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Report

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| Name of service: | Blue Care Bundaberg Pioneer Aged Care Facility |
| Service address: | 195 Barolin Street BUNDABERG QLD 4670 |
| Commission ID: | 5158 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 November 2022 |
| Performance report date: | 24 November 2022 |

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 Blue Care Bundaberg Pioneer Aged Care Facility (**the service**) has been prepared by S Turner 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 - 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 team’s report received 21 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Not assessed |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Not assessed |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not assessed |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not assessed |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not assessed |

Findings

The performance report dated 10 March 2022 found the service non-compliant in requirement 1(3)(a). The performance report included information that consumers had on occasion experienced disrespectful treatment. Some consumers reported staff had spoken rudely to them or that staff had been dismissive, and some consumers said that they had experienced lengthy delays that impacted their toileting and hygiene requirements.

The Assessment Team found the service has taken action to improve its performance under this requirement and has initiated the following improvements:

* Staff have been provided with education on caring for consumers with dignity and respect and what this looks like in practice. Staff interviewed were able to describe how they treat consumers with dignity and respect and demonstrated an understanding of what this meant. Twenty-three consumers and representatives who were interviewed reported satisfaction with the way staff treat consumers. Sampled consumers included those who require assistance with toileting and management of their continence.
* Organisational resources include a focus on person-centred care and meeting minutes identified that this has been discussed with staff.
* Management staff said they conduct spot check walks through the service at varying times to observe staff interactions and care delivery and the Assessment Team confirmed this by reviewing completed checklists.
* The service’s plan for continuous improvement demonstrated that staff have been advised to wear name badges, introduce themselves to consumers, and report any instances of disrespectful care. The Assessment Team observed staff wearing their name badges, engaging respectfully with consumers, seeking permission to deliver care and services and respecting the consumer’s choice. Staff demonstrated an understanding of the actions to take in the event they witnessed a consumer being treated disrespectfully.

I am satisfied consumers are being treated with dignity and respect.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not assessed |
| 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. | Not assessed |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not assessed |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not assessed |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not assessed |
| Requirement 3(3)(g) | 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. | Not assessed |

Findings

The performance report dated 10 March 2022 found the service non-compliant in requirement 3(3)(a). The performance report included information that delays in care delivery negatively impacted consumers’ care and service delivery including consumers’ hygiene, grooming and continence care. Further, deficiencies in clinical documentation were found in relation to wound care and specialised nursing care.

The Assessment Team found the service has taken action to improve its performance under this requirement and has initiated the following improvements:

Care delivery

* Consumers, management and staff said the service has addressed the shortage of care staff resulting in improvements in consumers’ care delivery. Care documentation that was reviewed by the Assessment Team demonstrated that changes in a consumer’s health and well-being were identified, resulted in a referral to a medical officer and/or nurse practitioner and that care directives were implemented by staff. Twenty-four consumers/representatives said consumers receive the personal care they need including in relation to continence care.

Wound care

* A wound report has been implemented which is printed daily and overseen by a senior clinician. The wound report identifies those consumers requiring wound care and allocates the activity to a member of the nursing staff.
* A registered nurse is allocated four days per week to complete wound care reviews. The role requires the registered nurse to monitor wound healing, including through measurements and photographs. The registered nurse undertaking this role described their responsibilities in relation to wound management and described how they use the wound report to guide care delivery.
* The nurse practitioner supports the service with wound care for those consumers with complex wounds. Management advised the nurse practitioner attends the service regularly. The Assessment Team sampled consumers’ wound care documentation and identified the involvement of the nurse practitioner.
* Staff have received education relating to the documentation requirements associated with wound care and its recording in the electronic care management system. Review of wound care documentation consistently demonstrated that consumers’ wound care is being recorded, with measurements documented, photographs taken and regular review by a registered nurse.
* Wound care resources are available to staff and include information about wound management, dressing types and stages of healing. Enrolled nursing staff advised they are able to seek guidance from registered nurses if they have queries or concerns about a consumer’s wound care.

Specialised nursing care

* The Assessment Team reviewed policies and procedures relevant to specialised nursing care and reviewed clinical documentation and confirmed that staff had an understanding of policies and procedures including those relating to flexible feeding tubes.
* With respect to the management of specialised nursing care, the Assessment Team identified that for two named consumers there was an absence of information to guide staff as to when catheter replacement was to occur. The approved provider in its response dated 21 November 2022 to the Assessment Contact- site report acknowledges that documentation relating to specialised nursing care needs for the two named consumers was incomplete at the time of the Assessment Contact. However, it states that the consumers were new to the service, had arrived without this information and that staff had attempted to secure this information; evidence of this was provided. The response states that there was involvement of medical officers, the Residential Aged Facility Support Service and a nurse practitioner in supporting the consumers’ specialised nursing care needs and that information to guide staff is now in place.

I am satisfied that consumers receive safe and effective personal and clinical care that optimises their health and well-being, including in relation to specialised nursing care needs.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not assessed |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Not assessed |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not assessed |

Findings

The performance report dated 10 March 2022 found the service non-compliant in requirement 6(3)(c). The performance report included information that consumers were dissatisfied with complaints processes and the way in which the service responded to their concerns.

The Assessment Team found the service has taken action to improve its performance under this requirement and has initiated the following improvements:

* Management are regularly engaging with consumers to provide additional opportunities for consumers to provide feedback or make a complaint.
* Staff have received education on the service’s policies and procedures relating to complaints, feedback processes and open disclosure.
* Complaints and feedback are now a mandated agenda item at staff meetings.
* Monthly consumer and representative meetings have recommenced and feedback and complaints are a standing agenda item.
* The complaints and feedback form has been revised and improvements made in relation to the language used.
* Management and staff have delivered feedback forms to consumers and spent time with consumers to discuss feedback and complaints processes.

Consumers and representatives who had made complaints or provided feedback to the service, said that they were responded to in a timely manner, that an apology was provided and that the process was open and transparent. Most consumers understood the actions being taken in response to their feedback and were confident management was acting to ensure the situation of concern did not occur again.

I am satisfied the service is taking appropriate action in response to complaints, and that staff have a shared understanding of open disclosure and apply the principles of open disclosure when things go wrong.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not assessed |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not assessed |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not assessed |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not assessed |

Findings

The performance report dated 10 March 2022 found the service non-compliant in requirement 7(3)(a) and included information that consumers were dissatisfied with staffing levels and said they had experienced delays in the provision of care.

The Assessment Team found the service has taken action to improve its performance under this requirement and has initiated the following improvements including:

* Education was provided to staff across the care continuum and included role based responsibilities.
* The service is reviewing its staffing model to ensure the skill mix and numbers of staff are appropriate. The current staffing model is being reviewed in consultation with the General manager.
* The organisation employs a real-time digital workload planner to ensure the number and mix of staff are appropriate for the consumer cohort and to ensure shift vacancies are promptly filled.
* Additional registered staff and care staff have been recruited with some staff carrying specific portfolios.
* Monthly staff focus groups have been established to discuss matters of staffing and workload distribution.
* Ongoing use of longer-term contracts to secure agency staff have been made available to contracted registered staff and care staff. This initiative supports the service to ensure shifts are covered and that consumers are cared for by staff they are familiar with while the service undertakes recruitment.
* Management has established access to a pool of agency staff to cover periods of staff leave including unplanned leave.
* Management said that call bell reports are generated weekly and are monitored for excessive response times. Additionally, call bell response times are standing agenda items at staff meetings and consumer and representative meetings.
* Management said new telephone handsets have been procured and are due to arrive in the near future. These are to be provided to care staff with call bell notifications programmed to call the handset in the event a consumer waits for a period of more than five minutes. An escalation process occurs should the delay continue.

The service is identifying and monitoring the varying levels of skills and abilities required by the workforce, in order to ensure consumers’ needs, goals and preferences are met and that safe, quality care is delivered. A structured approach for rosters, schedules, recruitment, staff retention and managing leave is in place. Management and staff explained the service’s processes in relation to staffing with staff confirming that there are enough staff rostered to meet consumers’ needs, goals and preferences including in relation to consumers’ hygiene care.

Consumers and representatives said they are satisfied the number and mix of staff supports the delivery of consumer care that is safe and generally meets consumers’ needs, goals and preferences. Consumers and representatives provided feedback that there is ‘always someone available to provide assistance’, that consumers never wait long for assistance, that staff do not rush care and that the service has employed additional staff.

The Assessment Team observed consumers using their call bells to request staff assistance and prompt response times were observed on each occasion across various consumer areas. The rostering spreadsheet was reviewed and evidenced staff coverage across the care continuum with registered staff rostered and available across all shifts. Rostering staff reported that all shifts for the previous week had been filled.

I am satisfied the workforce is planned to ensure the delivery and management of safe quality care and services.

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)