Performance

Report

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| Name: | Bathurst Riverview Care Community |
| Commission ID: | 2666 |
| Address: | 93 Stanley Street, BATHURST, New South Wales, 2795 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 July 2024 to 4 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 1024 Bathurst Riverview Care Community |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bathurst Riverview Care Community (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 team’s report received on 30 and 31 July 2024.
* information given to the Commission, and the assessment team for the Assessment contact (performance assessment) – regarding lack of clinical care/oversight in relation to behavioural management and incidents of aggression effecting consumers.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The assessment team bought forward evidence the service did not demonstrate effective management of high impact/prevalence consumer risks including, identifying, and responding to changes to consumer’s mental health, behaviour management, weight loss, pain management and conducting post fall neurological observations. Via review of five consumer’s files they note: lack of information in a behaviour support plan (BSP) to provide guidance for care delivery, lack of information in restrictive practice authorisation form to demonstrate comprehensive informed consent, lack of behaviour charting/recording to enable a comprehensive review of consumer’s behaviours/triggers and interventions, lack of documented pain assessment prior to administration of PRN (as required) pain medication, and lack documented referral to a dietician/medical officer in relation to unplanned weight loss.

For one consumer expressing thoughts of self-harm and suicidal ideation on commencement of care post hospitalisation, while assessments, completion of monitoring records and medical officer review occurred, the service did not demonstrate review of mental health was considered, documents do not detail strategies/interventions to ensure appropriate care provision nor an incident report completed. Management advised planned referral to Older Persons Mental Health (OPMH) team. In relation to an unwitnessed fall, documents do not demonstrate neurological observations conducted as per requirements post fall. In the provider’s response while acknowledging some confusion relating to timing of neurological observations, they demonstrate regular monitoring, medication changes, no adverse outcome, plus regular medical officer review. Review/assessment by OPMH resulted in subsequent discharge due positive outcome. To ensure adherence to organisational requirements regarding timeframes for completing neurological observations post fall, training for registered nurses commenced plus regular monitoring to ensure compliance.

Another consumer’s medical officer directed geriatrician review due to identified changed behaviour/cognitive decline, however assessments to identify the cause of changed behaviours and ensure geriatrician review did not occur. A BSP to guide staff in appropriate individualised care delivery is not evident. In their response the provider supplied evidence of assessments/behaviour monitoring and BSP detailing interventions, resulting in positive consumer outcomes, plus clarification medical officer notations detail future consideration of geriatrician review (not immediate).

For another consumer observed by the assessment team to be experiencing agitation, review of documents detail multiple occasions of verbal/physical aggression towards staff however a behavioural assessment nor BSP developed to guide care delivery. In their response the provider supplied evidence of behaviour recording documents to capture ongoing recording when required, plus a documented BSP. GP review occurred and referral to Dementia Services Australia (DSA) because of behaviour witnessed by the assessment team. Directives in DSA report required minor adjustments to the BSP.

Another consumer experienced weight loss within a 3-month period and although appropriate monitoring records/assessment and medical officer review resulted in changes to diet/provision of nutritional supplements, this was not conducted in a timely manner. Referral to a speech pathologist following further weight loss, however no documentation to demonstrate dietician review. Their representative said they are happy with overall care considering the service managed weight loss, although noting slowness in review by an allied health professional. In their response the provider supplied evidence of regular monitoring/recording of food/fluid intake/speech pathology plus dietician review.

Care for a fifth consumer experiencing (historical) aggressive behaviours affecting other consumers [reported to Serious Incident Reporting Scheme (SIRS)] was reviewed by the assessment team. The most recent incident of aggressive behaviour resulted in dementia specialist review and recommendations, delirium screening, visual observation charting, and pain assessments. A review of BSP details follow-up assessments occurred. The assessment team bought forward evidence a lack of information in the BSP to provide comprehensive staff guidance, lack of information in the restrictive practice authorisation form to enable informed consent regarding psychotropic medication, lack of behaviour monitoring/recording to enable a comprehensive assessment of behaviours and interventions, lack of pain assessment prior to administration of ‘as required’ pain medication, plus lack of review/referral to a dietician/medical officer in relation to gradual weight loss. Documents detail recent delay in administration of psychotropic medications due to expiry of medication record however the providers response details alternative arrangements to ensure same day ingestion thus negating requirement for missed medication incident report. Interviewed staff consider additional staffing numbers, plus electronic alerts enable appropriate supervision/monitoring when required and demonstrate knowledge of individual behavioural triggers/strategies. In their response, the provider supplied information relating to all assessments/strategies implemented in relation to individualised needs and while acknowledging minor documentation deficits within the BSP assert staff clearly articulate knowledge of triggers/interventions/preferences. A comprehensive review by the organisational Head of Dementia acknowledging staff’s understanding of effective interventions resulting in nil new behaviours (noting most recent incident occurred mid 2023).

Interviewed consumers and representatives’ express satisfaction with care. Two representatives whose family member was involved in incidents (resulting from another consumer’s aggressive behaviours) expressed satisfaction in the management of care for their consumer post incident, considering the service responded appropriately, including implementing changes to assist in wayfinding plus ensuring sufficient staff numbers. They consider appropriate care provision and timely notification of changes and/or incidents.

In consideration of compliance, I accept the evidence supplied by the provider demonstrating effective identification/response/management of consumer’s risks. I find requirement 3(3)(b) is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. | Compliant |

Findings

Interviewed consumers/representatives consider staff support their emotional, spiritual, and psychological well-being, providing specific examples of how staff identify and support their emotional well-being. Examples include assisting consumers when their family members are not able to visit the service, arranging video communication for consumers/representatives to speak together and offering an electronic table to enable livestreaming of local church service. Two representatives whose family member was involved in incidents of another consumer’s aggressive behaviours expressed satisfaction in the management of care for their consumer post incident. Staff described the practice of a dedicated staff member for each consumer aimed to enable meaningful engagement and timely identification of concerns including escalation to registered nurses if they observe any changes in consumers’ well-being. Documents reflect consumers social, emotional, and spiritual preferences and strategies to support these. Management described supporting consumers with virtual mental health psychology appointments via electronic table for online telehealth psychology services in privacy. The assessment team observed evidence of requested appointments. While the assessment team bought forward evidence of one consumer’s psychological well-being not supported [considered in requirement 3(3)(b)]. In consideration of compliance, I am swayed by the volume of satisfaction expressed by consumers/representatives plus demonstration of positive consumer outcomes. I find requirement 4(3)(b) is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

A documented risk management framework exists. Policies and procedures relating to the management of high impact/prevalence risks, abuse/neglect, and supporting consumers to live their best life, plus an electronic incident management system are used to manage these. The assessment team bought forward evidence relating to ineffective management/monitoring of incidents, including those identified as high impact or high-prevalence risks (requirement 3(3)(b), however the providers response supplied evidence of appropriate incident management. Management considers some high impact/prevalence consumer risks to be mental health, complex nursing needs, delirium, nutrition/hydration, risk of choking, restrictive practices, medication, falls and pain management. Senior organisational Management (representing the governing body) note no service-related risks. The governing body use quality indicators to identify/assist in reducing incidents and Management provide information related to significant health changes/deterioration/risk to the governing body.

Management demonstrate data reported to quality review meetings is used to inform the governing body of clinical indicators not limited to, adverse events, compulsory SIRS reporting and restrictive practices. Governing body representatives explained all SIRS are reported to the board, however if not serious is managed at service level. An organisational whistleblower hotline is accessible to staff who receive training relating to neglect/abuse, and SIRS. Some staff advised they have not received training which Management acknowledged noting planned completion in 2024 however the providers response notes 100 percent of staff completed required training. A review of board meeting minutes detail behavioural support for consumers where restrictive practices are required, plus review of clinical indicators.

Interviewed governing body representatives explained a well-being model supports consumers to live the best life they can based on clinical model of care focusing on life preferences and activities. Management shared several initiatives targeted to support consumers including implementation of an organisational program using a team approach to understand consumers unmet needs, better understand their abilities and new rostering times to enable staff handover of care and engagement in meaningful discussions with their dedicated consumer. The assessment team reviewed documentation demonstrating supporting consumers in taking risks to live their best, noting some risk assessments do not demonstrate strategies used to minimise risks. Management demonstrated how data gained via the electronic incident management system is used to generate trends with analytics tools. Governing body representatives explained the organisation manages/prevents incidents via reports/audits and monitors effectiveness.

Information provided to the Board include clinical indicators (skin integrity, falls, unplanned weight loss) comparing previous months data. However, the assessment team note additional data to support trend/analysis, required actions is limited and lacks progress monitoring, planned completion date and/or designated responsibility for completed actions/outcomes. The providers response notes documentation reviewed by the assessment team to be clinical indictor data not that of a continuous improvement program. They advise analysis/trending of data occurs via quality meetings attended by regional staff with identified actions evaluated at next meeting. In relation to an incident where a consumer died due to another consumer’s aggressive behaviour, the governing body representatives detailed responsive actions include staff education relating to dementia, lifestyle programs and increase in staff numbers to enable meaningful consumer/staff engagement. In consideration of compliance, I accept evidence supplied by the provider demonstrating effective organisational governance systems/practices to manage high impact/prevalence risks, identify/respond to abuse/neglect and support consumers to live the best life they can, plus an effective incident management system. I find requirement 8(3)(d) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)