Mary Cecelia Hart Court Hostel

Performance Report

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**Commission ID:** 6026

**Provider name:** Boneham Aged Care Services Incorporated

**Assessment Contact - Site date:** 12 May 2021

**Date of Performance Report:** 8 July 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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; and
* the provider’s response to the Assessment Contact - Site report received on 2 June 2021.

# 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

The Assessment Team assessed Requirement (3)(a) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

Based on the findings and evidence in the Assessment Team’s report, I find Boneham Aged Care Services Incorporated, in relation to Mary Cecelia Hart Court Hostel, Compliant with Standard 3 Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

### 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 the service was able to demonstrate each consumer gets safe and effective personal and clinical care which is best practice, tailored to consumers’ needs and optimises consumers’ health and well-being. The Assessment Team provided the following information and evidence relevant to my finding:

* Four consumers interviewed confirmed and provided examples of how they receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Two of the four consumers reported personal care is not always provided in a timely manner due to staff shortages. This has been considered under Standard 7 Requirement (3)(a).
* Staff interviewed demonstrated knowledge of consumers’ personal and clinical care needs and were able to provide specific examples how they ensure care is best practice, tailored to the consumers’ needs and optimises their health and well-being.
* Evidence from the Assessment Team showed monitoring and feedback processes are in place to ensure care is reflective of best practice, tailored to the consumers’ needs and optimises health and wellbeing.

Based on the findings and evidence in the Assessment Team’s report, including the above information, I find Boneham Aged Care Services Incorporated, in relation to Mary Cecelia Hart Court Hostel, Compliant with Standard 3 Requirement (3)(a).

# 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

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

The Assessment Team assessed Requirement 7(3)(a) in this Standard, all other Requirements in this Standard were not assessed at this Assessment Contact.

The Assessment Team have recommended Requirement 7(3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate 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 Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Boneham Aged Care Services Incorporated, in relation to Mary Cecelia Hart Court Hostel, to be Non-Compliant with Requirement 7(3)(a) in this Standard. I have provided reasons for my finding in the respective Requirement below.

## 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 the service was unable to demonstrate 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 provided the following information and evidence relevant to my finding:

* Four of five consumers interviewed reported there was a lack of staff which impacted on the provision of their personal care in a timely manner:
	+ Two consumers said they regularly experience urinary incontinence because staff cannot attend to them in time.
	+ One consumer said they restrict their fluid intake at lunchtime because they know staff will be too busy to attend to their needs.
	+ Two consumers provided three examples where staffing levels have impacted their participation in desired activities.
	+ Two consumers said staffing levels usually result in delays for showering and dressing.
	+ One consumer provided an example when they had to wait a prolonged period for assistance, resulting in an extended duration of pain.
	+ Two consumers said they have raised their concerns with management, but no changes have been made to address the issue.
* Nine of ten staff interviewed said the lack of staff impacts their ability to provide safe, quality care and services. Staff provided multiple examples in support of the above consumer statements also disclosed that time‑sensitive medication is not being administered in a timely manner. One staff described one incident where an insulin dependent consumer did not receive their scheduled insulin until after breakfast, resulting in hyperglycaemia. Another staff said time‑sensitive and pain medication is prioritised however, regular medication can be administered on hour either side of the prescribed time.
* Three staff said they have reported their concerns about staffing levels to management however, no action has been taken and management advised the service is over staffed.
* Resident meeting minutes and complaints registers did not include any issues pertaining to staff numbers.
* Management said they have a process to monitor and review call bell data on a weekly basis, and for some extended call bells, review progress notes and seek an explanation from staff regarding why it occurred. Management does they speak to consumers or assess any impact where there has been an extended call bell response.

The Approved Provider’s response includes the service’s plan for continuous improvement detailing actions under consideration for providing ongoing support to staff. These include an intake of trainees, engagement with the Local Jobs Program, implementation of new software options, commencement of staff and resident focus group meetings, new staffing rosters, auto escalation of call bells and targeted consumer surveys.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service does not meet this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies by the Assessment Team however, the service has failed to ensure the workforce is planned to enable the delivery and management of safe and quality care and services. Whilst the service considers there are adequate numbers of staff, there is not sufficient staff at the correct times of day required to meet the care and needs of the consumers, including responding to call bells for consumers requiring assistance to the toilet or assisting consumers to engage in activities of their choice at agreed times. I have also considered that call bell monitoring processes have been introduced however, the service could not demonstrate how these processes have been effective in improving call bell response times.

For the reasons detailed above, I find Boneham Aged Care Services Incorporated, in relation to Mary Cecelia Hart Court Hostel, to be Non-Compliant with Requirement 7(3)(a).

# 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 should seek to ensure:

* Staff numbers are adequate to respond to call bells in a timely manner to meet consumers’ need and preferences.
* Call bell monitoring processes are effective to identify opportunities for improvement or requirements to change staffing levels.

# Other relevant matters

There is evidence to suggest complaints management processes used by the service are ineffective. The service should seek to ensure:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve quality of care and services.
* The service has effective organisation wide governance systems relating to information management, continuous improvement and feedback and complaints.