Bundaleer Nursing Home

Performance Report

4 -8 Johnstone Street
WAUCHOPE NSW 2446
Phone number: 02 6586 9901

**Commission ID:** 2675

**Provider name:** Bundaleer Care Services Ltd

**Assessment Contact - Site date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 16 April 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(e) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(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 March 2021

# STANDARD 1 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers said they are treated with privacy and respect and staff know what they want and knock before entering their rooms.
* Consumers said the service enable them to maintain relationships and religious beliefs through family and friends visiting and maintaining communication via telephone and skype.

Care planning documents identified consumer choice and independence. Staff knew consumers’ needs and provided information on how they assist consumers to maintain relationships and their connections to their community.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

The Assessment Team found that the service demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed said staff treat them with dignity and respect.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. This included additional mandatory training for staff around dignity and providing personalised care.

I am of the view that the approved provider complies with this requirement.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

The Assessment Team found that the service demonstrates that each consumer’s privacy is respected, and personal information is kept confidential. Consumers interviewed told the Assessment Team that their privacy is respected by staff.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. This included additional training on privacy for staff. Staff confirmed that have completed training in privacy and were mindful of maintaining consumer’s privacy and confidentiality.

I am of the view that the approved provider complies with this requirement.

# 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

To understand the consumer’s experience and how the organisation 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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* The service was able to demonstrate that the risk to the consumer’s health and wellbeing informs the delivery of safe and effective care. This was evident in the care planning and assessment of the sampled consumers.
* The Assessment Team found most of the staff interviewed to be knowledgeable about the needs, goals and preferences of consumers and they knew their consumers’ needs which aligned with consumer feedback.

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.*

The Assessment Team found that the service demonstrates 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.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the introduction of additional tools and review of all care plans to identify risks. The service was able to demonstrate that the risk to the consumer’s health and wellbeing informs the delivery of safe and effective care. This was evident in the care planning and assessment of the sampled consumers.

I am of the view that the approved provider complies with this requirement.

# STANDARD 3 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 organisation 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 team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For the consumers sampled, interviews and review of care documentation identified that most consumers receive safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being.

For the sampled consumers, high impact or high prevalence risks have evidence of being managed via review of progress notes and care planning documentation.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being. Consumers sampled said they get the personal and clinical care they need.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include additional training and realigning practice at the service with organisational policy and procedural guidelines. For the consumers sampled, interviews and review of care documentation identified that consumers receive safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being.

In the approved provider’s response to the Assessment Team’s report they provided further information and clarification around the use of antidepressants for one consumer.

I am of the view that the approved provider complies with this requirement.

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

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

The Assessment Team found that the service demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include a COVID-19 readiness audit, the introduction of daily clinical risk meetings, weekly leadership and clinical governance meetings and a tool which determines high impact and high prevalence risks for each consumer reviewed. Review of progress notes and care planning documentation for the consumers sampled evidenced high impact or high prevalence risks are being managed.

I am of the view that the approved provider complies with 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 Assessment Team found that the service demonstrates that minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include staff being trained in infection control requirements, personal protective equipment (PPE) donning/doffing and handwashing competencies. Staff interviewed understood the importance of infection control, could describe infection control processes in their work and infection control processes were observed to be in practice. Staff also understood the need to minimise the use of antibiotics.

I am of the view that the approved provider complies with this requirement.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers said that they feel safe living at the service, and they are supported to maintain their needs, goals and preferences.
* Consumers reported that although they felt low at times and had their own coping mechanisms, staff enabled them to contact family and religious institutions of their choice when necessary.
* Consumers discussed how the service assisted them to maintain a spiritual connection and encouraged external pastoral and religious organisations to attend the organisation.

Staff were aware to escalate any changes to a registered nurse or lifestyle staff, who in turn consult external organisations or services if required.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The Assessment Team found that the service demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

The Assessment Team provided information that consumers reported that they feel safe living at the service, and they are supported to maintain their needs, goals and preferences. There have been improvements in social aspects and activities at the service.

In the approved provider’s response to the Assessment Team’s report they provided further information and clarification around the activities offered to one consumer and actions taken to address a potential safety issue for another consumer.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

The Assessment Team found that the service demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include implementing the ‘Stop and watch’ program. Consumers interviewed all reported that they feel low at times. Staff discussed strategies used to help consumers who are feeling low including technology such as phone calls and skyping family members. Where psychological concerns were identified with consumers, the service consults an external psychogeriatrician.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

The Assessment Team found that the service demonstrates that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include reinvigorating the activities schedules and providing activities of interest to the consumers. Consumers interviewed by the Assessment Team reported that they went on outings with family members, had family members visit them regularly, and that they have regular contact with religious services who attend the service.

I am of the view that the approved provider complies with this requirement.

### Requirement 4(3)(e) Compliant

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

The Assessment Team found that the service demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include the implementation of the “stop and watch” program. Consumers reported that the service assists them to maintain a spiritual connection and encourages external pastoral and religious organisations to attend the organisation. Where specialised medical or behavioural advice is sought, the organisation refers to external specialists or agencies when required.

In the approved provider’s response to the Assessment Team’s report they provided further information and clarification around supports provided to one consumer.

I am of the view that the approved provider complies with this requirement.

# STANDARD 5 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team found the service to be clean and tidy with consumers observed to be freely moving around the service accessing external courtyards through unlocked doors. Discussions with staff indicated consumers are encouraged to maintain gardens in the courtyards, and staff assist consumers with this through tasks such as watering.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that the service demonstrates that the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. These include ensuring all areas have been cleaned, and a preventative schedule and oversight ensures it is maintained. Although the outdoor patio furniture appeared a little worn the service environment including consumer rooms and shared living areas was observed to be clean and well maintained. Consumers and/or representatives were observed to be moving freely indoors, outdoors and enjoying the outdoor courtyards.

I am of the view that the approved provider complies with this requirement.

# STANDARD 6 NON-COMPLIANTFeedback 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints.

However, review of documentation showed that an adequate review and close out of complaints has not always been done. Trend analysis and oversight does not appear to have been regularly completed resulting in minimal improvement in quality of care for consumers.

The Quality Standard is assessed as Non-compliant as one requirement has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

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

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the service has acted to improve of some areas of the feedback and complaints system which were identified in the previous report including the reimplementation of resident meetings, and improved oversight with the consolidation of one complaint register across both Bundaleer Nursing Home and Bundaleer Gardens Hostel. However, the actioning of complaints in a timely manner and the analysis of trending data requires further improvement.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented and the approved provider admitted they are still working on these improvements. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

# STANDARD 7 NON-COMPLIANTHuman 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 organisation 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.

All sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* All consumers and/or representatives said staff are kind and caring.
* All consumers and/or representatives said staff are good and they know what they are doing.

However, the Assessment Team noted the following:

* The Assessment Team reviewed call bell reports for the period of 1 January 2021 to 14 January 2021 and identified numerous extended call bell response times.
* Unfilled shifts for the period of 1 January 2021 to 31 January 2021 were still high. Management demonstrated they have systems in place to improve on staffing levels and culture at the service however this still requires improvement.
* Staff competencies, education and training have not been completed. This has resulted in staff unaware of the service procedures and expectations in delivery of care to consumers.

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

## 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 Assessment Team found that the service did not demonstrate that 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.

Whilst not all consumers and/or representatives provided feedback specific to staffing levels or call bell response times a review of call bell data identified call bells are not always responded to within the 10 minutes as set by the service with a significant number exceeding one hour. Review of unfilled shifts identified a high level of unfilled shifts over a four-week period.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented including the establishment of a sub-committee for People and Culture which will provide oversight of the workforce plan and respond to risks to the number and mix of the workforce. The approved provider has commenced a number of initiatives to recruit, retain and train staff. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found that consumers and/or representatives said they feel staff are competent and capable to perform in their roles. However, a review of the consolidated mandatory spreadsheet (both Bundaleer Nursing Home and Bundaleer Gardens Hostel) identified mandatory training competency assessments had not been completed by all staff/were not up to date.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, such as the establishment of a new HR project which will review and improve the existing human resource systems. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team found consumers and/or representatives said staff know what they are doing. Management advised that staff have undertaken some training in areas identified in the previous Performance Assessment report however this has not been for all relevant staff. Review of the consolidated (Bundaleer Nursing Home and Bundaleer Gardens Hostel) education and training register identified gaps in all areas of training including COVID-19, orientation and the Quality Standards indicating not all staff are trained, equipped and supported to deliver outcomes required by these standards.

The approved provider submitted a response that provided further detail and clarified some information in the report. The response also included several improvements that have since been implemented, such as the establishment of a new HR project which will review and improve the existing human resource systems. The approved provider in their response, has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit.

I have reviewed these findings and consider that the organisation is not compliant with this requirement.

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

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

The Assessment Team found that the service demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management confirmed all performance appraisals for staff across the service are up to date.

The Assessment Team provided information that the service has made several improvements in response to the previous performance review. This include the introduction of a new performance appraisal process resulting in more frequent review of performance.

I am of the view that the approved provider complies with 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.

**Standard 6**

### Requirement 6(3)(d)

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Demonstrate that all feedback is reviewed and contributes to improving the quality of care and services.

**Standard 7**

### Requirement 7(3)(a)

*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.*

Demonstrate the workforce is sufficient and supported to effectively deliver safe and quality care and services.

### Requirement 7(3)(c)

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

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

### Requirement 7(3)(d)

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

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

# Other relevant matters

It is important to note, that during this last performance assessment the following Non-compliant Requirements were not assessed; and as such, are still considered by the Aged Care Quality and Safety Commission to remain Non-compliant:

Requirements: 2(3)(c), 3(3)(e), 7(3)(b), 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d), and 8(3)(e).