Performance

Report

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| Name of service: | Katherine Hostel |
| Service address: | 31 Harrod Street KATHERINE NT 0850 |
| Commission ID: | 6990 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 June 2023 |
| Performance report date: | 25 July 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 Katherine Hostel (**the service**) has been prepared by M Glenn, 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 a consumer, staff, management and others;
* the provider’s response to the Assessment Team’s report received 3 July 2023; and
* a Performance Report dated 22 June 2022 for a Site Audit undertaken from 20 April 2022 to 22 April 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **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.

* **Standard 2 requirements (3)(a) and (3)(e)**
* Ensure care plans are reflective of consumers’ current and assessed needs and preferences, and risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure care plans are reviewed and updated in response to incidents and changes in consumers’ care and service needs.
* Ensure staff have the skills and knowledge to use documentation, such as charting, incident reports and progress notes to guide development of management strategies for consumers’ care and service needs.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 requirements (3)(b)**

* Ensure staff have the skills and knowledge to identify, manage and monitor high impact or high prevalence risks relating to consumers’ care, including, but not limited to, pain, falls and behaviour, and to adjust care to meet consumers’ needs, where required.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence risks, specifically pain, falls and behaviour are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence risks.

# 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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant. The Assessment Team recommended requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers not met.

Requirements (3)(a) and (3)(e) were found non-compliant following a Site Audit undertaken from 20 April 2022 to 22 April 2022 where it was found assessment and planning was not effectively completed with consideration of risks to consumers’ health and well-being; and care and services were not regularly reviewed for effectiveness, when circumstances changed or when incidents impacted on consumers’ needs, goals and preferences. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed and updated the Care planning and evaluation policy and introduced an assessment and care planning competency quiz.
* Training provided to Registered nurses on assessments regarding primary health, falls risk and prevention, skin, weight loss and nutrition, pain, blood glucose monitoring, incidents and reporting, and clinical follow-up.
* Completed a 12-week clinical monitoring process to review care plan reports.
* Tasked a senior registered staff member to follow up clinical incidents and closure.

At the Assessment Contact undertaken in June 2023, the Assessment Team recommended requirements (3)(a) and (3)(e) not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied assessment and planning, including consideration of risks to consumers’ health and well-being, informed delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence gathered through interviews, observations, and documentation relevant to my finding:

Consumer A

* A Skin assessment was not completed until June 2023, after Consumer A was identified as at risk of pressure injuries. The only strategy listed was for staff to moisturise skin daily.

Consumer B

* Consumer B had a fall in August 2022. There was no evidence falls strategies had been implemented to prevent further falls at this time. Consumer B had a further fall in April 2023 with a risk tool, assessment and management plan completed. While the risk assessment tool identified Consumer B as a high risk of falls, no falls prevention strategies were developed or implemented.
* Consumer B displays aggression towards others and entering inappropriate places. Recommended strategies from a specialist review in April 2022 were not incorporated into the Behaviour support plan dated June 2023.
* Strategies in the Behaviour support plan were generic and the portion of the assessment to outline individual behaviours of concern/changed behaviours was not completed.
* Behaviour history included unmanaged pain. Ongoing pain relief was noted to have been ceased and replaced with as required pain relief. There were no triggers or interventions related to pain management in the Behaviour support plan.
* Clinical and care staff described a range of behaviour strategies used to manage behaviours which were not documented in the Behaviour support plan.

Consumer C

* A Falls risk assessment tool completed in April 2023 identified Consumer C as a high falls risk. Strategies in the assessment and management plan, dated May 2023, were low risk strategies as indicated in the service’s procedure. There was no evidence of high-risk strategies being implemented or considered. Documentation showed the consumer experienced a significant number of falls over a 38-day period between May and June 2023.
* A Leisure and recreation assessment has not been completed and the Social and leisure profile includes minimal information. There was no information about Consumer C’s social or leisure interests, and leisure and lifestyle records for a 31-day period between May and June 2023 showed no engagement. Consumer C was observed sitting in the courtyard unengaged.
* Behaviours identified on the Behaviour evaluation dated May 2023 were generic and did not include all identified changed behaviours. Individual behaviours of concern were not identified, or strategies implemented to mitigate the risk.

The provider did not agree with the Assessment Team’s recommendation, however, recognised documentation did not necessarily support that view. The provider’s response included commentary relating to the information highlighted in this requirement, as well as supporting documentation. The response also included a Plan for continuous improvement identifying the improvements required, corrective action, planned completion dates and planned outcomes. The provider’s response included, but was not limited to:

* Confirmed date of Consumer A’s entry to the service, completion of a Falls risk assessment and stated the consumer has not had any falls whilst at the service.
* In coming to my finding for this requirement, I have not considered the evidence presented in the Assessment Team’s report which precedes the date the consumer entered the service.
* Daily skin checks were conducted for Consumer A from entry. It is unclear why a risk assessment was not completed.
* Recognise Behaviour management strategies used by staff to assist Consumer B were not incorporated into the Behaviour support plan. This has been remedied.

The provider’s response did not specifically address the deficits highlighted in this requirement related to Consumer C.

I acknowledge the provider’s response. However, I find assessment and planning processes have not been consistently undertaken to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented or to inform delivery of safe and effective care and services. Behaviour management strategies for Consumer B were generic and not reflective of those described by staff, and strategies recommended by specialist services had not been incorporated into the Behaviour support plan. Additionally, while Consumer C’s behaviour history included unmanaged pain, this was not reflected as a possible contributor to behaviours in the Behaviour support plan.

I have also considered while Consumers B and C were identified as high risk of falls, strategies to mitigate risks were not implemented and/or appropriate to the risk identified. For Consumer B, prevention strategies were not implemented in response to the outcome of the Falls risk assessment, and despite Consumer C being identified as a high falls risk in April 2023, management strategies were not commensurate with the risk identified nor were they reflective of the service’s procedure. Consumer C experienced a significant increase in falls in a 38-day period between May and June 2023. Furthermore, I have considered effective assessment and planning has not been undertaken to identify Consumer C’s leisure interests and preferences or risks to Consumer A’s skin integrity.

As such, I find the deficits identified in assessment and planning have the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumers or their care and service needs. The evidence presented also demonstrates care plans are not tailored to consumers’ specific needs nor do they effectively inform how, for each consumer, care and services are to be safely delivered.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(e)**

The Assessment Team were not satisfied care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of consumers. The Assessment Team’s report provided the following evidence gathered through interviews, and documentation relevant to my finding:

Consumer B

* Consumer B had a fall in April 2023 with a prior fall recorded in August 2022. Incident forms did not show falls incidents have been investigated to identify contributing factors or consideration or implementation of falls prevention strategies post incident. There was also no evidence of this in progress notes.
* Despite a Falls risk assessment and management plan completed in April 2023 with a high falls risk identified, there were no falls prevention strategies implemented.

Consumer C

* Incident reports show Consumer C recorded 11 falls between May to June 2023. Incident reports did not show an investigation into the falls, contributing factors or prevention strategies was undertaken.
* A Falls risk assessment and/or review of the assessment was completed seven out of the 11 times required post falls.
* A Falls assessment and management plan, updated May 2023, indicates Consumer C is a high falls risk. Strategies listed are low risk interventions, generated from the electronic documentation system.
* Incident reports show six incidents were reported from January to June 2023 relating to verbal and physical aggression towards staff and other consumers despite multiple entries in progress notes and behaviour charting.
* Progress notes showed incidents of verbal and physical behaviours on nine occasions from January 2023 to June 2023. Incident reports did not show an investigation was undertaken when an incident was reported:
* A Behaviour evaluation assessment, last updated in May 2023, did not include behaviours documented in incident reports and behaviour charting.
* One incident report for May 2023 related to a risky activity the consumer partakes in. The related assessment was not reviewed, with the most recent assessment dated March 2023. There was no evidence a reassessment was undertaken in response to the incident.
* Consumer C has a diagnosis of chronic back and leg pain. Pain charting for a 31-day period between May and June 2023 indicates Consumer C experienced mild pain on 30 occasions during this period, however, did not identify where the pain was located.
* There is no evidence in progress notes to show pain charting has been reviewed or evaluated for effectiveness during the period sampled. The pain assessment and management plan were last updated in November 2022 and did not mention back pain.

The provider’s response included commentary relating to the information highlighted in this requirement, as well as supporting documentation. The response also included a Plan for continuous improvement identifying the improvements required, corrective action, planned completion dates and planned outcomes. The provider’s response included, but was not limited to:

* An incident report for a fall dated August 2022 for Consumer B demonstrating investigation and agreed outcomes.
* Consumer C’s increasing falls were of considerable concern, with hospital, General practitioner and Physiotherapy reviews conducted. While prescribed a walker, Consumer C regularly stood and walked without it. A Geriatrician indicated the walker seemed to be responsible for falls and it was removed awaiting a Physiotherapy review, however, the General practitioner later prescribed a new walker.
* Consumer C’s twice daily dose of analgesic was increased in March 2022 to three times a day in case pain was contributing to behaviours.

I acknowledge the provider’s response. However, I find the service did not ensure care and services were regularly reviewed for effectiveness in response to changes in consumers’ care and service needs.

In relation to Consumer B, I have considered effective review of documentation following a fall in April 2023 did not occur. While a risk assessment and management plan was completed post the fall and a high falls risk identified, falls prevention strategies were not implemented to minimise risks to the consumer’s safety.

While Consumer C had 11 falls in a one-month period, falls risk assessments and/or review were not consistently undertaken following each incident. This includes review of falls management strategies which were not commensurate with Consumer C’s high falls risk. Appropriate and effective review of Consumer C’s behaviour management strategies was not undertaken in response to behaviours, the majority of which related to physical and verbal aggression directed at staff and other consumers. Six incidents had been reported over a six-month period, however, a Behaviour evaluation assessment completed in May 2023 did not reflect behaviours documented in progress notes or incident forms. I have also considered pain charting documentation has not been effectively used to develop individualised strategies to manage Consumer C’s pain, with no evidence pain charting, completed over a one-month period, had been reviewed and or evaluated.

As such, I find this has not ensured care plans are up-to-date, care and services are being delivered in line with consumers’ current needs and preferences or that risks to consumers are minimised.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to requirements (3)(a) and (3)(e),** I acknowledge the provider has submitted a Plan for continuous improvement to remedy the deficits in these requirements and planned completion dates have been set. However, I consider that the planned completion dates for the improvement activities planned and/or implemented in relation to these requirements range from July 2023 to September 2023, therefore, time will be required to establish efficacy, staff competency and improved consumer outcomes.

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(b) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(b)**

The Assessment Team were not satisfied high impact or high prevalence risks associated with the care of each consumer are effectively managed, specifically behaviours and pain. The Assessment Team’s report provided the following evidence gathered through interviews, observations, and documentation relevant to my finding:

Consumer B

* Progress notes show an as required psychotropic medication was administered three times in March 2023. A pain assessment on all three occasions showed the consumer was experiencing pain which was not addressed.
* Consumer B’s behaviour history states they can become aggressive with unmanaged pain. Clinical staff did not identify pain as a trigger for the behaviours and management were not aware chemical restraint was being used prior to treating pain.

Consumer C

* Pain charting from for a 31-day period between May and June 2023 included 51 entries, 30 of which showed Consumer C was experiencing mild to moderate pain. Progress notes did not evidence staff had provided interventions to manage Consumer C’s pain.
* Behaviour charting for the same period recorded 23 occasions of changed behaviours, including physical and verbal aggression towards staff, wandering within the service and refusing assistance with care.
* Management strategies used were not consistently documented in charting or progress notes, with strategies only documented against 12 of the 23 entries. Effectiveness of strategies was not recorded, and documented interventions used were not consistent with strategies outlined in a specialist review dated February 2023.
* Incident reports sampled for a six-month period between January to June 2023 included six incidents of changed behaviours. Five incidents related to physical and verbal aggression towards staff and one to a physical altercation with another consumer. A further three incidents towards staff were noted on behaviour charting and not in an incident report.
* Progress notes for the six-month period showed staff feared Consumer C. Care staff said Consumer C is violent, aggressive and harmful and makes them feel scared and uncomfortable.
* Incident reports from March to June 2023 recorded 20 falls, with 11 occurring between May and June 2023. Two incidents reported Consumer C hit their head, with one incident in May 2023 resulting in a head laceration requiring hospital transfer.
* Consumer C was observed sitting in a chair in the courtyard, with no walker nearby despite the falls prevention strategies indicating staff are to provide mobility aids and supervision.
* Ineffective assessment and reassessment following falls was noted with Consumer C remaining a low falls risk with only low risk strategies implemented. Incident forms in relation to falls did not show contributing factors or prevention strategies were reviewed or new strategies trialled.

The provider’s response included commentary relating to the information highlighted in this requirement, as well as supporting documentation. The response also included a Plan for continuous improvement identifying the improvements required, corrective action, planned completion dates and planned outcomes. The provider’s response included, but was not limited to:

* Discussions with Registered nurses indicate in their judgement, low levels of pain were not considered a significant trigger to Consumer B’s behaviours, especially when they are prescribed analgesia regularly three times a day. Consumer B has been referred to the General practitioner to review pain management.
* Consumer C’s twice daily dose of analgesic was increased in March 2022 to three times a day in case pain was contributing to behaviours.
* Consumer C was diagnosed with dementia in February 2023 and a specialist services review was undertaken to assist in management. Several recommendations were made, however, acknowledge documentation of recommended strategies is poor. Consumer C was not interested in some of the strategies and other strategies are difficult to document in the context of a behaviour.

The provider’s response relating to falls management for Consumer C, outlined in Standard 2 requirement (3)(e), has also been considered in my finding for this requirement.

I acknowledge the provider’s response. In coming to my finding, I have considered that this requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report, I find this did not occur for the consumers references, specifically in relation to management of pain, behaviours and falls.

In relation to Consumer B, I have considered appropriate actions were not implemented to manage pain. While pain assessments completed on three occasions in March 2023 showed the consumer was experiencing at least mild pain, strategies on each of these occasions included administration of an as required psychotropic medication. There was no indication strategies to specifically manage Consumer B’s pain were implemented on any of these occasions.

I have also considered Consumer C’s pain has not been effectively managed. Consumer C was identified as experiencing mild to moderate pain on 30 occasions over a 31-day period, however, there was no evidence management interventions had been implemented. In relation to behaviour management, I acknowledge the provider’s response indicating not all strategies recommended by the specialist were effective in managing Consumer C’s behaviours. However, while Consumer C’s verbal and physical behaviours were known, the effectiveness of strategies implemented by staff to minimise Consumer C’s behaviours was not consistently recorded to enable alternate strategies to be developed and implemented to minimise the impact of behaviours on other consumers and staff. Staff said Consumer C’s behaviours made them feel scared and uncomfortable. Furthermore, I have considered while Consumer C had 20 falls over an approximate three-month period, including 11 over a 38-day period, there was no indication falls management strategies had been reviewed or new strategies implemented to minimise risks to Consumer C’s safety. Consumer C was noted to have hit their head on two occasions, one resulting in a laceration and hospital transfer.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

**In relation to requirement (3)(b),** I acknowledge the provider has submitted a Plan for continuous improvement to remedy the deficits in this requirement and planned completion dates have been set. However, I consider that the planned completion dates for the improvement activities planned and/or implemented in relation to this requirement range from August 2023 to October 2023, therefore, time will be required to establish efficacy, staff competency and improved consumer outcomes.

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)