Performance

Report

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| Name of service: | Richardson House |
| Service address: | 24 Gotha Street BARRABA NSW 2347 |
| Commission ID: | 0013 |
| Approved provider: | Barraba and District Retirement Homes Association Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 March 2023 |
| Performance report date: | 24 April 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 Richardson House (**the service**) has been prepared by E Woodley, 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 14 April 2023.
* the Performance Report dated 8 June 2021 following the Site Audit undertaken from 4 May 2021 to 6 May 2021.

# 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 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.

# 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 Quality Standard was not fully assessed, and therefore has not received a compliance rating. Three of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 2(3)(a), Requirement 2(3)(b) and Requirement 2(3)(e) following a Site Audit conducted 4 May 2021 to 6 May 2021. The Assessment Team found gaps in the identification, assessment, and review of risks to consumers’ health and well-being and consumer’s current needs, goals and preferences.

At the Assessment Contact conducted 28 March 2023, the Assessment Team found the service had implemented continuous improvement in care assessment and planning in response to the identified non-compliance. This included the development of risk assessment processes for new admissions, staff education and training, improved care plan and risk review processes, engagement of a physiotherapist onsite, and new staff communication processes with associated documentation.

Consumers and representatives interviewed by the Assessment Team said they are satisfied with the assessment and planning conducted to address consumer’s current needs, goals, and preferences, including advance care planning and end of life planning. However, the Assessment Team found gaps in the care assessment and planning for some consumers to identify their current needs associated with restrictive practices and skin integrity. While consumers who are prescribed chemical restrictive practices had behaviour support plans, these did not always identify the restrictive practice or provide detail on the medication prescribed. For one consumer who had developed a pressure injury, care planning documentation did not identify or address the management of this injury.

The approved provider’s response identifies that since the Assessment Contact, the service has reviewed care assessment and planning processes and policies to ensure they identify and address consumer’s needs regarding skin integrity and restrictive practices. This includes review and monitoring processes and staff education. I am satisfied the continuous improvement action implemented by the service will address the gaps in the care assessment and planning of restrictive practices and skin integrity for consumers. Considering other aspects of care assessment and planning were effective, and care was generally being delivered in accordance with consumer’s needs and preferences, I find Requirement 2(3)(b) is compliant.

The Assessment Team found the service demonstrated consumer assessment and planning is including consideration of risks to consumers’ health and well-being to inform safe and effective care. Care planning documentation reviewed demonstrated assessment of risks to consumer health and well-being are regularly assessed, reviewed, and discussed with the consumer and their representative. For consumers sampled, this included risks associated with falls, living with dementia, feeding and nutrition requirements.

The service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change, or incidents occur which impact on the needs, goals, and preferences of the consumer. Care planning documentation for sampled consumers was reviewed with evidence of adjustments made to care planning after changes in condition or preferences occurred. For example, following changes in consumer condition and relationships.

# 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)(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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 3(3)(a) and Requirement 3(3)(g) following a Site Audit conducted 4 May 2021 to 6 May 2021. The Assessment Team found deficiencies in the management of restrictive practices, behaviours requiring support, pain, and infection prevention and control processes.

At the Assessment Contact conducted 28 March 2023, the Assessment Team found the service had implemented continuous improvement in response to the identified non-compliance. In relation to Requirement 3(3)(a), this included the development and maintenance of a psychotropic medication register, improved consent and review processes for restrictive practices, development of behaviour support plans, new clinical procedures to guide best practice care, and implementation of a new medication management system. In relation to Requirement 3(3)(g) this included improved entry screening processes, engagement of a second infection prevention and control lead, completion of personal protective equipment and hand hygiene competencies, increased monitoring of infection control practices, and discussion with medical officers regarding antimicrobial stewardship.

The Assessment Team found consumers at the service were receiving safe and effective personal and clinical care, including in relation to restrictive practices, wounds, pain, and complex care needs. For consumers who were prescribed psychotropic medication to manage their behaviour, this was identified as chemical restrictive practice with appropriate consent and review practices, and behaviour support plans. Consumers and representatives interviewed provided positive feedback about the clinical care consumers receive and staff knowledge of consumer care needs.

The Assessment Team found the service demonstrated the implementation of standard and transmission-based precautions to prevent and control infection. Documentation for consumers with infections showed pathology is undertaken prior to the commencement of antibiotics. Staff interviewed demonstrated an understanding of how they minimise the spread of infection and ensure antibiotics are used appropriately.

# 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 Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The service was previously found non-compliant in Requirement 8(3)(c) and Requirement 8(3)(d) following a Site Audit conducted 4 May 2021 to 6 May 2021. The Assessment Team found deficiencies in the organisational governance systems regarding information management and regulatory compliance, and risk management systems and practices implemented at the service. The service had not fully implemented their incident management system or the requirements of the serious incident response scheme (SIRS).

At the Assessment Contact conducted 28 March 2023, the Assessment Team found the service had implemented continuous improvement in response to the identified non-compliance. This included staff education and training, improved assessment and planning processes, and improved processes for restrictive practices and monitoring of psychotropic medications.

The Assessment Team found continuous improvement implemented has ensured governance systems at the service are effective in relation to continuous improvement, workforce governance, information management, financial governance, and feedback and complaints. The service had addressed the implementation of the SIRS, including staff training. However, the Assessment Team found the organisation’s restrictive practice policy had not been updated to reflect recent legislative changes, and some gaps in behaviour support plans were identified.

The approved provider’s response demonstrates the service has updated their restrictive practice policy to be in line with current legislation, and has reviewed behaviour support planning policies and procedures to ensure this meets identified requirements. The service has included staff training on these new updates and requirements. While the organisation has not identified how it will proactively monitor, identify and apply changes to aged care regulatory compliance, at this time I am satisfied the governance systems implemented are addressing current requirements for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service demonstrated effective risk management systems and practices implemented at the service in relation to the management of high impact and high prevalence risks, identification and response to abuse and neglect of consumers, support for consumers to live their best life, and incident prevention and management. The organisation has policies and procedures to provide staff guidance on the management of these risks. Management identified strategies in place to manage the high impact and high prevalence risks for consumers overall at the service. Review of incident documentation demonstrated incidents had been managed appropriately, including reporting to the SIRS as required.

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)