BlueCross Glengowrie

Performance Report

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**Commission ID:** 3612

**Provider name:** Blue Cross Community Care Services Group Pty Ltd

**Assessment Contact - Site date:** 25 November 2021

**Date of Performance Report:** 17 December 2021

# Performance report prepared by

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# 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Approved provider’s response to the Assessment Contact - Site report received 15 December 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

The Assessment Team assessed two specific requirements under this Quality Standard and found them Non-compliant.

The Quality Standard is assessed as Non-compliant as two 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 Assessment Team found that the service failed to provide safe and effective complex wound management to one consumer. The service did not demonstrate effective clinical oversight or effective communication with the external nursing service to ensure the health and wellbeing was optimised in relation to one consumer’s significant burns wounds.

A consumer received significant burns to their foot following an unwitnessed fall in their room which has hydronic heating on the wall. The consumer did not receive appropriate burns first aid but was transferred to hospital in a timely manner. On return from hospital the consumer’s wounds were managed by hospital in the home nurses. Recording of wound care provided was inadequate, and there was no reporting of the wound care provided to the consumer by the hospital in the home staff, to the staff at the service. The service did not demonstrate effective clinical oversight or effective communication with the external nursing service to ensure the consumer received effective and appropriate wound care.

The consumer was discharged from the hospital in the home service without an adequate handover of the state of the consumer’s wounds. The service’s nurses continued to manage the consumer’s wound and records of the wound care remained inadequate. After some time, a description of significant deterioration was recorded in the consumer’s clinical record. It is not clear if there was any escalation of these concerns at that time. A few days later the consumer attended a hospital appointment with the plastic surgeon. The wound required surgical debridement and further surgery for amputation of four toes was scheduled, due to poor healing of the wounds.

Following this surgery, the consumer returned to the service and again documentation of wound care provided was poor. Further deterioration was noted, and escalation of these issues was not timely. The consumer was transferred to hospital for further review of their wounds on the day after the Assessment Team’s visit. The consumer’s representative is dissatisfied with the lack of communication from the service about the status of the consumer’s wounds over time.

The response submitted by the Approved provider outlines the staffing and other challenges faced by the service during a COVID-19 outbreak in October 2021. The response acknowledges that this is not an excuse for deficits in clinical care provided to consumers, but states that it was a contributing factor to some of the issues identified. The response discusses a number of actions being implemented to improve the clinical knowledge including training for clinical staff by an external wound care consultant and improving communication between the service and external providers including Hospital in the Home and in Reach services.

I have reviewed all the information provided and find this requirement is Non-compliant. The approved provider has acknowledged deficits in clinical care, particularly wound care that contributed to significant adverse outcomes for a consumer.

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

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

The Assessment Team found that the service could not demonstrate consistent and effective management of consumers falls. Three consumers with high falls risk identified, did not have effective falls prevention strategies recorded or implemented, did not have incident reports completed following falls, did not have effective post falls reviews conducted, and timely referrals were not made to allied health professionals to review the consumer.

The consumer, who had been identified as a high falls risk and who sustained a fall that resulted in their feet being positioned on the hydronic heater, did not have a bed sensor in place and was not regularly monitored by staff overnight. The consumer did not have appropriate burns first aid provided when found by staff.

The service did not demonstrate the hydronic heaters on bedroom walls have been included as a risk to the consumers who have been rated as a high falls risk. The documentation review did not demonstrate consistent directions, interventions and appropriate equipment to mitigate risk of actual and potential injury resulting from falls and the hydronic heating system. Documentation available to staff did not consistently inform of the assessed risks for all of the consumers. Consumer representatives reported concerns about senor equipment not being adequately maintained and a lack of staff response to the sensor equipment in use for their consumers.

The response submitted by the Approved provider disputes that sensor equipment is not adequately maintained and states that all clinical equipment is regularly tested and that effective maintenance program is in place to address repairs. The response outlines that additional clinical staff have been rostered on morning and afternoon shifts to ensure appropriate and timely escalation of consumers’ clinical concerns take place. Consumers with identified high falls risk have been reviewed in relation to the use of sensor mats and proximity of the bed to hydronic heating and interventions put in place to mitigate risk in consultation with the consumers/representatives. The staff handover sheet has been updated to include this information and relevant staff have received training on safety requirements regarding bed placement.

I have reviewed all the information provided and find that this requirement is Non-compliant. I acknowledge the actions taken by the Approved provider following the Assessment Team’s visit, but effective risk management strategies were not in place at the time of the consumer’s fall against the hydronic heating even though these heaters are a well-documented risk. The consumer did not receive appropriate burns first aid post fall. I also note that consumers did not have effective falls prevention strategies in place, or if strategies were recorded they were not implemented. I also note that effective review processes following falls are not completed, and incident reports are not consistently documented.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed one specific requirement under this Quality Standard and found it Non-compliant.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found that while the service was largely clean and well maintained, it was unable to demonstrate the safe use of hydronic heaters. Each consumer has a hydronic heater in their room, and these heaters present a burns risk to consumers. A recent incident resulted in a consumer sustaining significant burns from the heater in their room.

Prior to the incident, the risks associated with using these heaters had not been assessed for all consumers. The risk assessment for the consumer who sustained significant burns from the hydronic heater conducted after the incident notes the risk is ‘low-medium’. It states that ‘all residents/(the consumer)’ are at risk. No further risk assessments were documented.

Management reported that hydronic heaters were turned off in the memory support unit and that consumers’ beds had been moved away from the heaters as mitigation strategies. The Assessment Team noted a quote dated the dated the day of the site visit for the installation of heat safe guards to be installed over hydronic heaters in each consumer’s room.

The Assessment Team observed five consumers’ beds were still in close proximity to or against the hydronic heaters. The main boiler connected to all hydronic heaters had its temperature set at 55 degrees. The Assessment Team found they could hold their hand against a heater at this temperature for 5-10 seconds, after which time significant heat was being conducted by skin contact. Cleaning staff reported that they had not been advised of any risks associated with consumers’ beds being placed against hydronic heaters.

The response submitted by the Approved provider acknowledges that the service was unable to demonstrate the safe use of hydronic heating. It states that regular environmental reviews are now conducted and that the quotation for the heater guards has been accepted.

I have reviewed all the information provided and find this requirement is Non-compliant. The Approved provider was unable to demonstrate that hydronic heating is used safely.

# STANDARD 6 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

The Assessment Team assessed one specific requirement under this Quality Standard and found it met.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

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

The Assessment Team found that consumers and representative, using examples, described the service as open to feedback. They feel appropriate action is taken in response to complaints.

Staff and management provided examples of resolving complaints and the use of open disclosure principles. Management acknowledged it does not document all complaints it receives, impacting on its ability to identify trends and themes in complaints.

While not all complaints are documented, the Assessment Team found that when the service receives complaints it generally responds appropriately.

The response submitted by the Approved provider acknowledges that improvements in the management of consumers’ complaints are required, particularly the recording of all complaints to identify trends and demonstrate accountability.

I have reviewed all the information provided and on balance I find this requirement is Compliant. I note the Approved provider’s commitment to strengthen the service’s practices in the management and recording of consumers’ complaints.

# 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 Assessment Team assessed one specific requirement under this Quality Standard and found it Non-compliant.

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)(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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that the service was unable to demonstrate that a serious incident, which resulted in significant burns injury to a consumer, was effectively managed including clinical oversight of, and effective communication with an external health service.

The approved provider did not conduct a service-wide risk assessment following the serious burns incident to reduce the risk and prevent further injury to other consumers.

While service did report the burns incident to the Serious Incident Response Scheme, the incident was not reported to WorkSafe until after the Assessment Team’s visit.

The response submitted by the Approved provider acknowledges the Assessment Team’s findings and states that the risk of hydronic heating has been placed on the organisational risk register and assessments are being conducted at all services run by the organisation. Appropriate risk mitigation strategies will be implemented. The response also acknowledges that the incident was not reported to WorkSafe in a timely manner. Training has been provided to staff at the service and training for all service managers is planned to ensure understanding of their responsibilities.

I have reviewed all the available information and find this requirement is Non-compliant as the approved provider was unable to demonstrate effective risk management systems and practices in relation to the use of hydronic heating in consumers’ rooms.

# 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.

* Ensure effective communication and oversight of clinical services provided to consumers by external agencies.
* Ensure all clinical staff have knowledge of and competence in burns first aid.
* Ensure all clinical staff have knowledge of and competence in complex wound management and clinical escalation processes.
* Ensure clinical staff communicate effectively with consumers/representatives in relation to their health condition and care provided.
* Ensure all consumers have effective clinical risk assessments conducted and implement appropriate risk mitigation strategies, particularly in relation to falls and hydronic heaters in consumers’ rooms.
* Implement ongoing internal monitoring processes in relation to these improvements.
* Ensure the ongoing safety of hydronic heating in residents’ rooms.
* Ensure the service’s risk management system identifies and responds effectively to high impact/high prevalence risks associated with the care of consumers.
* Ensure managment and staff understand their role in identifying, responding to and mitigating risk, including all reporting requirements.