Be: North Lakes

Performance Report

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**Commission ID:** 700890

**Provider name:** Be: Associated Limited

**Assessment Contact - Site date:** 5 November 2020 to 6 November 2020

**Date of Performance Report:** 15 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Contact - Site report received on 1 December 2020.
* Information provided from the Complaint Resolution Group

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Assessment and planning did not inform the delivery of safe and effective care and services. Assessments, including risk assessments did not inform care plans. Assessments were not conducted prior to the expenditure of home care package funds for the purchase of equipment.

Requests from consumers or representatives in relation to consumer’s needs and preferences did not prompt assessments and subsequent changes in care plans or care delivery.

Outcomes of assessment and planning were not consistently documented in a care and services plan that was readily available where care and services were provided.

All consumers partnered in ongoing assessment and planning.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The service did not consistently ensure that the needs and preferences of consumers were assessed for the purposes of planning their care and services. Care planning documents did not identify consumers’ care needs and risks associated with the provision of care. For example, there were no documented risk assessments for a consumer who used a mobility scooter and a consumer requiring staff assistance with medication administration.

Assessments were not conducted prior to the expenditure of home care package funds for the purchase of items. For example, several consumers had meals purchased from their home care package. There was no assessment to support the need for the meals.

The Care Coordinator advised the service did not undertake assessments or complete care planning documentation for consumers who receive brokered clinical services. They advised the assessment and care planning was undertaken by the brokered clinical care provider and the service did not request the assessment or care planning documentation. The consumers’ records established that some consumers required clinical care including catheter care, wound care and diabetes management. The care planning documentation for consumers receiving brokered services did not contain information to assist in understanding or identifying risks associated with the services provided, including details to identify the provider providing clinical care, the nature of the care and the frequency of care provided.

The Care Coordinator said the community transport arm of the service was responsible for the delivery of transport. The Assessment Team was advised that staff responsible for Home Care Packages verbally informed community transport staff about the consumers’ needs in relation to their mobility or any supports required. There was no assessment of the consumers’ needs and no care planning documentation available to inform or guide staff in providing transport services to consumers.

Management was not aware of the lack of assessment and planning documentation from brokered services and were not able to identify and understand the care delivered and the risks associated with care for consumers receiving services through brokered agreements.

Consumers and representatives provided positive feedback regarding the delivery of care and services including those receiving community transport and brokered clinical services.

A review of a clinical brokerage agreement by the Assessment Team identified that the service could request performance related or consumer information from the provider. The service has not requested such consumer information from providers. Management said the agreement for brokerage arrangements did not include communications or regular reporting processes between the service and the brokered providers.

The Approved Provider’s response received on 1 December 2020 provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the lack of assessment and care planning documentation for consumers receiving brokered clinical services and the lack of documentation shared between the service and the brokered clinical services or community transport services.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service did not document assessments or complete care planning documentation for consumers who received brokered clinical services and did not request such documentation from the brokered clinical care providers. The service could not demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(b) Non-compliant

*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.*

Consumers current needs, goals and preferences were not consistently documented and respected. For example, a consumer’s preference for female staff to provide clinical services was not documented in the care plan. The Assessment Team identified in the consumer’s progress notes that service provision had been cancelled a number of times due to male staff being scheduled to provide the service.

Consumers’ care plans did not consistently include assessments or evidence of advance care planning or end of life planning information. There was no documented information to demonstrate end of life wishes had been discussed.

Staff said that while they had access to consumers’ care plans, the plans did not contain information on consumer’s advance care plans or end of life planning.

Consumers and representatives interviewed said discussions about advance care planning and end of life had not occurred.

Management advised they were reviewing the information in the consumer information pack and would include information on end of life and advanced care directives when undertaking the initial assessment of the consumer.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the lack of assessment and care planning documentation evidencing discussions about consumers’ needs, goals and preferences, including advance care planning and end of life planning.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service did not appear to discuss and document consumers’ needs, goals and preferences in relation to advance care planning and end of life planning. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The service demonstrated that the outcomes of assessment and planning were communicated to consumers and care plans were readily available to consumers. However, the service did not ensure the outcomes of assessment and care planning were available to consumers receiving brokered clinical care.

Care plans were stored in a computerised system which was accessed by care staff using their mobile electronic devices.

Clinical summaries for clinical services undertaken by brokered service providers were not included in the computerised system. No care plans were developed by the service in relation to the care provided by brokerage services.

The service did not discuss or document care arrangements with consumers in cases where the services were brokered out to a provider of clinical services.

Electronic care plans did not identify when a consumer was to receive community transport services or what supports a consumer may need in relation to community transport.

Management advised that care plans did not contain goals and preferences for consumers. However, the information was available in the consumer file in the consumer’s home. The service was not able to provide the Assessment Team with a consumer file during the Assessment Contact visit.

Consumers and representatives said they were aware of the location of their care plan and they would discuss any changes required with the staff at the service.

Management said the service would audit care plans of consumers receiving brokered clinical services and include a clinical summary in the care plan. Community transport needs would also be reflected in consumer care plans.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the lack of assessment and care planning documentation for consumers receiving brokered clinical services.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service did not demonstrate that the outcomes of assessments and care planning were communicated to consumer’s receiving brokered clinical services. Therefore, I find the service Non-compliant in this requirement.

### Requirement 2(3)(e) Non-compliant

*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.*

The service was unable to demonstrate that care and services were reviewed regularly for effectiveness, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

Management said care plans were reviewed at least every twelve months or when a consumer’s condition or preferences changed. Staff were required to report changes in a consumer’s condition to managers. The Assessment Team identified the service had not reviewed a consumer’s care plan after their return from hospital. The service had not reviewed the care plan of a consumer who experienced a number of medication incidents.

The Assessment Team identified that staff did not have a shared understanding of incident reporting processes and the service was not consistently monitoring staff reporting of incidents.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the lack of assessment and care planning documentation for consumers following a change in circumstances or an incident.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service did not demonstrate that care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The service did not demonstrate:

* That each consumer received safe and effective personal or clinical care that was best practice, tailored to their needs and optimised their health and well-being.
* the effective management of high impact risks associated with care of each consumer.
* That a deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.
* that information about the consumers’ condition, needs and preferences was documented and communicated within the organisation and with others.

The service demonstrated it minimised infection related risks through standard and transmission-based precautions.

The Quality Standard is assessed as Compliant as six of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Non-compliant

*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.*

Management advised that clinical services were brokered to external providers. There were no requirements in the brokerage arrangements for these providers to provide details on the clinical services they delivered. Care plan documentation did not contain information on the clinical services that consumers were receiving from brokered arrangements. Consequently, the service was unable to demonstrate that consumers who received clinical care was best practice or tailored to their needs and optimised their health and well-being.

Management advised that a review of care planning documentation would be undertaken and clinical summaries detailing the clinical services consumers received would be included.

Management advised that one consumer was receiving medication prompting from the service. The Assessment team reviewed documentation and identified that staff were not consistently notifying the service when medication was not taken.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the lack of documentation and information about the care and services provided to consumers receiving brokered clinical services.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence that each consumer received safe and effective personal care and clinical care, that was best practice, tailored to their needs, and optimised their health and well-being. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was unable to demonstrate the effective management of high impact risks associated with care of consumers.

There was no care planning documentation for consumers that received clinical care under brokerage agreements and no reporting processes between the service and the providers of brokered services. Consequently, the service could not demonstrate it understood or was able to identify risks in relation to care and services delivered under brokerage arrangements.

For a consumer requiring prompting from staff to take medications, staff could not demonstrate that they knew what medications were to be administered and the times the medications were to be administered. The Assessment Team identified that the financial charges for the medication prompting service did not accord with the scheduling of the service in care documentation. The documentation identified nine reported medication incidents for the consumer that were not reported to the consumer’s representative or to the consumer’s medical officer. Incidents reported in progress notes did not consistently have a corresponding incident report. Staff said they reported incidents and issues to the service via telephone calls and by completing incident forms. The service could not demonstrate that staff responded appropriately to all identified incidents.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the service being unable to demonstrate it understood or was able to identify risks in relation to care and services delivered under brokerage arrangements.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence the effective management of high impact or high prevalence risks associated with the care of each consumer. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(c) Non-compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The service did not consistently ensure relevant information was discussed, collected or provided to consumers and representatives to inform their end of life care preferences and arrangements. Management said the service was developing processes to understand the needs, goals and preferences of consumers nearing the end of their life so that the consumers’ needs and preferences could be recognised and addressed. However,

Consumer and representatives advised they had not been asked about end of life care preferences.

Management said there were no consumers classified as palliative. The service referred consumers to brokered clinical services for complex needs. Management indicated the service would consult with the consumer and their family and access advice from health professionals and the Palliative care team at the local hospital.

The service advised that consumers completed a statement of choices supported by their medical officers which was placed in the consumer’s file. However, there was no record of these documents in the consumer files reviewed by the Assessment Team.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the service being unable to evidence end of life care preferences were discussed.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(d) Non-compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The service was not able to adequately demonstrate that a deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

The service was unable to demonstrate they would respond appropriately to a deterioration or change in the consumers receiving clinical care under brokerage agreements. The Assessment Team identified that assessments were not undertaken for a consumer returning from hospital and, consequently, the service did not follow up on recommendations from the hospital and did not follow-up on a change of condition identified in the progress notes for the consumer.

Staff said they reported concerns about a consumer’s condition to Management and documented their concerns in progress notes. They said when they report an incident that is an emergency there is an immediate response.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the service being unable to determine the clinical condition, health or function of consumers receiving clinical care under brokerage arrangements.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence that a deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(e) Non-compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The service was not able to consistently demonstrate that information about consumers’ conditions, needs and preferences were documented and communicated within the organisation and with others. The service did not have care planning documentation for consumers receiving brokered clinical services.

While consumers’ conditions, needs and preferences were generally identified through the initial assessment, this information was only available in the consumer file kept in the consumer’s home. There was no consumer file for consumers receiving only brokered clinical services.

Management advised prior to a new staff member starting a shift they were introduced to the consumer and provided with a detailed overview of the consumer, including their background, goals and preferences. The Assessment Team was advised the information was available in the consumer file at the consumer’s home. However, the service did not evidence this information.

Management advised community transport and brokerage providers were informed of the consumers’ conditions, needs and preferences verbally. The service was unable to demonstrate that the consumer’s needs and preferences were communicated to brokered services or community transport.

Management said staff can access the service’s computerised health care systems. However, community transport and brokerage providers were unable to access the system. Management said the agreement for brokerage arrangements did not include formal written communications or regular reporting processes between the service and the brokered providers.

Management advised that an audit would be taken of the electronic care planning documentation to include information on the other services that consumers were receiving.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the service not evidencing consumer’s needs and preferences were communicated to brokered services or community transport.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence that information about the consumer’s condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care is shared. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(f) Non-compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Care planning documentation identified several cases where referrals were not initiated or a referral was not actioned in a timely manner.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team relating to the service not initiating a referral or not actioning a recommendation for a referral in a timely manner.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not evidence that the service made timely and appropriate referrals to individuals, other organisations and providers of other care and services. Therefore, I find the service Non-compliant in this requirement.

### Requirement 3(3)(g) Compliant

*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.*

The service was able to demonstrate it minimised infection related risks through standard and transmission-based precautions.

Management advised that the service has engaged a clinical consultant to work on the Clinical Governance Framework and develop policies and procedures including antimicrobial stewardship to guide the service’s clinical practices.

Consumers and representatives described staff practices to prevent the spread of infection, including hand washing, the use of hand sanitiser and the use of personal protective equipment.

Consumers and representatives said they were asked screening questions by staff prior to the delivery of services.

Staff advised they were supplied personal protective equipment.

Staff said they received infection control training including handwashing and correct use of personal protective equipment. Staff could describe how infection related risks were minimised at the service, including practices to reduce the spread of COVID-19.

The service had an infection control policy and an outbreak management plan.

All staff received the influenza vaccination for 2020.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as the specific requirement that was assessed has been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The service did not ensure staff training on the identification and reporting of high impact or high prevalence risks was effective. Management and staff did not have a shared understanding of what high impact or high prevalence risks were and how the risks would be identified and managed. The service did not adequately demonstrate assessment and planning processes included a consideration of risks to inform the delivery of safe and effective care for each consumer. The service’s assessment and planning processes were not consistently completed for all consumers receiving Home Care Package services. The service did not have processes to ensure that communication between the service and brokered services was documented and could not, therefore demonstrate that the service monitored the brokered clinical services.

The Approved Provider’s response provided a list of revised policies, forms and training provided to staff. The Approved Provider’s response did not address the concerns identified by the Assessment Team that the service’s risk management were ineffective in identifying the concerns identified in relation to Standards 2 and 3.

I acknowledge the Approved Provider’s response, however at the time of the site audit, the service could not establish that the organisation had effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers. Therefore, I find the service Non-compliant in this requirement.

# 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 2(3)(a) – Ensure that 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.
* Requirement 2(3)(b) - Ensure that 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.
* Requirement 2(3)(d) - Ensure that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.
* Requirement 2(3)(e) - Ensure that 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.
* Requirement 3(3)(a) - Ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being.
* Requirement 3(3)(b) - Ensure the effective management of high impact or high prevalence risks associated with the care of each consumer*.*
* Requirement 3(3)(c) - Ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
* Requirement 3(3)(d) - Ensure that a deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Requirement 3(3)(e) - Ensure that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
* Requirement 3(3)(f) - Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services are made.
* Requirement 8(3)(d) - Ensure risk management systems and practices are effective in managing high impact or high prevalence risks associated with the care of consumers.