

STATEMENT OF JO-ANNE CRESSY HARDY CONTINUED

Statement of Jo-Anne Cressey Hardy

Name: Jo-Anne Cressey Hardy

Date of birth: [REDACTED]

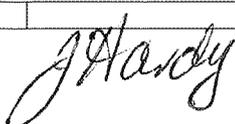
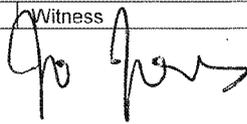
Address: [REDACTED]

Date: 4 November 2019

1. I am currently the Area Manager, Integrated Services (South) at Southern Cross Care (Tas) Inc. (**SCC**). From 19 November 2018 to 5 July 2019 I was the Nurse Adviser and Administrator at Yaraandoo Hostel (**Yaraandoo**), an aged care facility operated by SCC.
2. This statement made by me accurately sets out the evidence to be given by me to the Royal Commission into Aged Care Quality and Safety.
3. I make this statement from my own knowledge, from information I have obtained from SCC's books and records and from members of SCC's staff. This statement is true and correct to the best of my knowledge and belief.
4. I make this statement in response to a Notice to Give Information or a Statement in Writing addressed and provided to me by the Solicitors Assisting the Royal Commission dated 7 October 2019 and numbered NTG-0496.

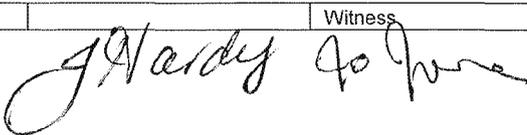
PROFESSIONAL EXPERIENCE

5. I have over 25 years' experience in aged care in Australia. Before being employed as the Nurse Adviser and Administrator at Yaraandoo, I held the following roles:
 - (a) Chief Executive Officer, Mary Ogilvy Homes Society;
 - (b) Regional Manager, Bethanie Care;
 - (c) General Manager, Noosa Nursing Centre;
 - (d) Area Manager, Southern Cross Care;
 - (e) Director of Nursing, Southern Cross Care;

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- (f) Deputy Director of Nursing, Southern Cross Care;
 - (g) Lecturer and Tutor at UTAS School of Nursing;
 - (h) External Aged Care Assessor at the Aged Care Quality and Safety Commission (1999-2009);
 - (i) Manager, Respect Aged Care; and
 - (j) Area Manager, OneCare.
6. I am a registered nurse and I hold a Masters of Health Science and a Graduate Diploma in Gerontology, both from the University of New England.
7. My involvement in aged care spans 25 years. My career highlights include being the CEO at Mary Ogilvy Homes Society, speaking at 17 conferences (both national and international) and undertaking numerous site visits in Australia and overseas. I also gave evidence at the 2009 Senate Committee hearings into aged care and I have been awarded the Minister's Award for Excellence in Aged Care.
8. I was employed on a sessional basis by the Aged Care Agency as an external Aged Care Assessor from 1999 to 2009. In that role I undertook assessments of residential aged care facilities in Tasmania approximately 4-5 times per year, usually alongside an 'internal' assessor from the Aged Care Agency. This was, in essence, a peer review process and ensured that I maintained my currency of knowledge about the accreditation system and standards.
- Q4. Describe your experience if any as an administrator and/or adviser appointed by approved providers pursuant to sanctions imposed by the Department of Health:**
9. From November 2018 to July 2019 I was the administrator and adviser at Yaraandoo. I have no other experience as an adviser or administrator.
10. I describe my role as administrator and adviser at Yaraandoo in more detail below, particularly in response to Q7.

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Q5. Describe any experience you may have of being engaged by approved providers outside of the sanctions process, including for the purposes of preparing for announced accreditation visits or audits:

11. All of my roles from 1999 to present have related, in some way, to preparing for aged care facilities for accreditation visits. I have been employed by range of providers, not for profit as well as private residential aged care facilities in rural, remote and urban settings. These facilities include:

- (a) Noosa Nursing Centre at Noosa, QLD;
- (b) Bethanie Care – Bunbury and Mandurah – WA; and
- (c) Mary Ogilvy Homes Society, TAS.

12. The activities that have I performed in connection with accreditation visits are described below.

a. how often you have been retained by approved providers for the purposes of preparing for accreditation visits or audits

13. I have never been retained by an approved provider specifically for the purpose of preparing for accreditation visits or audits. However, as explained above, my various roles in the aged care sector since 1999 have all related, in some way, to preparing aged care facilities for accreditation visits.

b. what services you provide to approved providers for the purposes of preparing for accreditation visits or audits

14. In the course of my employment with approved providers over the past 20 years, I have prepared continuous improvement plans, developed feedback systems, undertaken compliance monitoring, and undertaken 'gap analyses'. This generally involves the identification of deficiencies, and the development of action plans and management plans to improve the quality of care and services. This requires an understanding of the relevant standards and also contemporary best practice, it also requires education and training of staff in understanding the accreditation standards.

15. I have also assisted approved providers to prepare for accreditation visits or audits by undertaking 'mock audits' and preparing reports based on my

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J Hardy *Jo Jones*

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observations. My 10 years of experience as an external aged care assessor enabled me to understand the system and the standards and to assist providers to a high degree.

c. the effectiveness of cyclical accreditation visits in which approved providers are assessed against standards in the aged care sector

16. Generally, I believe that cyclical accreditation visits are effective. However, in my experience, the effectiveness of cyclical accreditation depends on the skill and experience of the assessors assigned to carry out the accreditation visit, particularly given the 'subjective' nature of the accreditation standards.
17. I have also observed a change of culture on the part of the assessment agencies. In the period when I was an external aged care assessor (1999 – 2009), there was a greater emphasis by the authority on the provision of support, guidance and education to aged care providers. By way of contrast, the contemporary approach of the Aged Care Quality and Safety Commission (ACQSC) seems to be much more punitive.

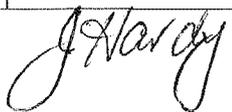
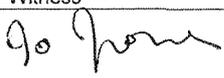
YARAANDOO HOSTEL

Q6. Describe the nature of your role at Yaraandoo before November 2018:

18. I provided no services to Yaraandoo prior to November 2018.

Q7. Describe the nature of any services you provided to Yaraandoo from November 2018?

19. As noted above I was the adviser and administrator at Yaraandoo from November 2018 to early July 2019. The services that I provided as adviser and administrator included:
- (a) undertaking a gap analysis, based on my own observations, my discussions with staff, residents and their representatives, and my review of relevant documentation including audit reports. Exhibited at **JCH-1 [SCT.5019.0001.0003]** is a copy of the gap analysis;
 - (b) developing, implementing and monitoring a training plan to facilitate the provision of additional education and training to staff at Yaraandoo in

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relation to the clinical deficits identified by the Aged Care Quality Agency. Exhibited at **JCH-2 [SCT.5019.0001.0007]** is a copy of the training plan;

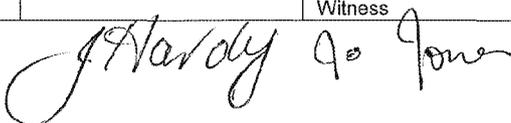
(c) developing, implementing and monitoring specific action plans in relation to clinical care and management systems. Exhibited at **JCH-3 [SCT.5019.0001.0006]** and **JCH-4 [SCT.5019.0001.0005]** are copies of the clinical care action plan and the management systems action plan; and

(d) developing, implementing and monitoring a continuous improvement plan. Exhibited at **JCH-5 [SCT.5019.0001.0002]** is a copy of the continuous improvement plan, as updated in December 2018.

20. My main focus was to implement change management initiatives in a sustainable manner to ensure compliance and improve the standard of care provided to residents at Yaraandoo.

21. As the adviser and administrator I was involved in implementing a number of changes following the imposition of sanctions at Yaraandoo. Those changes included:

- (a) increased training for staff at Yaraandoo, particularly in relation to clinical care and the documentation of clinical observations and complaints;
- (b) the purchase of new equipment, including lifting equipment, pressure relieving mattresses and beds;
- (c) altering the workflow of breakfast preparation to include predominantly catering staff, I recommended this change in order to free up care staff to perform other duties; and
- (d) a recruitment drive which resulted in improvements to improve the pool of casual staff, the employment of a staff member to assist with training in relation to the 'AutumnCare' care planning and progress notes program, and the employment of a continuous improvement officer to perform administrative functions in connection with audits.

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Q8. What do you consider to be the role of an adviser and/or administrator appointed by approved providers pursuant to the Aged Care Act 1997 (Cth)?

- 22. In my opinion, there are only marginal differences between the role of an adviser and the role of an administrator. I did not distinguish between the roles during my time as an adviser and administrator at Yaraanodoo and I reported to the Department of Health as a 'single entity'.
- 23. To the extent that there is a difference between the two roles, I understand that the role of administrator relates more to financial management, change management systems and improvements, whereas the role of adviser is directed to nursing and care practices.

a. to whom you owe a duty as an adviser, and the nature of that duty

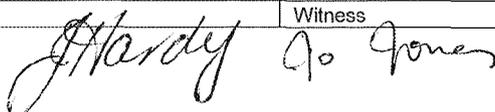
24. As an adviser I owe a duty to the Department of Health to communicate and report regularly on progress towards meeting compliance to ensure the safety and quality of care and services to the residents. I owe a duty to residents and families to ensure safety and quality for care recipients. I have a duty to advise the provider (in this case, SCC) of ways to meet legislative requirements and to ensure the goal of complete compliance is reached in a timely manner which is sustainable.

b. to whom you owe a duty as an administrator, and the nature of that duty

25. I understood my duties as an administrator to be identical to my duties as an adviser except it did not include any clinical component

c. what reporting obligations you have

26. As an adviser and administrator, I was obliged to report directly to a nominated representative of the Department of Health, as regularly as required. During my time as adviser and administrator at Yaraandoo, I was requested by the Department to report to the Department of Health on a weekly basis by phone. I understand that I was required to report: i) any barriers encountered and the effect these barriers have on my ability to perform my role; and ii) progress towards compliance and activities and actions undertaken to achieve this.

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27. In addition to my reporting to the Department of Health, I also initiated a stakeholder newsletter which was sent to the department and other stakeholders including the CEO. I also provided regular verbal reports to the CEO.

Q9. Provide a summary of the services you provided as an adviser and administrator to Yaraandoo from November 2018

28. As an adviser and administrator at Yarrandoo, my primary focus has been to assist Yarrandoo to address the issues identified by the ACQSC following the review audit conducted in November 2018. I have included a summary of the services that I provided as an adviser and administrator from November 2018 above, in response to Q7.

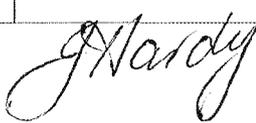
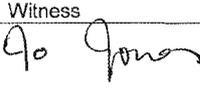
a. the period of time you were appointed as an adviser and administrator for Yaraandoo

29. I was appointed as adviser and administrator on 19 November 2018 on a 6 month contract. I subsequently agreed to extend my contract and remained in the role until 5 July 2019.

b. the information you were provided about Yaraandoo by the Department of Health and/or Southern Cross Care (Tas) Inc (SCC (Tas)) upon commencing in that role

30. I was provided with several previous accreditation reports, an understanding of the complaints about the care and services at Yaraandoo, and background information in relation to the facility and its management. I was also provided with information regarding a range of clinical and non-clinical audits, facility meeting minutes, rosters, the complaints register, resident newsletters, and information concerning staff training opportunities.

31. On 22 November 2018, at a meeting at Yaraandoo attended by residents, staff and representatives of the Department of Health, I was introduced and my role, background and experience were explained. I was also introduced to the representative of the Department of Health who I was required to liaise with, and she gave me her contact details and explained that I would be required to report by telephone once per week.

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c. any barriers you encountered while acting as an adviser and administrator for Yaraandoo and the effect of these barriers on your ability to perform your role as adviser and administrator

32. I encountered no barriers while acting as adviser/administrator at Yaraandoo. The management of SCC was completely cooperative in every respect. For example, some of the plans and changes that I developed and implemented as adviser and administrator (described above in response to Q7) involved significant financial outlays with respect to staffing, education and training costs, equipment maintenance works and workflow change. These financial outlays were not subject to the usual budgetary protocols. I communicated directly with the CEO in relation to any requests for expenditure, and all of my requests were approved.

d. the extent to which you consulted with care recipients and direct care staff

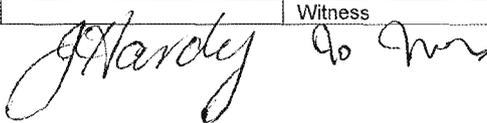
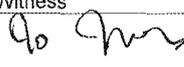
33. I consulted with care recipients and direct care staff on a daily basis. I was an active presence on site from Monday to Friday each week. I responded to requests for individual consultation and I was proactive in instigating regular meetings with staff, families and residents as required. I also made myself available to be on call at weekends and in the evenings by phone, email or text.

e. The time spent by you at Yaraandoo

34. My hours at Yaraandoo were extensive. I worked well in excess of the 38 hours usually required for a full-time role. I also undertook meetings with staff, relatives and doctors after hours and, as mentioned above, I was on call at weekends and in the evenings.

f. whether you have ceased in the role of adviser and administrator at Yaraandoo and if so, the reasons for you ceasing in that role.

35. I ceased in the role of adviser and administrator because the weekly commute from my house in Hobart to the facility at Yaraandoo was becoming onerous. I was also very confident that sanctions would be lifted, and I therefore began to look for alternative employment based in Hobart.

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Q10. As a result of your time as an adviser and administrator at Yaraandoo, describe:

a. what do you consider to be/have been the key safety and quality issues at Yaraandoo?

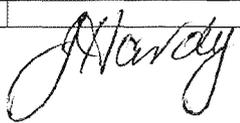
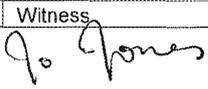
36. In my opinion, much of the care delivered to residents at Yaraandoo was and is excellent. However, I think that the care and services were impacted by the inexperience of the Facility Manager, the lack of supervision due to the vacant Area Manager role, a lack of education on the part of some staff members, and a lack of 'cohesive care' caused by inadequate documentation and record-keeping.
37. I consider the key safety and quality issues at Yaraandoo to have been, generally, as described in the report issued by the Australian Aged Care Quality Agency following the review audit conducted in November 2018.

b. what do you consider to be/have been the key contributing factors to these issues, including from a governance or operational perspective?

38. As noted above, I consider the key contributing factors to have been the inexperience of the previous Facility Manager, a lack of education on the part of some staff members, and a lack of 'cohesive care' caused by inadequate documentation and record-keeping.
39. I also note that at around the time of the November 2018 audit, the Area Manager responsible for providing support to the Facility Manager at Yaraandoo was on leave. This resulted in a circumstance where the usual supervision and support for the Facility Manager was absent.
40. Further, because Yaraandoo is located in a relatively remote regional location, it is difficult to attract and retain high quality staff and facility managers. I believe that this has had an impact on the quality of leadership at the facility.

c. what do you consider to be/have been the key governance and/or business operations issues at Yaraandoo and how might these issues have affected the quality and safety of aged care services delivered by Yaraandoo?

41. I consider that the inexperience of the previous Facility Manager and the aforementioned unavoidable lack of support and supervision had an impact on

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the business and clinical operations at Yaraandoo. I also observed that a number of management systems, for example in relation to audits, meeting minutes, clinical indicators, complaints management and stakeholder feedback, were in need of improvement. For that reason I developed, (in conjunction with the Facility Manager Mentor) and implemented the 'management systems' action plan described above, and exhibited at JCH-4.

42. Capacity to fill staffing vacancies was also an issue, which I addressed by recommending the implementation of a vigorous recruiting campaign (referred to above in response to Q7).

d. the efficacy and sustainability of changes made at Yaraandoo following the sanctions, and any ongoing risks to the quality and safety of aged care services delivered by Yaraandoo.

43. The efficacy and sustainability of the changes made at Yaraandoo is evidenced by the fact that the site is now free of sanctions.
44. I believe that the changes made at Yaraandoo have been effective, particularly with the employment of a new Facility Manager and additional clinical staff. As a result of the changes, any unplanned staff vacancies can be now filled, and the issues in relation to documentation and record keeping have largely been addressed. I also note that supervision and oversight is now provided by an Area Manager with extensive experience in aged care and a solid clinical background.
45. I am confident that the changes made at Yaraandoo will continue to be effective, provided that the current systems are maintained.

e. the nature, extent and adequacy of the relationship between Yaraandoo and the SCC (Tas) Executive Management Team, including any formal and/or informal arrangements between staff at Yaraandoo and the Executive Management Team for the sharing of information about quality and safety issues at Yaraandoo.

46. During my time at Yaraandoo, the Executive Manager Clinical Services regularly visited and attended staff and resident meetings (prior to her retirement in March

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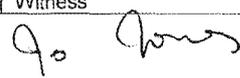
2019). The Executive Manager Integrated Services also visited the site, including to conduct team building sessions.

47. The CEO (Richard Sadek) regularly visited Yaraandoo and attended staff and stakeholder and resident meetings. In addition to his visits to the facility, Mr Sadek was in regular weekly contact with senior Yaraandoo staff, particularly in relation to quality and safety issues. I also provided the CEO with copies of the action plans and stakeholder newsletters that I developed (referred to above in response to Q7), in order to keep him informed of my progress. I understand that the CEO regularly shared this information with the Executive Management Team and the Board.
48. In summary, I believe the relationship between Yaraandoo and the Executive Management Team of SCC was more than adequate.

Q11. Describe any reporting arrangements (formal and informal) with the Department of Health that were implemented as a result of sanctions being imposed on Yaraandoo on 9 November 2018 following a review audit conducted between 2 – 8 November 2018, including:

- a. the form of the reporting arrangements**
- b. your understanding of the purpose of the reporting arrangements and the outcomes expected from those arrangements.**

49. As explained above in response to Q8(c), I reported to the Department of Health by participating in a weekly teleconference.
50. I understand that the purpose of the teleconference was to keep the Department informed of the progress made at Yaraandoo, each week, towards achieving full compliance.

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Q12. With respect to the decision made by an authorised delegate of the Chief Executive Officer of the Australian Aged Care Quality Agency under s 2.63(2) of the Quality Agency Principles 2013 on 11 December 2018 (serious risk decision) following a review audit conducted between 2 – 8 November 2018, describe:

a. any advice you provided to SCC (Tas) in relation to the serious risk decision

51. I provided no advice specifically in relation to the serious risk decision made on 11 December 2018. However, as administrator and adviser at Yaraandoo, I was responsible for advising SCC in relation to the change management initiatives necessary to address the issues identified by the ACQSC, and its predecessor.
52. I have addressed some of the changes made by SCC at Yaraandoo, on my advice, in response to Q7 above.

b. any involvement you had in responding to the serious risk decision

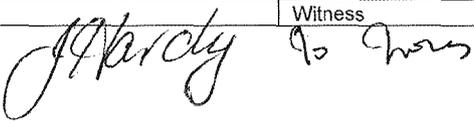
53. I had no specific role in responding to the serious risk decision. As explained above, I had a broader role in implementing the changes necessary to address the underlying issues that led to the imposition of sanctions at Yaraandoo.

c. any involvement you had in responding to any notification received by SCC (Tas) from the Australian Aged Care Quality Agency of a potential serious risk decision

54. As above, in response to Q12(b).

d. the extent to which you were consulted by the Australian Aged Care Quality Agency about the serious risk decision

55. I was not consulted by the Australian Aged Care Quality Agency about the serious risk decision.

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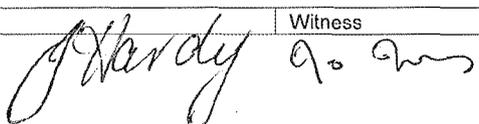
Q13. Describe your knowledge of events leading to the request by SCC (Tas) in May 2019 for an extension of sanctions imposed on Yaraandoo on 9 November 2018, including:

a. any advice you provided to SCC (Tas) in relation to the extension of sanctions

56. I advised the Facility Manager and the CEO that it was appropriate for SCC to request a small extension to the sanctions period. My advice was based on the timing of an ACQSC audit, which was to occur on 8 May 2019, being one day before sanctions were due to expire. Following a telephone conversation with Elsy Brammerson from the Department of Health, I understood that although the sanctions were scheduled to expire on 9 May 2019, there was a significant risk that a new round of sanctions would be imposed unless the Department of Health had an opportunity to receive and consider the results of the 8 May 2019 audit. For that reason, I advised the Facility Manager and CEO to request a short extension to allow the Department of Health to consider the results of the audit, before deciding whether to lift the sanctions at Yaraandoo. On the basis of the changes that I had overseen as adviser and administrator, I was very confident that the results of the ACQSC audit report would be favourable, and that the sanctions would be lifted.

b. the extent to which you were consulted by the Department of Health regarding the extension of sanctions

57. As noted above, I spoke with Elsy Brammerson from the Department of Health in relation to the potential extension of sanctions at Yaraandoo. The CEO of SCC also participated in the telephone call. During the call, Ms Brammerson raised the possibility that, unless an extension was sought, a new round of sanctions may be imposed by reason of the fact that the ACQSC audit was to take place on the day before sanctions were due to expire. For that reason, Ms Brammerson strongly advised SCC to request an extension.

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Q14. Describe your involvement in a site audit conducted at Yaraandoo between 12 – 13 June 2019, including:

a. any involvement you had in preparing for the site audit

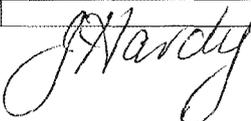
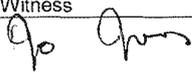
58. I was involved in preparing for the site audit on 12-13 June 2019 by updating Yaraandoo's continuous improvement plan and by developing action plans, in conjunction with the Facility Manager.

b. any involvement you had in responding to the findings of the site audit.

59. I was involved in drafting a written response from SCC to the ACQSC's findings following the unannounced site audit, along with the Facility Manager. Exhibited at JCH-6 [SCT.5019.0001.0001] is a copy of SCC's response to the ACSQ's site audit report.

Q15. To what extent do you consider that the issues relating to the quality and safety of aged care services delivered at Yaraandoo, which were identified by the sanctions imposed on 9 November 2018, had been resolved by the time you left the role of adviser and administrator?

60. At the time of my commencement in the role, there were 18 unmet 'expected outcomes'. By the time I left the role there were only 5 unmet expected outcomes. By then, the facility had an experienced and capable Facility Manager, and there was an Area Manager in place with extensive aged care experience and the clinical background necessary to properly to supervise and support the facility. Substantial changes had also occurred in terms of staffing levels, workflow, equipment and staff knowledge and skills. Audit results showed considerable improvement in specific areas. On that basis, I consider the issues relating to the quality and safety of aged care services at Yaraandoo to have been substantially resolved. I left the role of adviser and administrator on 5 July 2019 and sanctions were lifted in early August.

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61. I note that following the audit recently conducted at Yaraandoo on 3 October 2019, the ACQSC has issued an 'Assessment Contact Advice' which concludes that Yaraandoo now meets all 'expected outcomes' under the accreditation standards, having satisfactorily addressed the ACQSC's concerns in relation to human resources management, clinical care, pain management, nutrition and hydration and skin care. Exhibited at **JCH-7 [SCT.5019.0001.0008]** is a copy of the assessment contact advice, dated 23 October 2019.

Signed:

J Hardy

Date:

1st November 2019

Witness:

J Jones

Date:

1st November 2019

Signature		Witness	
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