Performance

Report

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| Name of service: | Yaraandoo Hostel |
| Service address: | 1A Cardigan Street SOMERSET TAS 7322 |
| Commission ID: | 8033 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 February 2023 to 9 February 2023 |
| Performance report date: | 23 March 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 Yaraandoo Hostel (**the service**) has been prepared by C Spiller, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 08 March 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |

An unannounced Assessment Contact was undertaken on 8 and 9 February 2023 to assess the service’s performance in Requirements 1(3)(d), 3(3)(a) and 7(3)(a) of the Quality Standards.

The service was previously found non-compliant in Requirements 1(3)(d) and 3(3)(a) of the Quality Standards following a site audit on 9 to 11 August 2022.

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 3(3)(a) - The service implements and embeds processes to ensure each consumer gets safe and effective clinical care when on-call arrangements are in place, policies are followed and staff can demonstrate understanding and application of processes in practice.
* Requirement 7(3)(a) - The service ensures staff skill mix is planned and deployed to enable the delivery of safe and quality care and services during on-call arrangements.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

I have assessed Requirement 1(3)(d) as compliant.

The service was previously found non-compliant with this Requirement following a site audit conducted on 9 to 11 August 2022, as some consumers were found not to have relevant risk assessments in place for choices involving risk.

During the visit on 8 to 9 February 2023, the Assessment Team found that consumers are supported in their choices and risks are appropriately assessed and mitigated. Consumers said they are able to make choices. Care documentation demonstrated associated risks are identified and strategies are planned to minimise risk. Management and staff were able to describe what is important to individual consumers and how they support consumers in choices involving risk.

# 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. | Non-compliant |

Findings

I have assessed Requirement 3(3)(a) as non-compliant.

The service was previously found non-compliant with this Requirement following a site audit conducted on 9 to 11 August 2022. At that time, it was found personal care was not tailored to individual consumers to optimise their health and well-being.

During the visit on 8 to 9 February 2023 the Assessment Team found evidence that safe and effective assessment and monitoring of a consumer’s deteriorating condition had not occurred. The service was unable to demonstrate that staff performed adequate clinical observations or assessments tailored to the needs of the consumer.

In the provider’s response, it was acknowledged that on this occasion, they were unable to replace the Registered Nurse (RN) rostered due to unplanned leave and had an RN on call remotely providing clinical oversight to staff. The provider submitted documents, including but not limited to consumer progress notes, charting, Deteriorating Resident Policy and Emergency On-Call Policy. In response to the Assessment Team’s findings of deficits in assessment and monitoring of the consumer the provider states the RN reviewed the information provided by staff on site and gave advice on monitoring. However, the provider states the RN was not advised of the extent of the consumer’s condition.

The provider’s response has detailed sound quality improvement actions to mitigate the issues identified by the assessment team report, such as improving identification of deteriorating consumers by extended care assistants, improving information sharing in relation to handover to on-call RNs, review of emergency on call process, and training and education in relation to virtual clinical review consultations.

I have taken the above into account and notwithstanding there may have been limited information provided to the RN, it is the provider’s responsibility to ensure safe and effective assessment and monitoring. I believe it was reasonable in the circumstances for the RN to consider a more comprehensive or telehealth assessment as set out at Step 3 in the provider’s Deteriorating Resident Policy.

I am satisfied, based on the evidence in the Assessment Team Report, the service demonstrated effective management of pain, restrictive practice and personal care.

While the service did have a system and process in place when there was no RN on site, and the documentation did support that the RN was contacted for advice, the assessment and monitoring conducted did not adequately support effective management of this consumer’s deteriorating condition. While I note the approved provider has identified sound quality improvement actions to strengthen the on-call processes, these actions have not yet been embedded into usual practice and evaluated. Therefore, I find the service is non-compliant with Requirement 3(3)(a).

# Standard 7

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| Human resources | |  |
| 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. | Non-compliant |

Findings

I have assessed Requirement 7(3)(a) as non-compliant.

The Assessment Team assessed this requirement not met as the service does not demonstrate it deploys the mix of staff, with the right skills and knowledge, to ensure safe and quality care to consumers.

Consumers and representatives provided mixed feedback related to staffing. While some raised no concerns, others said the number of staff rostered is insufficient and described impacts on care and the service environment. Two representatives said they were dissatisfied with staffing and reported delays in toileting, assistance with meals and medications. One representative said staff do not have enough time to communicate with consumers properly, another raised concerns about the cleanliness of their consumer’s room and staff not attending grooming and continence. Two consumers spoke positively of the sufficiency of staff numbers. One said they are happy with the assistance they receive. Other consumers who required assistance with mobility or personal care described delays in care, one noting particularly in the mid-morning, but that they felt ‘safe’ and staff are ‘attentive’ when they provide care.

Evidence found by the Assessment Team demonstrated that when nursing staff cannot be covered on-site due to unplanned leave, on-call arrangements are made. However, in the instance referred to under Standard 3 Requirement 3(3)(a), the on-call arrangements deployed did not enable staff on-site to effectively respond to and monitor the consumer’s condition. Staff did not follow the service’s Emergency On-Call Guidelines and Deteriorating Resident Policy in relation to clinical observations, monitoring and reporting of on-going concerns.

In their response, the approved provider stated that Southern Cross Care (Tasmania) Inc has been operating services with 24/7 Registered Nursing for many years. The approved provider maintains appropriate clinical oversight and decision making was in place and effective. On this particular date, the rostered RN took unplanned leave, and the service was unable to find a replacement so an alternative arrangement was put in place.

In making this decision, I have reviewed the information available from the assessment team report and the approved providers response. While the service had a system and process in place for when there was no RN on site for the night, in this instance, it is my view that the skill mix of the workforce planned and deployed did not enable the delivery of safe and quality care to the consumer whose condition was deteriorating. While I note the approved providers quality improvement actions to mitigate the issues identified by the Assessment Team to strengthen the on-call arrangements, they are yet to be embedded into usual practice and evaluated for effectiveness. Therefore, I find the Service non-compliant with Requirement 7(3)(a).

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-2)