

**Performance Report**

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| Name: | Bellevue Care Centre |
| Commission ID: | 5369 |
| Address: | 53 Linkwood Drive, FERNY HILLS, Queensland, 4055 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 November 2024 |
| Performance report date: | 9 December 2024 |
| Service included in this assessment: | Provider: 7020 Burswood Care Pty Ltd  Service: 5308 Bellevue Care Centre |

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 Bellevue Care Centre (**the service**) has been prepared by J. Bayldon, 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 23 November 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 7** Human resources | **Compliant** |

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

# 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.

* Requirement 3(3)(b) - Ensure that the individualised strategies for all consumers who are subject to environmental and chemical restraints are implemented and that care planning documentation and informed consents are updated or requested as required.

# 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. | Not Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |

Findings

Requirement 3(3)(b)

The Assessment Team identified that the service did not demonstrate effective systems for oversight and monitoring of restrictive practices or strategies for behaviour management. The following relevant evidence was provided by the Assessment Team to support their recommendation:

* A review of sampled consumer files for consumers subject to chemical and environmental restraints did not evidence that informed consent had been obtained and recorded.
* Sampled consumer files for consumers subject to chemical and environmental restraints did not all have completed risks assessments.
* Management confirmed there were no paper based informed consent forms for consumers subject to restrictive practices nor understood their responsibility in ensuring informed consent was obtained for chemical restraint.
* Documentation including behaviour support plans reviewed by the Assessment Team did not have individualised strategies to support consumers with behaviours and did not evidence recommendations and strategies that had been provided by Dementia Support Australia have been included in care documentation.
* Management confirmed they are awaiting a review by Dementia Support Australia (DSA) for several consumers with behaviours.
* A review of a register of informed consents identified 30 out of 93 forms of consent had been completed.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* In relation to environmental restraints, the service confirmed that documentation and care plans were updated with informed consents obtained for all consumers subject to environmental restraints.
* In relation to chemical restraints, the service confirmed and provided example documentation that documentation and care plans were reviewed for all consumers subject to chemical restraints, with information updated for any changes in consultation with the consumer and/or their personal representative.
* Provided a copy of the new restrictive practice register that has been transitioned onto a new reporting template.

In coming to my finding, I have relied up on the information contained in the Assessment Team’s report and the provider’s response. Whilst I am satisfied that the service has taken significant steps to ensure that the environmental and chemical restraint documentation has been reviewed for all consumers who are subject to such restraints, the service will need time to properly implement updated strategies for consumers to ensure that these risks for all consumers are appropriately managed. I therefore find the provider in relation to the service, non-compliant with Requirement 3(3)(b) at the time of the performance report decision.

Requirement 3(3)(c)

Care staff described the additional care provided to consumers at end of life including monitoring for signs of distress and/or pain, comfort cares, oral care, music, aromatherapy and regular repositioning. Clinical management described the palliative and end of life pathways and how they collaborate with local specialist palliative teams and medical officers to ensure appropriate end of life care for consumers. Consumers/representatives said they were satisfied the service would provide appropriate care for consumers when nearing end of life.

Based on the information above, I find the provider in relation to the service, compliant with Requirement 3(3)(c) at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers/representatives said they can move outdoors easily, and design of the service allows consumers to enjoy all the amenities. The Assessment Team observed consumers moving around the service using a range of mobility assistive equipment both indoors and outdoors. The service’s indoor and outdoor areas were observed to be clean, safe and well maintained with professionally maintained garden areas, which include walkways between all areas. Maintenance staff onsite provided evidence of routine maintenance and checks provided to ensure the safety of consumers.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirement 5(3)(b) at the time of the performance report decision.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |

Findings

Management and staff described how they ensure there are enough staff to provide safe and quality care by having a master roster designated by classification of staff member, which is designed to cover the care needs of their consumers. A review of staff rosters, unplanned leave and allocation sheets demonstrated where unplanned leave occurred, shifts could be covered by reallocation of other staff if required. Management said the service conducts call bell auditing monthly and any aberrant response times are investigated to identify the cause. Staff said and staff allocation sheets evidenced, the staffing model enables them to provide care and services to consumers in accordance with their wants and needs in a timely manner.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirement 7(3)(a) at the time of the performance report decision.

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