Team found the service’s restrictive practices policies and procedures do not include the requirement for behaviour support plans and identified three consumers where a restrictive practice was in place, but they were unable to demonstrate minimisation of restrictive practices.

The service does not have an effective risk management system in place in relation to the management of high impact and high prevalence risks or the management and prevention of incidents. The Assessment Team identified deficits in staff practice in relation to the management of multiple falls for one consumer and the recurring incidents were not identified as requiring further investigation through the various risk mechanisms including clinical meetings to prevent further occurrence.

The Approved Provider’s response documents a number of corrective actions and improvements in relation to the deficits identified in the Assessment Team’s report including; changing the process of monitoring high risk incidents with the development of a quality forum, undertaking a critical system analysis, development of an education and training plan to include changes to Aged Care legislation and reforms. The Approved Provider’s response provides evidence their policies and procedures was updated at the time of the visit to include behaviour support plans.

In relation to clinical governance, the Approved Provider’s plan for continuous improvement submitted in response to the deficits identified shows they have committed to providing external education to two clinical staff around restrictive practices, with a planned action for those staff to deliver education to staff at the service to improve practice.

Whilst I acknowledge the actions put in place in response to the deficits identified in the Assessment Team’s report, evidence compiled during the site audit showed the service did not have effective organisational and clinical governance or risk management in place. In coming to my decision, I have considered evidence under Standard 2 Requirement (3)(a) in relation to the impacts the deficits in assessment and planning have had on information management. I have also considered evidence under Standard 3 Requirement (3)(b) in relation to the ineffective management of high impact and high prevalence risks associated with consumer care specifically relating to falls. I have also considered that in relation to this Standard the Approved Provider is still undertaking actions to address the deficits identified. I encourage the Approved Provider to continue to implement these improvements and embed those in their practices for organisational governance specifically in relation to information management, regulatory compliance, restrictive practices and risk management.

Accordingly, I am satisfied Requirements 3(3)(c), 3(3)(d) and 3(3)(e) are Non-compliant.

I am satisfied the remaining two Requirements of Standard 8 Organisational governance are compliant.

Consumers confirmed they are engaged in the development of their care and services in various ways including through participation in the food forums and feedback into the lifestyle program and feel safe living at the service.

Documentation showed the governing body monitors care and service delivery through the implementation of policies and procedures to guide practice and they are kept informed of incidents as they occur.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)