Bellevue Care Centre

Performance Report

53 Linkwood Drive   
FERNY HILLS QLD 4055  
Phone number: 07 3550 5999

**Commission ID:** 5369

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

**Assessment Contact - Site date:** 19 January 2021

**Date of Performance Report:** 9 February 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 5 February 2021
* the Assessment Team’s report for the Assessment Contact- Site 29-30July 2020.
* The service’s Plan for continuous improvement received 22 January 2021

# 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

A decision of Non-compliance in one or more requirements results in a compliance decision of Non-compliance for the Quality Standard.

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 service did not demonstrate an understanding of restraint authorisation requirements in relation to consumers who were prescribed psychotropic medications in order to manage risks to themselves or others, and for consumers who the service identified as requiring physical restraint.

While I note consumers were satisfied with the provision of care and services, and care plans were individualised and tailored to the specific needs of the consumers, restraint management practices did not support safe and effective clinical care.

The Assessment Team identified for one named consumer authorisation had not been completed by their representative to demonstrate consent for chemical restraint had been obtained prior to the administration of the medication. While I acknowledge through the review of the Approved provider’s response actions have been undertaken to complete authorisations for restraint at the service, these processes were not in place at the Assessment contact and have not been fully implemented to ensure their effectiveness.

Review of the psychotropic register by the Assessment Team identified, and management confirmed a further nine consumers at the service were prescribed a psychotropic medication in order to manage risks to themselves or others at the service. These consumers had not been identified by the service as receiving a psychotropic medication other than for the treatment of a diagnosed mental disorder, physical illness or physical condition and management confirmed these consumers did not have a chemical restraint authorisation in place. While I acknowledge through the review of the Approved provider’s response actions have been undertaken to identify consumers receiving chemical restraint and completing authorisations for chemical restraint. This process has also included education for staff and Medical officers. However, these processes were not in place at the Assessment contact and have not been fully implemented to ensure their effectiveness.

The Assessment Team identified in relation to physical restraint the service had identified seven consumers who resided within a secure area of the service were restrained by their secured environment in order to manage risks to themselves or others at the service. The Assessment Team identified these consumers had a restraint authorisation in place. Following feedback from the Assessment Team, the service identified a further 44 consumers whose movement was restricted from exiting and entering the service. The service advised the consumers they identified were unable to operate the keypad code or recall the keypad code number.

While management staff stated all consumers were aware on entry they would be residing in a secure environment and acknowledge and consent to residing in a secure environment through the entry process, a review of the entry document identified it did not meet the requirements for authorisation of a physical restraint. The document did not contain information pertaining to the assessment for the use of the restraint, documented discussion of risk, alternative strategies trialled prior to the use of restraint, duration of restraint, frequency of restraint, the authorisation of a medical officer, nurse practitioner or registered nurse, the informed consent of the consumer and/or representative or the frequency of review of the restraint.

I acknowledge the actions of the Approved provider in identifying consumers physically restrained at the service and implementing restraint authorisations which meet legislative requirements, these processes were not in place at the Assessment contact and have not been fully implemented to ensure their effectiveness.

It is my decision this Requirement is Non-compliant as actions have not been fully implemented in relation to restraint authorisation (chemical and physical) as evidenced by the service’s Plan for continuous improvement. Therefore, I am not confident these processes will be effective as they have not been fully implemented or tested to gauge their sustainability.

# STANDARD 7 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Compliant

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

Care and registered staff were able to describe how the organisation engaged in ongoing assessment of their performance and how this linked to their own personal development in their respective roles. All care staff sampled reported they were shadowed by registered staff to monitor their performance and to assess competency in practical elements of their role such as manual handling, donning and doffing of protective personal equipment and hand washing technique.

Staff were able to describe the performance appraisal process which included staff undertaking a self-assessment of their performance and seeking seek written feedback from either a peer or consumer. The self-assessment includes a one to 10 rating of their performance across a range of criteria which is followed up by the supervisors rating. Staff relayed confidence that the skill shortages identified via the performance appraisals would help inform future training opportunities for staff. The service acted appropriately to disciplinary or performance issues arising, and the service demonstrated they were able to investigate and manage the situation.

Following the performance appraisal gaps identified at the Assessment Contact conducted on 29 and 30 July 2020, the service amended its performance management framework. Review of this new policy demonstrated the service now has a clear articulation of its appraisal process and the steps all staff must undergo to meet performance criteria. These policies guided the management of service personnel, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues are identified.

It is my decision this Requirement is now Complaint as the assessment, monitoring and review of staff performance was consistently undertaken at the service.

# STANDARD 8 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 Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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 service had undertaken a number of quality improvement measures in relation to Workforce governance, Regulatory compliance and Feedback and complaints, following the Assessment Contact conducted on 29 and 30 July 2020.

In relation to information management, management and staff stated they could readily access information which supports them to undertake their role, this included hard copy, electronic and verbal information. The service’s electronic documentation system provided staff access to consumer care plans, online training material and management access human resource and quality reporting information. Handover was conducted at the beginning of each shift to inform staff about any changes in consumer’s needs or preferences and includes toolbox best practice talks. Meetings were held for all levels of management and staff across the organisation and minutes were available. Staff had access to policies and procedures located on the electronic system. Emails were forwarded to staff informing them of any policy changes and a notice placed in the staff room. Staff received information from the organisation in the form of newsletters, noticeboards, email, and a short message service to staff. A hard copy of the consumers daily care plan was located in their room behind the door for staff to access.

In relation to continuous improvement, the Assessment Team identified through management interview and documentation review that quality improvement initiatives were identified from multiple sources that included, incidents, external quality reviews, internal audit results, internal staff or consumer driven suggestions, feedback forums and quality governance reports.

A review of the service’s continuous improvement plan identified quality improvement initiatives were captured and the service had a structured approach to continuous improvement initiatives. The continuous improvement plan recorded the planned actions to implement the improvement, results and its evaluation for effectiveness.

Relating to financial governance, management advised the service was returning a positive financial return and not experiencing any financial restraints for the purchasing of equipment and items to meet the needs of the consumers. Management provided evidence from December 2020, via Directors’ meeting minutes, the purchase of items in response to feedback raised during the consumers’ monthly meeting that the service would benefit from additional cleaning. A business proposal was put forward by management and approved by the Board for the purchase of a cleaning system, which resulted in a superior clean of the service following feedback from consumers and staff.

Management stated ‘profit and loss’ reports were discussed at monthly Board meetings and a presentation provided an in-depth review of expenditure and items. The Care Manager (CM) oversaw clinical stock supplies such as wound dressings and other clinical items. Management advised the service had an off-site accountant who managed the submission of the services business activity statements.

In relation to workforce governance, the service had introduced an ‘organisational governance framework’ that provided a structured approach to responsible and effective workforce governance systems. Workforce governance had been established at Board level who controlled the delegation of allocated responsibilities and culture. Management teams worked with the Directors to ensure the responsible management and conduct of staff at the service was upheld. Relevant committees had been established and terms of reference detailed the responsibilities and accountability of staff and committee members. The delegation framework identified staff within the organisation who are accountable for making decisions.

Consumers reported management were responsive to consumers and staff’s feedback in a timely manner, including ensuring workforce numbers were sufficient in attending to consumers’ needs. Consumers and staff reported there were sufficient, competent staff to meet the needs of the consumers. Staff had training in the Quality Standards and had annual performance appraisals and new staff undertook probation reviews with their supervisor.

Management advised the service identified through feedback required changes to the workforce to ensure the care and services of consumers. The service implemented additional staff following feedback from consumers and staff relating to the morning shift workload.

Relating to Regulatory compliance the service developed an organisational governance policy that included a structured and integrated approach to regulatory compliance’. To ensure regulatory compliance systems and processes were complying with legislation and regulatory requirements, a number of organisational practices had been established to ensure the regular review of internal control systems by management and relevant committees. Management had a monthly meeting with a set agenda that includes legislative changes and regulatory compliance and consideration of impact to consumers and staff.

The Assessment Team reviewed the services mandatory and compulsory reporting policy which was updated September 2020 and included reporting to the authorities and the Commission within 24 hours of an allegation being made, types of reportable incidents and compulsory reporting forms. Management described the processes for identifying, escalating, addressing and recording reportable assaults at the service. Staff demonstrated an understanding of their responsibilities regarding reportable incidents.

Management advised that the service was a member with peak body services and that management staff received alerts relating to legislative updates. Management teams discussed legislative changes at monthly meetings to identify impact across the service and how changes will be implemented.

The service was able to demonstrate registered and care staff had completed mandatory training on how to minimise the use of restraints, all staff had current criminal history checks, staff registrations were monitored, consumer personal information was stored securely, controlled drugs were correctly stored, consumers and representatives were informed of upcoming re-accreditation audits and monitoring contacts and the service maintained a register of reportable assaults and staff influenza vaccinations.

Relating to feedback and complaints management provided education and training to staff on the service’s requirements for capturing and reporting feedback and complaints. The service updated their comments, complaints and feedback policy in September 2020. The policy outlines the procedures for both consumers and staff on how to lodge feedback, the internal process for acknowledgement of feedback, the assessment, planning and investigation of complaints and response timeframes.

Registered and care staff interviewed confirmed they had training in October 2020 on complaints management and were aware of what open disclosure meant. The service’s complaints and feedback policy contained information on open disclosure. Complaints were managed by the manager of each section. Management provided a report each month of feedback and complaints for review and discussion at the monthly Board meeting where outcomes were captured in meeting minutes. Consumer stated they were happy with the way that staff respond to their feedback and understood the process for logging feedback and complaints.

It is my decision this Requirement is now Compliant as the service had effective organisational wide governance systems in relation to the information contained above.

# 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.

* The service is required to demonstrate effective systems and processes for the identification and authorisation of restraint.