Bellevue Care Centre

Performance Report

53 Linkwood Drive
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Phone number: 07 3550 5999

**Commission ID:** 5369

**Provider name:** Bellevue Enterprises Pty Ltd & Laberge Pty Ltd

**Assessment Contact - Site date:** 29 July 2020 to 30 July 2020

**Date of Performance Report:** 28 August 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 26 August 2020.

# STANDARD 2 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

To understand the consumer’s experience and how the Approved provider understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers and representatives feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives are satisfied with the information that is provided to them about, and their involvement in, care planning processes.

Care planning documents reflect that consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services including, for example, medical officers and allied health specialists.

The Approved provider demonstrates that consumers’ care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### Requirement 2(3)(b) 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.*

### 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) 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.*

### Requirement 2(3)(e) 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.*

# 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

To understand the consumer’s experience and how the Approved provider understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers receive personal care and clinical care that is safe and right for them and they have access to health professionals as they need it. Consumer/representatives said the consumer gets the care they need and that they feel safe. Consumers/representatives gave various examples of how staff ensure the care provided to consumers was right for them. Consumers are referred to their Medical officer or other health professional when required to meet their changing personal or clinical care needs.

Care planning reflects the identification of, and response to, deterioration or changes in condition and provides adequate information to support effective and safe sharing of the consumer’s care.

The Approved provider does not demonstrate it has an understanding of requirements in relation to the provision, management and monitoring of chemical restraint for consumers.

The Quality Standard is assessed as Non-compliant as one 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.*

The Approved provider does not understand the requirements in relation to the provision, management and monitoring of chemical restraint for consumers. Identification, authorisation and consent processes have not been followed in relation to consumers requiring chemical restraint to ensure the risks of administering chemical restraint have been assessed. Discussions have not been held with consumers and/or their representatives in relation to the use of and risks associated with chemical restraint. Monitoring processes have not been established to ensure care and service planning include the behaviours that are relevant to the need for the restraint, alternatives to restraints that have been used, the reason for the restraint and the information provided to the medical officer that informed the decision to prescribe the chemical restraint. As the Approved provider was unaware which consumers were receiving chemical restraint, there has not been regular monitoring of consumers requiring chemical restraint for signs of distress or harm.

While the Assessment Team did not identify any negative impact for consumers who have been prescribed psychotropic medication which constitutes chemical restraint, and there is evidence to support alternative strategies are trialled prior to the use of chemical restraint, information recorded above does not support chemical restraint usage is in accordance with the *Quality of Care Principles 2014.*

The Approved provider in its written response to the Assessment Team’s findings has committed to a number of actions to rectify the deficiencies in relation to chemical restraint including a review of policy, education for staff, the completion of chemical restraint authorities and a review of the psychotropic medication spreadsheet.

While I acknowledge the actions the Approved provider has commenced to address the deficiencies in the management of chemical restraint, it is my opinion it will take time to complete this process, the processes were not in place at the time of the Assessment contact, and the revised actions have not been evaluated for their effectiveness. Therefore, it is my decision this Requirement is non-compliant.

### Requirement 3(3)(b) Compliant

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

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

*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) 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.*

### Requirement 3(3)(e) 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.*

### Requirement 3(3)(f) Compliant

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

### 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.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the Approved provider understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives confirmed that staff are kind and caring. Consumers and representatives advised staff know what they are doing. Consumers and representatives said they think there are adequate staff, and stated staff are “very knowledgeable and skilled” and “they do anything to help you”.

However, the Approved provider has not undertaken staff performance and appraisals, to identify the need for further training or development of the workforce.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Approved provider has not undertaken regular assessment, monitoring and review of performance for each staff member. The Approved provider’s annual performance appraisal program was not completed for 2019. Staff confirmed they have not completed performance appraisal or development processes. A review of a spreadsheet relating to the completion of staff appraisals evidenced 116 staff members are over due for their annual staff performance and appraisal.

The Approved provider in its written response to the Assessment Team’s findings has stated performance appraisals have commenced, and clinical staff have been prioritised in relation to the completion of performance appraisals.

While I acknowledge the Approved provider has commenced actions to address the deficiency in relation to staff appraisals, this process will take time to complete and this process was not in place at the time of the Assessment contact.

It is my decision this Requirement is non-compliant as performance and development appraisals have not been conducted to identify the need for further training or development of the workforce.

# 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

To understand how the Approved provider understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

Consumers considered that the organisation is well run and that they can partner in improving the delivery and evaluation of care and services. Consumers and representatives confirmed they were involved in the review of visiting procedures. Consumers said they can choose to attend “resident’s meetings” and provide feedback in relation to the running of the service.

However, continuous improvement initiatives had not been identified and addressed following organisational audits. The Approved provider did not demonstrate an understanding or application of the legislative requirement in relation to chemical restraint. Workforce governance processes have not included performance appraisals for staff. The management of feedback and complaints was not in line with the Approved provider’s policies and procedures.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Approved provider is unable to demonstrate effective governance systems relating to workforce governance, regulatory compliance and feedback and complaints.

In relation to workforce governance, staff performance and development appraisals have not occurred to identify training needs and development opportunities of staff.

The Approved provider has not met legislative requirements in relation to the management of chemical restraint.

Complaints have not been actioned or addressed in a timely manner as evidenced by the complaints register. Staff have not received training in open disclosure processes.

The Approved provider in its written response to the Assessment Team’s findings has committed to actions to address the above deficiencies. These actions include the commencement of staff performance appraisals, a review of the management of chemical restraint, the closure of open complaints and education to be provided in relation to open disclosure processes.

While I acknowledge actions the Approved provider has committed to in order to address deficiencies relating to governance systems. It is my decision this Requirement is non-compliant as effective governance systems would have identified these deficits and they were not identified by the Approved provider.

### Requirement 8(3)(d) 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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

* Chemical restraint management is required to meet legislative requirements.
* Staff performance appraisals are required to identify training and development opportunities.
* Governance systems in relation to workforce, regulatory compliance, feedback and complaints are required to be effective.