



**Royal Commission**  
into Aged Care Quality and Safety

### Statement of Michelle Anne Harcourt

**Name:** Michelle Anne Harcourt

**Date of birth:** [REDACTED]

**Address:** [REDACTED]

**Date:** 14 October 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety. This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement are my own based on my education, training and experience. They are not intended to represent any views of any specific organisation.
3. I am a Director of Harcourt Aged Care Advisors Pty Ltd. I am a registered nurse division 1. I was a registered Aged Care Quality Assessor for 17 years.
4. I have worked as an independent contractor providing consulting services to the aged care sector for a number of years. Harcourt Aged Care Advisors Pty Ltd was established in October 2017 to provide aged care consulting services as well as engage other contractors to assist with the projects. For the past 25 years I have held many different positions and acted in many different roles including: Registered nurse; Nurse unit manager; Aged Care Quality Assessor; Facility manager; Quality and Risk Advisor; and Provision of expert evidence in coronial inquests about unexpected deaths in aged care services.
5. The following is a summary of my experience working in the aged care industry:
  - 5.1. 1995 to 1997 - Nurse Unit Manager at two Melbourne private nursing homes;
  - 5.2. May 1997 to Jan 1998 - Key Clinical Advisor to a nursing home that was subject to sanctions and was also under administration;
  - 5.3. February 1998 to June 1998 - Commonwealth Nursing Officer, Victorian Office, Department of Health (Cth) (DoH);
  - 5.4. June 1998 to July 2000 – Australian Aged Care Quality Agency (Agency), Quality Assessor;
  - 5.5. July 2000 to April 2002 - Victorian Department of Health, Quality and Risk Advisor, Public Sector Residential Aged Care (PSRAC);

Signature	[REDACTED]	Witness	[REDACTED]
-----------	------------	---------	------------

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

- 5.6. April 2002 to 2017 - Australian Aged Care Quality Agency, Senior Quality Assessor, educator and later an external contracted Assessor;
  - 5.7. 2013 to 2015 – Nurse Consultant engaged as an independent contractor by AgeWorks which provided Nurse Advisor services to RACS under sanctions or had extensive non-compliance. My primary role was to provide key clinical advice, mentorship and risk management;
  - 5.8. February 2014 to June 2015 - Residential Aged Care Manager/Senior Quality Coordinator, Wesley Mission Victoria;
  - 5.9. June 2015 to Current - Contracted by the Victorian Department of Health and Human Services (DHHS) to assist in Quality and Risk management of PSRACs across regional Victoria;
  - 5.10. January 2017 to May 2017 - Relief Facility Manager for McKenzie Aged Care Group across four of its Residential Aged Care Services (RACS) across Melbourne;
  - 5.11. June 2017 to November 2017 – Nurse Consultant to Queen Victoria Homes in Hobart Tasmania;
  - 5.12. September 2017 to May 2018 - Nurse Consultant to St Johns Village;
  - 5.13. February 2019 to April 2019 – Nurse Consultant to Barwon Health’s McKellar Centre;
  - 5.14. March 2019 – August 2019 – Nurse Advisor to Pioneer House.
6. Over 90% of my work as an independent contractor providing Nurse Consultant / Advisor services has been for not-for-profit RACS including PSRACs. A significant amount of my work has also been for PSRACS operated by regional health services through my contracts with DHHS and its predecessor DHS. Some of my more intense support/advisory roles have been with regional NFP’s in Victoria. These roles have always been as a result of findings of non-compliance and the imposition of Timetables for Improvement (TFIs).

**Describe your experience as an adviser appointed by approved providers pursuant to sanctions imposed by the Department of Health.**

7. My work for Pioneer House was the first time I have been engaged as the Nurse Advisor for a residential aged care service pursuant to sanctions.
8. I have previously worked as part of a team supporting a Nurse Advisor appointed as a result of sanctions being imposed on the RACS.

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

9. As stated above, a significant amount of my recent work has been for DHHS providing services to PSRACS operated by regional health services. I am engaged through the

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

Quality Improvement Unit (QIU) which monitors risk factors that may lead to accreditation non-compliance to identify services requiring additional support to maintain compliance with the Aged Care Act 1997. The monitoring role is in the context of the cyclical re-accreditation process and the unannounced yearly visits. My role has been to facilitate timely and targeted assistance to PSRACS to maintain accreditation compliance and promote safe and high quality person-centred care to residents.

10. The scope of the services I provide have been described as the “provision of both reactive and proactive quality improvement activities including providing a range of specialist advice and services to PSRACS that promote the delivery of safe, high quality person centred care to residents such as:
- 10.1. Provide service specific support to management and staff of PSRACS to review risk areas (including review of clinical risk areas) to ensure PSRACS provide residential aged care services in line with accreditation requirements under the Aged Care Act 1997.
  - 10.2. Provide gap analysis against accreditation standards in areas of need.
  - 10.3. Provide coaching / mentoring to stakeholders including managerial, clinical and non-clinical staff to build local capacity within PSRACS.
  - 10.4. Provide support to facilitate timely responses to address priorities e.g. where there is non-compliance or serious risk to the health or wellbeing of residents.
  - 10.5. Undertake on-site visits to PSRACS, including travel to regional and rural areas within Victoria.
  - 10.6. Provide telephone support to management and staff of PSRACS and follow-up written communication.
  - 10.7. Provide written documentation to PSRACS and QIU, including but not limited to, emails, gap analysis reports, action plans or other correspondence.
  - 10.8. Provide other quality and accreditation related activities as directed by the Manager of the QIU.

**How often you have been retained by approved providers for the purposes of preparing for accreditation visits or audits**

11. I have assisted PSRACs for the purposes of preparing for accreditation visits or audits on many occasions during my employment and contract roles with the Victorian Department of Health and Human services. I have performed this role on at least 50 occasions for services across metropolitan and regional Victoria. In my role as an independent contractor Nurse Consultant I have assisted a further 13 services prepare for accreditation visits or audits.

Signature		Witness	
-----------	--	---------	--

**What services you provide to approved providers for the purposes of preparing for accreditation visits or audits**

12. The services I provide are described in paragraph 14. In summary, I undertake a gap analysis of Accreditation / Quality Standards, identify key areas of risk and advise approved providers on the actions needed to ensure compliance. I provide advice on the accreditation process, and the regulatory framework under which it is undertaken. I mentor key leadership staff in areas of risk, and how to minimise or mitigate this risk.
13. I assist in the preparation of continuous improvement plans that are based on identified areas of risk, or gaps to systems and processes. I also provide advice and support to approved providers around consumers and assist them with processes to ensure engagement with consumers and their representatives.

**The effectiveness of cyclical accreditation visits in which approved providers are assessed against the Accreditation Standards in the Quality of Care Principles.**

14. The cyclical re-accreditation process is supported by monitoring visits at least yearly, and the ability to undertake review audits for a more comprehensive assessment of the RACS. Accreditation visits do not assess the RACS as thoroughly as review audits. Review audits are usually of a longer duration and are generally conducted by more experienced assessors. Many review audits are informed by specific information about the gaps in the service. This may be from an assessment contact visit or a complaint. The team often have a targeted approach to what they are going to focus on during review audits.
15. The effectiveness of the process depends upon the quality of the assessments that are undertaken during the re-accreditation visits and the monitoring visits that occur in between re-accreditation assessments. The quality of the assessments depends, in turn, on the skills of the assessors and the time constraints in which they are undertaken.
16. The effectiveness of cyclical accreditation visits is also dependent upon the approach taken to the interpretation of the accreditation / quality standards by the assessors and the decision-makers. I have experienced inconsistent interpretations in my role as an assessor for the Agency and as a Nurse Consultant to approved providers. When I was conducting assessments for the Agency between 2010 and about 2016/17 it was difficult to convince decision-makers that the assessment team's findings of non-compliance should be upheld. There was also a heavy emphasis at this time that if the approved provider put the identified deficiency on to their continuous improvement plan, that would be sufficient to find the expected outcome compliant.

**Prior to 2017, were you appointed to the Commonwealth panel as an adviser to approved providers?**

17. No

**Provide a summary of the services you provided as an adviser to Pioneer House during the relevant period.**

18. The scope of services that I agreed to and did provide were set out in the engagement documents as follows:

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

“The role of the Nurse Adviser is to determine and guide interventions in relation to provision of care and services to enable the approved provider to achieve and sustain compliance with its responsibilities under Chapter 4 of the Aged Care Act 1997 (“responsibilities”).

The Nurse Adviser will use evidence-based clinical management and leadership practices to work with the approved provider’s governing body and relevant personnel to initially address the risk to care recipients, and then to improve the management and quality of care at the service.

In performance of the role, our services may include but are not limited to:

Providing support and direction to the management in relation to the responsibilities, and assisting management to develop and implement a quality improvement plan and priority action plan.

Providing advice to management on improving quality systems, policies and processes, and evaluating the levels of skill of care and support service staff required to achieve compliance with responsibilities.

Identifying non-compliance with the responsibilities, providing advice about remedying the non-compliance and guiding the interventions to: achieve compliance with the approved provider’s responsibilities; and improve the care, safety and well-being of care recipients in a sustainable manner.

Engaging other consultants, contractors or health professionals that the Nurse Adviser determines are required in the performance of the role and / or to undertake the interventions to enable the service to achieve and sustain compliance with its responsibilities.

Communicating or meeting with the regulators as required.

The approved provider must provide all relevant information required by the Nurse Adviser to perform the role and to assist the approved provider to comply with its responsibilities, including if requested: all relevant accreditation and review audit reports on the service; the current classification of all residents; a summary of any relevant complaints about the service, indicating the issues raised and action taken by the service.

The approved provider must allow the Nurse Adviser to perform the role and must implement those interventions determined by the Nurse Adviser to ensure that the approved provider is compliant with its responsibilities.

The key performance indicator is the provision of advice about the necessary interventions in relation to provision of care and services to enable the service to achieve and sustain compliance with its responsibilities.”

19. We agreed to prepare and submit to Pioneer House within such reasonable time as may be required any progress reports and to keep it informed of all matters of which it ought to reasonably be made aware.

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

20. We also agreed at the time of our engagement that:
- 20.1. Prue Dear, nurse consultant, would provide the Nurse Advisor services on-site;
  - 20.2. I would supervise the provision of the Nurse Advisor services and oversee the drafting of a detailed Continuous Improvement Plan;
  - 20.3. I would provide the services off-site and maintain contact via telephone and emails; and
  - 20.4. I would undertake an on-site visit during the provision of services.
21. I discussed the work we were doing with the Chair of the Board of Management (BoM), at least weekly but often this was more regular. This occurred face to face when I was on site, and via telephone when I was working off-site. I participated in weekly teleconferences with the Department of Health and assisted in collecting the information required from the set Agenda. If I was unable to participate in these weekly meetings I delegated this to one of my consultants who were on site.
22. From mid-June I engaged other nurse consultants to provide on-site services. Gaby Brodbeck and Jenny Clarke were on-site for substantial periods of time until the end of the sanctions period.

**The information you were provided about Pioneer House upon being retained**

23. My initial engagement with Pioneer House was facilitated by Julie Anderson from ACSA NSW. I was advised that they were having difficulty finding a Nurse Advisor in NSW to undertake this role as they were all busy, and the home being in a regional location made this task even more challenging.
24. At the time I was retained to provide the Nurse Advisor services I was in only possession of information provided verbally by the CEO/DON about the nature of the non-compliances, the sanctions and previous assessment contact. The CEO/DON, [REDACTED] informed me that they were working with issues from a previous assessment contact in January 2019 around human resources and behaviour management. She did not inform me of the nature and extent of the non-compliances described in the sanctions notice. Pioneer House was the subject of a review audit when I was being retained. [REDACTED] verbally informed me that the assessment team were being a bit "picky" but otherwise the audit was going okay, and she really didn't know what the result would be.
25. I received a copy of the sanctions notice and assessment contact report on 12 March when Prue was on-site and emailed to me a scanned copy of them. I later received a copy of the information provided by Pioneer House to the Royal Commission in response to the questionnaire.

**The nature of services provided by you**

26. I refer to paragraphs 18 to 22.

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

**The extent to which you consulted with care recipients, resident representatives, and direct care staff**

27. My role was to advise the senior management team and the BoM about the need to engage and keep the residents and their representatives informed about what was happening at the service in relation to the non-compliances. When I was not on-site Prue managed the majority of meetings, consultations and support with direct care staff.
28. We ensured the re-establishment of the comments and complaints process that had not been effective. This involved the introduction of "Have your say forms", and discussion at resident and representative meetings. The newsletter was used to ensure that residents and their relatives were kept informed and made aware of the "Have your Say forms." New boxes were placed in key areas of the service, and systems for collection, registering and responsibilities were also developed for the management team.

**The time spent by you at Pioneer House**

29. The services I provided to Pioneer House were delivered off-site as well as on-site. I was at Pioneer House for about 27 days at various times. This was usually for periods of 3 days or more.

**When your engagement with Pioneer House ceased.**

30. I provided my last handover information to the incoming interim CEO on 8 September 2019.

**Aside from your role as an adviser to Pioneer House during the relevant period, did you provide any other services to Pioneer House during this period? If so, describe the nature of those services.**

31. In addition to the services I agreed to provide, my role was expanded to provide the following additional services often due to a lack of resources or skills within the service:
- 31.1. The collation of documents and information in response to the request by the Royal Commission;
- 31.2. The preparation of submissions in response to the serious risk report, and all subsequent re-assessments by the Aged Care Quality and Safety Commission;
- 31.3. Participating in the recruitment of the General Manager / CEO and other key staff including the DDON – this involved engaging recruitment companies; being a part of the interview panel; and guiding the questions and determination about suitability;
- 31.4. Active involvement in managing human resources including: trying to fill vacant shifts; move roles and responsibilities due to shifting priorities and lack of capacity; provide support and mentoring to key roles within the organisation; and maintain a stable leadership team; and
- 31.5. Assisted with the management of employment issues including discussions about an unfair dismissal and union involvement.

Signature

Witness

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

**Describe the nature of Harcourt Aged Care Advisors Pty Ltd's engagement of Ms Prue Dear in respect of Pioneer House, and the reasons for that engagement.**

32. As mentioned above, my initial engagement with Pioneer House was facilitated by Julie Anderson from ACSA NSW. I was aware of the challenges that Pioneer faced in accessing services given its rural location to aged care services, consultants and allied health professionals.
33. Due to my commitments at the time and on-going, and that I live and work in Victoria, I was not able to be on site five days a week. I informed [REDACTED] that I would only be able to provide the Nurse Advisor services if I engaged another Nurse Consultant who could work on-site subject to my supervision. I had previously worked with Prue Dear in similar situations for services in Tasmania and in regional Victoria. This proposal was accepted by Pioneer House and the Department of Health on 6 March, and Prue commenced on site on 11 March.
34. I also engaged two other Nurse Consultants Gaby Brodbeck and Jenny Clarke to assist on-site from mid-June to the end of the sanctions period.

**Did you recommend the engagement of any other consultancy or services to Pioneer House?**

35. I recommended Perform HR to assist with a roster review; Russell Kennedy Lawyers to assist with the preparation of the response to the serious risk recommendation; and Clare Dewan to assist with employment matters.

**What do you consider to be the role of an adviser appointed by approved providers pursuant to the *Aged Care Act 1997* (Cth).**

36. The role of the Nurse Advisor is as described in my engagement letter to Pioneer House. It is to determine and guide interventions in relation to provision of care and services to enable the approved provider to achieve and sustain compliance with its responsibilities under Chapter 4 of the *Aged Care Act 1997* ("responsibilities").
37. The Nurse Advisor will use evidence-based clinical management and leadership practices to work with the approved provider's governing body and relevant personnel to initially address the risk to care recipients, and then to improve the management and quality of care at the service.
38. In performance of the role, the services may include but are not limited to:
- 38.1. Providing support and direction to the management in relation to the responsibilities, and assisting management to develop and implement a quality improvement plan and priority action plan.
- 38.2. Providing advice to management on improving quality systems, policies and processes, and evaluating the levels of skill of care and support service staff required to achieve compliance with responsibilities.
- 38.3. Identifying non-compliance with the responsibilities, providing advice about remedying the non-compliance and guiding the interventions to: achieve

Signature

Witness

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

compliance with the approved provider's responsibilities; and improve the care, safety and well-being of care recipients in a sustainable manner.

38.4. Engaging other consultants, contractors or health professionals that the Nurse Advisor determines are required in the performance of the role and / or to undertake the interventions to enable the service to achieve and sustain compliance with its responsibilities.

38.5. Communicating or meeting with the regulators as required.

**To whom you owe a duty as an adviser, and the nature of that duty**

39. I am engaged by the approved provider pursuant to a contract that sets out the nature of the services that I am to provide. Those services reflect the role required of a Nurse Advisor pursuant to the sanctions notice and the Aged Care Act 1997.

40. I primarily owe a contractual duty to the approved provider to guide interventions to ensure the provision of care and services meet the requirements of the Quality Standards and related obligations in the Aged Care Act 1997.

41. As a registered nurse performing the role of Nurse Advisor I must meet the standards expected of me by the nursing profession. My skills as a registered nurse with extensive experience and expertise in the provision of aged care services are integral to performing my role as a Nurse Advisor. In performing that role I seek to uphold the standards of the profession to ensure the provision of high quality and safe care and services to the residents of the service.

**What reporting obligations you have.**

42. In accordance with my contract, I provide regular reports to the approved provider. This takes the form of formal and informal reports, verbal and in writing.

43. On behalf of the approved provider I also provide regular reports to the Department of Health when required. Pioneer House was required to provide a weekly report to the Department in a teleconference. I participated in those teleconferences along with the Chair and another member of the Board.

**As a result of your time as an adviser appointed by Pioneer House what do you consider to be the key safety and quality issues at Pioneer House**

44. The key safety and quality issues arose from workforce difficulties, and problems with leadership and governance. Pioneer House suffered from the challenges in recruiting the right staff with the right skills to understand the complexities of the role and the responsibilities to the residents that is often found in regional areas. As a result, there were insufficient staff to be able to deliver the care and services that residents needed and it was difficult to fill the roster.

45. Staff were burnt out, disengaged, frustrated, and in many cases very distressed. Many staff felt like they had no alternative but to engage with the media and the unions to enable their voices to be heard. The workforce felt like they were not listened too, and there was

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

no point in raising concerns, as no one from management would listen. The workforce was not involved, consulted or engaged by the leadership.

46. The clinical leadership role of the registered nurses was not respected making it very difficult for them to fulfil their roles of leadership and their obligations of supervision and delegation. Many of the overseas trained and inexperienced registered nurses found the culture of disrespect for the registered nurses challenging to work with. They also often lacked the experience and expertise to manage this culture.
47. There was limited education and training for staff. They had not had training on managing residents with complex and challenging behaviours. There was resistance to the provision of ongoing education and training, likely due to the financial cost and challenges of arranging this in regional locations.
48. There was a culture of residents "fitting in" to the routine. Complaints were seen as residents or families not understanding aged care. The Culture was that expectations needed to be lowered as there was also funding.
49. There was a disengaged senior leadership team who did not have contemporary knowledge of aged care. There was a very limited understanding of quality at the CEO/DON level and at the BoM level. There were no structured governance systems in place. There was a focus on financial data at the BoM level, without any data to show the failings at the care and service level that were leading to poor outcomes for residents.

**As a result of your time as an adviser appointed by Pioneer House to what extent do you consider those safety and quality issues would have been present at Pioneer House before March 2019**

50. Pioneer's re-accreditation audit on 30 January to 1 February 2018 identified non-compliance in two key expected outcomes, Continuous Improvement and Human Resource management. There was also a significant amount of additional information in a further 18 expected outcomes which indicated that there were issues that could lead to further non-compliance if not addressed. Some of these areas included, education, comments and complaints, clinical care, privacy and dignity, leisure interest and activities, living environment and catering.
51. At the assessment contact visit on 8 May 2018 it was reported that improvements had been made to the system. However, it was apparent that there was still ongoing work to be done to embed these systems, and many of the actions implemented were either very new, or still in progress. Filling shifts was reported as an ongoing concern, across nursing and lifestyle staff.
52. There were no further contacts made by the ACQSC until 20 and 21 February 2019 at an assessment contact. At this visit it was identified that the issues identified the previous year in February 2018 had recurred, and there was significant deterioration in the care and services to residents. There were five expected outcomes not met at this visit including human resources, behaviour management and regulatory compliance. This triggered the immediate imposition of sanctions, and a review audit was scheduled. The

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

review audit conducted from 4 to 6 March 2019 identified further non-compliances and the total not met outcomes was 21 out of 44 Expected Outcomes.

53. Issues identified in both the assessment contact and the review audit demonstrate clearly that failures to meet a number of the standards had been ongoing for the previous twelve months. For example:
- 53.1. No quality meetings since October 2018.
  - 53.2. During 2018 there were only two clinical meetings for the year. This was the designated forum to discuss clinical indicator data such as falls, pressure injuries, and skin tears.
  - 53.3. Scheduled Assistant in Nursing (AIN) meetings were infrequent, and when scheduled no-one "showed up".
  - 53.4. No resident relative meetings since October 2018.
  - 53.5. No formal auditing processes were in place.
  - 53.6. Police checks for staff were not being completed as required.
  - 53.7. Limited education planned.
  - 53.8. Staff appraisals were not being undertaken.
  - 53.9. Residents expressed a fear of retribution if making a complaint, or that management would not listen.
  - 53.10. Staff reported being unable to attend to resident care needs as they did not have sufficient time, all staff reported this was directly related to a reduction in hours.
  - 53.11. Staff reported that the staff shortages had been occurring for most of 2018.
  - 53.12. Inadequate management of information.
  - 53.13. Staff felt unsupported by management.
  - 53.14. Poor clinical care including assessment and follow up of acute clinical incidents.
  - 53.15. Unsafe management of medications, and many medications being given outside of prescribed times due to staffing issues.
  - 53.16. Pain management ineffective, as many residents had to wait for prolonged periods of time for analgesia.
  - 53.17. Palliative care plans not developed for residents who require them.
  - 53.18. Unplanned weight loss not being identified or managed.
  - 53.19. Poor wound care management.
  - 53.20. Staff unable to assist resident with their continence needs as they are too busy or understaffed.

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

- 53.21. Incidents of physical aggression were not managed, and a number of residents and staff had been assaulted by a particular resident with challenging behaviours. This had been occurring while the resident was on respite, and then when he became a permanent resident in September 2018. The incidents occurred while he was in respite from July 2018.
- 53.22. A high incidence of falls were occurring, and neurological observations were not always taken when they should have been.
- 53.23. Residents who are the victims of assault did not always receive emotional support.
- 53.24. Insufficient and ineffective lifestyle program.
- 53.25. Staff being exposed to assaults from residents during most of 2018.
54. The ongoing issues continued to get worse over the year of 2018. The lack of attention being given to ensuring that human resources were sufficient to enable staff to perform their roles adversely and directly impacted on the care being provided to residents.
55. From early 2018 the issues with short staffing and lack of policies and processes to guide quality were deficient. There were no effective forums for staff or residents to raise their concerns. Staff and residents had no confidence that management would listen to them and were often told “there was nothing they could do about it anyway as there was no money”. There was a high turnover of staff. Remaining staff reported that a lot of good staff had left out of frustration and burn out.
56. The leadership team, including the CEO/DON and the two DDONs while good intentioned had outdated practices, poor leadership skills, and their knowledge of contemporary aged care was very limited. The leadership team often expressed the view that issues could not be rectified as there was insufficient funding.
57. A significant amount of time in the initial stages of my involvement was spent trying to support and mentor the leadership team to better understand the requirements of residential aged care. One of the recruited DDONs had never worked in aged care, and had not been working in nursing positions for a number of years. This created many frustrations for some of the more experienced registered and enrolled nurses given her senior role and lack of knowledge.
58. There were ineffective systems in place to ensure full and proper reporting to the BoM occurred, and that they understood their role and function of governing an organisation delivering services to a very complex group of vulnerable residents. The BoM were provided with very little data to inform them about information they should have been made aware of. For example:
- 58.1. The BoM was unaware that they had received a reduced period of accreditation in 2018 . Minutes of Board meetings following this reaccreditation mentioned that there were only “minor issues from the re-accreditation review and that the CEO/DON was providing a response.”

Signature

Witness

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

58.2. There was ongoing conflict between the CEO/DON and the Chair of the BoM. The CEO/DON reported that there was too much interference from the Chair, and the Chair was concerned about the ongoing issues staff were raising with him about the lack of support from management.

58.3. BoM reports focused on financial performance, and there was very limited information about comments and complaints, clinical indicators, staff performance, recruitment and retention, or policies and procedures.

**As a result of your time as an adviser appointed by Pioneer House how might assessors from the Australian Aged Care Quality Agency and/or Pioneer House management have identified those issues before March 2019**

59. The management at Pioneer House had outdated practices, poor leadership skills, and a limited knowledge of contemporary aged care practice. They could have identified the issues through effective continuous improvement activities, a properly functioning quality system and a sound clinical governance framework.

60. The Agency could also have identified the issues before March 2019 in a number of ways. More frequent visits could have been scheduled to assess how they were implementing the improvements. The assessment contact in May 2018 showed that there was still further work required, and the systems were still very new and not fully embedded.

61. The assessment visit team would have benefitted from a second experienced assessor given the number of deficiencies identified in February 2018, and the size and layout of the service. This would have assisted in a more comprehensive assessment and more specific focus on the issues with human resource management knowing that this a significant issue for regional areas.

62. Given the home was on a reduced accreditation period, there could have been stronger involvement of key experienced decision makers at the Agency to ensure key issues were examined on site. For example: a greater focus on the effectiveness of the comments and complaints system for staff and residents; mandatory reporting, and particularly when discretion not to report is used; monitoring staff turnover, recruitment strategies and forward planning given the rural location and issues already well known about the difficulties for regional services; and a greater focus on the Continuous Improvement Plan, its adequacy, how it is being used, who is involved in undertaking the required actions, and how it is monitored.

**As a result of your time as an adviser appointed by Pioneer House to what extent do you consider those safety and quality issues to be related to Pioneer House's location in a regional area**

63. The location of Pioneer House in a regional area most certainly had a direct link to its ability to ensure safety and quality care for residents all of the time. The following are examples of some of these issues:

63.1. Recruitment of staff, particularly for senior clinical positions. The pool was very small, and expertise and experience of applicants was usually very low.

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

- 63.2. Retention of staff is a challenge due to the seasonal work at Mudgee with the mines. Many workers' partners were employed at the mines, and when their employment ceased, their partners would also leave.
- 63.3. This seasonal work also meant for some workers unable to get approved leave during holiday periods, they would resign, hoping to secure another job after they returned from leave.
- 63.4. Difficulty accessing allied health services such as behavioural support teams, geriatricians, nurse practitioners, physiotherapists, and speech therapists.
- 63.5. No access to specialist short term assessment facilities for residents with complex/extreme behaviours.
- 63.6. Other services that are difficult to access are pain management programs, and palliative care.
64. The DoH, Agency and ACQSC do not take into account the challenges faced by regional approved providers despite them being well known including the impact on the delivery of services. Regional approved providers do not have the same access to specialist and allied health services as metropolitan providers, but they are assessed as if they do have ready access. One of the issues that was incredibly challenging for Pioneer House was the severe lack of access to services for residents with severe behaviours.
65. This is illustrated by reference to one resident at Pioneer House who had extreme and complex behavioural issues. The key focus of all contact with the ACQSC and the DoH since February 2019 was the management of this resident. Pioneer House had extensive assessments, interventions and additional staffing to try and meet the needs of this resident. Pioneer House was however constrained by the lack of access to specialist services. The family resisted transferring the resident to a service that could better meet his needs including short-term assessment services. There were no local services that could meet his needs. The family also refused the transfer of the resident to a service in Sydney that specialised in providing care to residents with challenging behavioural and psychological symptoms of dementia. The availability of places in services such as this is very rare, and only became open to us due to the intervention of the Nurse Practitioner, Catherine Brown.
66. Pioneer House was unable to provide the same level of care and services to the resident given the constraints with staffing and access to services. The regulators expected that Pioneer House would eliminate the resident's unpredictable and challenging behaviour but it was just not possible in the environment he was in, and with the staffing that was available and funded for.
- As a result of your time as an adviser appointed by Pioneer House what recommendations did you make to Pioneer House in relation to the quality and safety of care?**
67. In the initial stages of the sanction period we developed a Continuous Improvement Plan (CIP) to ensure all the identified areas were noted, actions to address the deficiencies

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

were identified and people were assigned responsibility for the actions. This plan formed the basis for the overall coordination and management of the needed improvements for the duration of the sanctions period. A priority action work plan was developed by Prue Dear, and she managed this plan while on site with the key staff and their assigned areas of responsibility as determined by Prue's assessment of their capacity. Other recommendations or actions included:

- 67.1. We reviewed and implemented a new evidence based clinical handover process, to ensure accurate clinical handover occurred between each shift, and acute incidents or changes to resident's health was monitored effectively.
- 67.2. A new policy and flow-charting process for falls management was introduced. This included education and support to staff.
- 67.3. We introduced a new Mandatory Reporting flow chart into each of the Units. Staff were provided with training and education on this system.
- 67.4. We ensured mandatory training occurred for all staff on the new Charter of Aged Care Rights. All residents and their representatives were provided with a copy and invited to meet with management to discuss.
- 67.5. We convened a project team, "Quality and Clinical Leadership", to meet weekly and oversee the required improvements and priority action plan. This group comprised representation from all departments within the home. Minutes from these meetings were distributed and the actions required were monitored.
- 67.6. Much of the initial focus was on providing advice to the management team on how to develop a more effective roster, and to urgently seek additional staff by advertising and recruiting. This was difficult, particularly for registered nurses as there were often no applications received. This remained the most challenging aspect of all the required improvements and was still an ongoing issue at the end of the sanctions period.
- 67.7. Onboarding processes needed to be reviewed and fast tracked to get staff on board as quickly as possible. Pioneer's systems for onboarding were very slow as they had a requirement that staff needed to see the home's physiotherapist for a functional assessment. This could be take some time as it depended on her availability.
- 67.8. We sought the expertise of an external consultancy, Perform HR, to assist and undertake a comprehensive review of the roster. This included on site meetings and discussions with staff as well as referencing the EBA.
- 67.9. There was an immediate need to develop strategies to ensure residents and their families were engaged and kept informed, meetings were scheduled and held monthly.
- 67.10. The resident newsletter was reintroduced and kept residents and their families informed about what was happening and encouraged their feedback.

Signature		Witness	
-----------	--	---------	--

## STATEMENT OF MICHELLE ANNE HARCOURT CONTINUED

- 67.11. A new comments and complaints system "Have Your Say Forms" was introduced including additional secure boxes so residents and their families could access the system anonymously from a number of locations throughout the service.
- 67.12. We reviewed and updated a six-monthly education plan and scheduled priority education sessions including a focus on mandatory reporting and behaviour management.
- 67.13. We introduced a "toolbox talks" process to assist in keeping staff updated about any changes that were occurring.
- 67.14. We developed a priority audit schedule and recommended high priority auditing for the shorter term to ensure the immediate priorities were addressed.
- 67.15. We introduced analysis processes and procedures to ensure incident data was analysed and reported on a monthly basis.
- 67.16. A reporting template was developed for the management team to complete to ensure that reporting to the BoM occurred for Clinical Governance.
- 67.17. On-site training for all staff was facilitated once the upgrade to the new electronic care system occurred.
- 67.18. Additional on-site assistance with a specialist in behaviour management, Jenny Clarke, was provided.
- 67.19. An ACFI review was conducted to assist with the claims.
- 67.20. Training was delivered to the BoM about the New Aged Care Quality Standards and Governance.
- 67.21. There was weekly reporting and regular discussion with the Chair of the Board to keep him informed about what was happening and the key priorities.

Signed:



Michelle Harcourt

Date:

14 October 2019

Witness:



Anita Courtney

Date:

14 October 2019

Signature		Witness	
-----------	---	---------	---