Blue Care Bundaberg Pioneer Aged Care Facility

Performance Report

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BUNDABERG QLD 4670  
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**Commission ID:** 5158

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 2 February 2022 to 4 February 2022

**Date of Performance Report:** 10 March 2022

# Performance report prepared by

Susan Turner, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(c) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 2 March 2022

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

While consumers advised the Assessment Team that their culture and identity was respected, some consumers were dissatisfied with staff behaviour and provided examples where staff had not treated them respectfully. This included for example, staff speaking rudely to consumers, staff dismissing consumers’ requests and staff admonishing consumers for using the call bell.

Consumers and representatives provided examples of lengthy delays experienced by consumers that impacted their toileting and hygiene needs and at times resulted in them experiencing discomfort and being left in soiled continence aids for extended periods of time. One consumer representative reported the delays experienced by the consumer in being assisted to the toilet resulted in the consumer feeling frustrated and embarrassed.

Multiple staff said that there are insufficient staff at the service and that this results in consumers experiencing delays in relation to care and service delivery, including activities of daily living and hygiene cares. Staff said that cares such as showering, shaving and continence aids changes can be delayed or missed.

Some staff members told the Assessment Team they had witnessed other staff being rough during the delivery of care as they were rushed or had heard staff speaking disrespectfully to consumers.

The Assessment Team raised these concerns about staff behaviour with the management team and were advised that performance management processes are in place for staff who demonstrate inappropriate behaviour and that the service is taking action to address staffing concerns and delays in care provision.

The approved provider in its response to the Assessment Team’s report dated 2 March 2022 states that it accepts the Assessment Team’s recommendations and is taking action to address the deficiencies identified in the Assessment Team’s report.

The approved provider has liaised with consumers who raised concerns about staff behaviour with the Assessment Team, and where appropriate, complaints processes have been implemented, care plan reviews have occurred and apologies made. Performance management processes are implemented for those staff who treat consumers disrespectfully and whose practice does not align with BlueCare values.

The service has increased opportunities for engagement with consumers in order to identify their experiences of care and service delivery more broadly, with consumer feedback used to drive continuous improvement. Meetings have been held with consumers, surveys have been commenced and management staff have increased their monitoring of staff interactions with consumers.

Staff are being reminded of their obligations and responsibilities with respect to consumer dignity and choice and processes for reporting inappropriate staff behaviour have been reiterated. Management have provided opportunities for increased staff engagement through mandatory staff meetings and the implementation of surveys to identify staff understanding and respectful practice; these will be completed in March 2022.

While I acknowledge the actions taken by the approved provider, I am satisfied that in some instances consumers have not been treated with dignity and respect, and that this has had negative outcomes for consumers.

This requirement is Non-compliant.

# STANDARD 2 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

Care planning documentation reviewed by the Assessment Team demonstrated that assessment and care planning occurs for all consumers on entry to the service and is reviewed every three months and when changes occur.

Care planning documentation evidenced the involvement of the consumers, their representative (as appropriate), registered nurses, medical officers and allied health professionals.

Consumers and representatives said they were involved in discussions about care and services and that staff were generally aware of their needs. They said that staff are aware of the strategies in place to minimise the risk of harm for example in relation to falls management and that in the event they experience an incident such as a fall that the physiotherapist is involved and changes to their care are discussed.

Registered staff described the assessment and care planning process and explained that this occurs in conjunction with the consumers and/or their representative. A schedule guides staff in relation to care plan reviews and a monthly resident of the day process ensures regular monitoring of high risk aspects of care. While the Assessment Team found the care plan review process is behind schedule and a three week delay was acknowledged in the approved provider’s response, management staff advised the monthly resident of the day program had continued with involvement of a registered nurse and this process is used to evaluate care and service delivery; this was confirmed by the Assessment Team.

Policies, procedures and guidelines support staff in their practice and the electronic care management system includes a suite of evidence based assessment tools.

This requirement is Compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical car

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

### 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 Assessment Team brought forward evidence under this and other requirements that demonstrated consumers were not receiving safe and effective care that optimised their health and well-being.

Consumers and representatives provided feedback that delays in care delivery resulted in negative outcomes for consumers particularly in relation to their toileting, hygiene needs and continence care.

Multiple staff said that there are insufficient staff at the service and that this results in consumers experiencing delays in relation to care and service delivery, including activities of daily living and hygiene cares. Staff said that cares such as showering, shaving and continence aid changes can be delayed or missed. Registered nurses confirmed that staffing impacts care delivery and that consumers do not consistently receive the care that they need. Additionally, the Assessment Team observed limited staff availability to support consumers with their meals and other activities.

The Assessment Team reviewed clinical documentation and brought forward deficiencies in the documentation including in areas associated with wound care and specialised nursing care. The approved provider acknowledges that there are inconsistencies in clinical documentation but asserts that clinical care is being provided and has included evidence of this in its response. In addition to this the approved provider’s continuous improvement plan includes actions to address this.

I have considered information brought forward by the Assessment Team under this and other requirements together with the detailed evidence submitted by the approved provider in its response. I acknowledge the approved provider’s view that clinical care is being provided however I am not satisfied that the delivery of personal care optimises the consumers’ health and well-being. Consumers and representatives are dissatisfied with care delivery, all levels of staff report that staffing levels impact care delivery resulting in delays or care not being delivered.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Consumers are dissatisfied with complaints processes. Some consumers and representatives said they had not had a response to the issues they had raised, there had been no follow up and some reported they had not received an apology.

Consumers said they had raised complaints relating to staff behaviours, continence care and staff delays, and the Assessment Team found that at the time of the Assessment Contact these concerns were ongoing.

The Assessment Team found that complaints raised by consumers had not been consistently logged into the complaints register to support complaints management processes and to ensure that complaints are tracked through to completion. Management staff advised that where possible, complaints are addressed immediately and are not necessarily logged as a complaint however, the Assessment Team found that for a number of consumers their complaints had not been resolved.

The approved provider in its response acknowledges that effective complaints management is a critical element in building trust and respect with consumers and accepts the Assessment Team’s recommendations. A continuous improvement plan was submitted as an element of the approved provider’s response and includes actions the service is taking to address the deficiencies identified by the Assessment Team, including for example:

* The service has communicated with those named consumers who advised the Assessment Team they were dissatisfied with complaints processes. Those consumers have been provided an apology and there are processes established to monitor their ongoing satisfaction with the complaints resolution process.
* Staff have been provided with information and education about complaints processes, including open disclosure.
* Open disclosure processes are now a standing agenda item at staff and consumer meetings and information about this process is being included in the information staff receive on commencement of employment.
* The service has established additional processes to ensure all complaints are captured and documented in the electronic complaints management system to ensure these are actioned appropriately and organisational requirements have been met.
* Increased monitoring of the complaints management system has been established to ensure that complaints are managed in accordance with organisational requirements and that a satisfactory outcome is achieved for the consumer.

While I am confident that the actions being taken will improve complaints processes, these processes will take some time to fully implement and evaluate for effectiveness. I am satisfied that at the time of the Assessment Contact, consumers were dissatisfied with the response they had received from the service in relation to complaints they had made.

This requirement is Non-compliant.

# 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

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The majority of consumers interviewed by the Assessment Team were dissatisfied with staffing levels. Consumers said that they experienced delays in staff responding to their requests for assistance with some consumers reporting that staff have told them they are too busy to attend to them. Consumers provided examples under this, and other requirements, of how these delays had impacted them including in relation to continence care, assistance with toileting, and provision of hygiene care.

Multiple care staff advised the Assessment Team that they could not deliver timely care due to staffing shortages. They said this impacted hygiene care including showering, shaving and grooming and assistance with activities. Care staff reported experiencing delays in staff responding to emergency call bells and provided examples of when this had occurred.

Management staff advised the Assessment Team that the service had recently experienced a number of staff resignations associated with the requirements for COVID-19 vaccinations and that the service had initiated actions to enhance recruitment. This included the conversion of casual staff to permanent staff members, ongoing recruitment into the casual pool and implementing short term contracts with agency registered nurses.

The approved provider in its response acknowledges that the service experiences staffing challenges associated with the location of the service and the impact of COVID-19. It said that organisational support is being provided to the service with staff from other areas assisting on site or providing support remotely.

The continuous improvement plan submitted as an element of the approved provider’s response states that actions to improve staffing continue and include ongoing recruitment activities such as external advertising, liaising with labour hire schemes and the establishment of an employee referral program. Additionally, increased opportunities for staff engagement are in place and management staff are increasing their monitoring of call bell response times.

I acknowledge the actions taken by the approved provider to ensure that there are sufficient staff available to deliver safe quality care and services. However, I am satisfied that at the time of the Assessment Contact consumers were dissatisfied with staffing levels and provided examples of how this had impacted them negatively. While the organisation had implemented some actions to improve staffing, these initiatives had not been effective.

This requirement is Non-compliant.

# 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 organisation must ensure that consumers are treated with dignity and respect and that staff understand what this means in practice.
* The service must ensure that consumers receive safe and effective personal care that optimises their health and well-being.
* The organisation must ensure that appropriate action is taken in response to complaints made by consumers and that the principles of open disclosure are applied.
* The organisation must ensure there are sufficient staff available to deliver safe, quality care and services.