Performance

Report

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| Name: | Katherine Hostel |
| Commission ID: | 6990 |
| Address: | 31 Harrod Street, KATHERINE, Northern Territory, 0850 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 February 2024 |
| Performance report date: | 11 April 2024 |
| Service included in this assessment: | Provider: 6871 Australian Regional and Remote Community Services Limited  Service: 4398 Katherine Hostel |

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 Dubovinsky, 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) – 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 4 March 2024

# 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** |

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 |
| 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

Requirement (3)(a)

Requirement (3)(a) was found non-compliant following an assessment contact undertaken on 7 June 2023 where it was found relevant assessment and planning was not effectively completed for consumers sampled to inform behaviour support, pain management, falls management and leisure and lifestyle care and services.

A range of improvements were implemented in response to the non-compliance. This included monitoring care plans to identify opportunities for improvements, improvements in rostering clinical staff, updating the clinical assessment process, gap analysis of clinical skills for clinical staff and reviewing Resident of the Day processes.

Following the assessment contact undertaken on 2 February 2024 the assessment team recommended requirement (3)(a) met. Consumers are assessed on entry to the service, and have care plans developed which include individualised strategies to manage and reduce identified risks and address identified needs, goals and preferences. Risk assessments are completed for consumers with identified risks. All care workers and clinical staff interviewed confirmed care plans provide sufficient guidance to deliver care and services. Two consumer files viewed showed personalised strategies to support behaviour management.

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

Requirement (3)(e)

Requirement (3)(e) was found not met following an assessment contact undertaken on 7 June 2023 where it was found care and services were not regularly reviewed for effectiveness in relation to falls prevention, behaviour management and pain.

A range of improvements were implemented in response to the non-compliance including; further training provided to clinical staff on pain management and additional training scheduled on dementia care.

Following the assessment contact undertaken on 2 February 2024 the assessment team recommended requirement (3)(e) not met. The assessment team found one consumer’s falls risk was not effectively reviewed and managed, and another consumer’s specialised nursing care needs were not reviewed as needed. The assessment team’s report also included evidence the service was meeting the requirement with evidence of regular three monthly care plan reviews. The following evidence was considered relevant to my decision:

* Consumer A experienced 4 falls during a three-month period, however the falls risk assessment and management plan was not reviewed following the most recent fall, however the strategies were viewed three days prior to the most recent fall. Documentation showed inconsistent monitoring of the consumer’s pain following incidents of falls.
* Consumer B has a specialised nursing need however the management strategies have not been reviewed six monthly according to the consumer’s specialised nursing need care plan.
* Resident of the day was not completed monthly for 11 of the 24 consumers.
* Documentation showed all care evaluations were completed within the last three months.

The provider did not agree with the assessment team’s recommendation and provided additional commentary and supporting documentation. The following evidence was considered relevant to my decision:

* Acknowledged the Resident of the Day was not being completed monthly for all consumers, however asserted it is not the organisation’s process to have it completed monthly.
* In relation to Consumer A, the response acknowledged for one of the falls, the falls risk assessment was not revised, however asserted strategies were reviewed and all post-falls protocols were adhered to including monitoring of pain, staff undertaking falls management huddles, and the re-assessment of falls risks. The response stated pain monitoring is undertaken for all consumers at least daily and no pain was identified above baseline for the consumer, however acknowledged further monitoring could have been documented and further analysis noted.
* In relation to Consumer B, and the review of the specialised nursing need management plan, evidence was provided confirming the Medical Officer was aware to review the plan and was away. The response asserts the consumer’s specialised nursing need was well managed during the period and the consumer did not experience any adverse events.

I acknowledge the provider’s response and the additional information provided. Based on the assessment team’s report and provider’s response, I have come to a different view and find the service was able to demonstrate care and services were being reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. For Consumer A, I find both the assessment team’s report and the provider’s response support my view that the consumer was being reviewed following falls and the consumer’s pain was being monitored. I have also noted the provider acknowledged that additional monitoring may have been warranted, however I have noted their monitoring showed the consumer was not experiencing any pain above their baseline.

I find for Consumer B, staff were aware of the need to review the consumer’s specialised nursing need with evidence demonstrating the consumer’s medical officer was notified, and was on leave at the time. I have also noted the consumer’s specialised nursing need was well managed during the period. I have also noted that all care plans were reviewed within the last three months to support my finding.

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

Not all requirements in this Standard were assessed, as such the overall Standard rating is Not applicable.

# 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. | Compliant |

Findings

Requirement (3)(b)

Requirement (3)(b) was found not met following an assessment contact undertaken on 7 June 2023 where it was found consumers’ high-impact and high-prevalence risks associated with pain, behaviours and falls were not effectively managed.

A range of improvements were implemented in response to the non-compliance including staff completing competency self-assessments, implementation of processes to support post-fall reviews, development of flowcharts to improve clinical documentation, development of a training calendar and implementation of a whiteboard for recording of key clinical information.

Following the assessment contact undertaken on 2 February 2024 the assessment team recommended requirement (3)(b) not met. The assessment team found ineffective management of one consumer’s falls risk and two consumers’ changed behaviours. The following evidence was considered relevant to my decision:

* Consumer A experienced four falls in a period of four months, however for the last fall the consumer’s pain was not consistently monitored and falls strategies reviewed. Neurological observation and vital signs were undertaken, however inconsistent pulse monitoring was undertaken.
* Consumer C’s behaviour charting showed one instance of changed behaviour however progress notes showed further incidents of changed behaviours with the progress notes not recording strategies used.
* Behaviour charting for Consumer D recorded refusal of care on 12 occasions during a one-month period, however progress notes did not show additional strategies were trialled to assist in the management of the consumer’s changed behaviours. In addition, a low-low bed was provided which was not considered as a restrictive practice.

The provider did not agree with the assessment team’s recommendation and provided additional commentary and supporting documentation. The following evidence was considered relevant to my decision;

* In relation to Consumer A, re-affirmed their view with the information that the consumer’s falls and pain were being effectively managed and referred to the information in the response for requirement (3)(e) in Standard 2.
* In relation to Consumer C, provided evidence of a behaviour support plan showing personalised strategies and the involvement of a specialist service to manage the consumer’s changed behaviours. Acknowledged the two entries in the progress notes were not recorded in the behaviour chart during a two-month period, however included evidence that demonstrated strategies being used were successful and were outlined in the behaviour support plan.
* In relation to Consumer D, provided evidence recording discussing the consumer’s behaviour management strategies in a risk meeting, discussing the involvement of a dementia specialist service and evidence the low-low bed was considered as a potential restrictive practice and the representative was informed in relation to the practice.

I acknowledge the provider’s response and the additional information provided. Based on the assessment team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate effective management of high-impact and high-prevalence risks to support the management of changed behaviours and falls management.

I find Consumer A’s falls risk was managed effectively, with the subsequent evidence provided demonstrating the service was regularly reviewing the consumer’s falls management strategies and the consumer’s pain was being monitored. In addition, I have considered the consumer did not have many falls which persuades me that the consumer’s falls risk was being effectively managed.

I find for Consumer’s C and D, their changed behaviours were being effectively managed as both consumers had behaviour support plans and both consumers had infrequent incidents of changed behaviours. Whilst Consumer D had 12 incidents of refusal of care in a one-month period, I am satisfied the consumer’s changed behaviours were being effectively managed as they were being monitored and no adverse impact was noted as a result of the refusal of care. I have also noted the service engaged a dementia specialist service to support in the management of Consumer D’s changed behaviour prior to the assessment contact and this was noted in their clinical risk register. For Consumer C, I also noted the behaviour support plan was developed with strategies incorporated from a behaviour specialist service and were being successfully implemented.

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

Not all requirements in this Standard were assessed, as such the overall Standard rating is Not applicable.

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)