Performance

Report

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| Name of service: | Catholic Healthcare Bodington |
| Service address: | Bodington Drive WENTWORTH FALLS NSW 2782 |
| Commission ID: | 1454 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 March 2023 |
| Performance report date: | 18 April 2023 |

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 Catholic Healthcare Bodington (**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 - 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
* Performance Report dated 25 July 2022

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

Requirement 2(3)(e)

A decision was made on 25 July 2022 the service was non-compliant in requirement 2(3)(e) after a site assessment conducted 14 to 17 June 2022. The service was unable to demonstrate care and services plans are regularly reviewed and/or updated when circumstances change and/or incidents occur that impact consumers' needs, goals, and preferences. Consumers experiencing falls, pressure injuries and wounds are not being regularly reviewed or provided with appropriate preventative strategies, and wound management is not as per best practice principles.

At an Assessment Contact conducted 22 March 2023 the assessment team bought forward evidence the service has implemented remedial actions in response to the previous non-compliance, including:

* Regularly scheduled (an ad-hoc) monitoring of care planning documentation to ensure updating when consumer’s experience a change in needs. Case conferences have now been conducted for all permanent consumers.
* A monthly falls/clinical risk meeting occurs to discuss consumers identified at risk. The regional quality manager and incident manager review care planning documentation to ensure incidents are being effectively reviewed and causative factors identified. A wound management report is reviewed/discussion occurs to communicate causal factors with clinical staff. Daily meetings are utilised to discuss consumers who experience a fall ensuring staff awareness and completion of neurological observations.
* Wounds are reviewed by senior clinicians on a weekly basis to ensure adherence with policy and best practice guidance. Documentation in the Plan for Continuous Improvement (PCI) notes where deficiencies in practice are identified, further education/training occurs.
* All registered and enrolled nurses complete a learning package (including webinar by external provider) on wound assessment including required competency assessment. Staff are encouraged to utilise an IT application to assist with wound dressings. Care staff receive training in managing risk relating to clinical care, deterioration focused on pressure injuries as a high impact/prevalence risk and training relating to falls management. Topics include determining the cause, prevention strategies and falls management including conducting neurological observations. Management state training resulted in a noticeable reduction in unwitnessed falls. Clinical staff receive pain management education, noting pain types and assessment tools/procedures for ongoing monitoring.
* A relationship has been developed with a nurse practitioner from the local hospital who provides comprehensive review of complex wounds and consultation on clinical matters as required.

The service demonstrates multiple methods of ensuring consumers’ care and services are regularly reviewed and documentation updated to reflect changes in needs, goals and preferences. A suite of policies/procedures provide guidance. Sampled consumer’s documentation demonstrate adjustments made to care plans after changes in condition and/or post incidents, including managing behaviours relating to unmet needs, provision of equipment to alert staff when consumer experience an unwitnessed fall, completion of pain assessments/neurovascular observation and wound management as per care directives. External providers are utilised for complex wound management, clinical concerns such as swallowing difficulties, nutritional concerns and/or unplanned weight loss. Authorisations and consent forms relating to the use of restrictive practices were observed to have been regularly reviewed/updated. Management note update of restrictive practice policy to ensure authorisation relating to use of psychotropic medications.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found compliant.

Requirement 3(3)(d)

A decision was made on 25 July 2022 the service was non-compliant in requirement 3(3)(d) after a site assessment conducted 14 to 17 June 2022. The service was unable to demonstrate escalation and response to deterioration in consumers' condition is effective. Staff describe processes for escalating changes in consumers' conditions; however, further escalation to medical officers is not evident for some consumers.

At an Assessment Contact conducted 22 March 2023 the assessment team bought forward evidence the service has implemented remedial actions in response to the previous non-compliance, including:

* Policies relating to recognition/management of clinical deterioration discussed with clinical staff and deterioration relating to consumers’ is now a standing agenda item at daily meetings. Provision of the policy occurs for new clinical staff as a component of induction processes.
* Management team follow-up any deterioration/change in consumers’ condition mentioned at meetings to ensure timely assessment, follow-up and escalation occurs. Care staff receive training in utilising the ‘stop and watch’ tool to assist in recognising/recording early signs of deterioration.
* Monthly monitoring of documentation is conducted to ensure consumer’ current condition is reflected in care planning information to guide appropriate care delivery.

Sampled consumers documentation demonstrates changes/deterioration is appropriately recognised and responded to in a timely manner. A representative noted satisfaction consumers changing needs are addressed and staff provide regular updates. Interviewed staff describe actions taken when consumer’s condition change including escalating issues to clinical staff/medical officer and/or referring to allied health professionals/external services. Management team members note all staff have been provided training relating to early recognition of signs of deterioration, including completion of assessment tools.

Review of consumer’s documentation note adjustments made to care planning after changes in condition and/or post incidents including managing behaviours relating to unmet needs, provision of equipment to alert staff when a consumer experiences an unwitnessed fall, completion of pain assessments/neurovascular observation and wound management provision according to wound care directives. External providers (including nurse practitioner) are utilised for complex wound management, clinical concerns such as swallowing difficulties, nutritional concerns and/or unplanned weight loss.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific requirements have been assessed and found compliant.

Requirement 7(3)(a)

A decision was made on 25 July 2022 the service was non-compliant in requirement 7(3)(a) after a site assessment conducted 14 to 17 June 2022. The service was unable to demonstrate a planned approach in ensuring the number and skill mix of the workforce enables the delivery/ management of safe, quality care and services.

At an Assessment Contact conducted 22 March 2023 the assessment team bought forward evidence the service has implemented remedial actions and initiatives (supported by Board members) including:

* Utilisation of an external provider to assist in staff recruitment; this role is now being conducted within the organisational human resources department. Implementation of a recruitment program (including an incentive bonus) to increase permanent staff numbers with a focus on recruiting registered nurses.
* An organisational scholarship program sponsoring new staff in completion of Certificate III and IV in Aged Care, resulting in recent recruitment of 6 care staff. Block booking of nursing agency staff to ensure consistency/reliability. Liaising with TAFE and other registered training organisations to offer student placements. The service is currently running a recruitment campaign in the local area.
* Purchase of a bus (on order) to transport staff to nearest railway station due to lack of transport options.
* Ability to analyse/monitor staff responsiveness to consumers requests for assistance.

Overall, the service demonstrates a planned workforce enables delivery and management of safe and effective consumer care and services. Most interviewed consumers/representatives expressed satisfaction with care and service provision, stating staff are kind, caring and generally respond to requests for assistance in a timely manner. However, 2 representatives express some ongoing dissatisfaction in relation to staffing numbers (although acknowledge recent improvement).

Management note employment of additional staff as a result of recruitment drive and methods of monitoring staff sufficiency, including analyse of data in relation to staff responsiveness to consumer’s requests for assisting, noting at times replacement staff are not available when unplanned leave occurs. Interviewed staff state they generally have sufficient time to complete required tasks although some cite completion of catering tasks and/or non-replacement of unplanned leave results in lack of time to complete hygiene cares in a timely manner.

Consideration is given to positive consumer/representative feedback and demonstration of methods utilised to monitor/plan numbers/mix of workforce enables, delivery/management of safe, quality care and services.

Requirement 7(3)(d)

A decision was made on 25 July 2022 the service was non-compliant in requirement 7(3)(d) after a site assessment conducted 14 to 17 June 2022. The service was unable to demonstrate effective systems to ensure the workforce is recruited, trained, equipped, and supported to deliver outcomes required by the Quality Standards.

At an Assessment Contact conducted 22 March 2023 the assessment team bought forward evidence the service has implemented remedial actions including:

* Employment of a quality education manager responsible to manage education and training.
* Organisational provision of a comprehensive mandatory training program including online modules allocated to staff relating to positional requirements, face to face instructions, external e-learning, and skill competency assessments. Completion of mandatory training is monitored by the quality education manger. In addition, monthly training is provided relating to topics relevant to the Quality Standards.

The service demonstrates systems of recruitment, training, and support in delivering outcomes required by the Quality Standards. Sampled consumers/representatives express general satisfaction with care provision commenting staff know what they are doing.

Organisational requirements for completion of mandatory training are monitored by senior staff to ensure attendance. Topics include Serious Incident Response Scheme (SIRS), minimising restrictive practices and principles of open disclosure. Interviewed staff note completion of mandatory training and describe awareness of procedures to effectively complete requirements of their role.

# 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found compliant.

Requirement 8(3)(d)

A decision was made on 25 July 2022 the service was non-compliant in requirement 8(3)(d) after a site assessment conducted 14 to 17 June 2022. The service was inconsistent in its approach to mitigating or effectively managing consumer’s risks. A review of documentation and observation of staff practices did not reflect requirements under the Quality Standards in terms of incident management, responding to a deteriorating consumer and management of high impact/prevalence risks including falls management and wound care.

At an Assessment Contact conducted 22 March 2023 the assessment team bought forward evidence the service has implemented remedial actions including:

* Implementation of an organisationally wide risk profile tool to assist with identification/management of individual consumer risks, ensuring consistent assessment/care planning interventions are focused, monitored, and appropriate. The tool highlights high impact/prevalence clinical risk and assists senior clinicians/managers to prioritise and mitigate clinical risk including provision of ongoing support. Early evaluations demonstrate effectiveness.

Two new risk management reports improve monitoring of risk/factors which impact consumers. The clinical care incident report enables in-depth trending for all consumers relating to specific issues such as SIRS, falls, and infections. The quality and risk report enables in-depth clinical data analysis and trending for individual consumers of several data points (care planning, qualitative data, serious injuries, and hospital days). Senior clinical and quality managers are supported by regional managers to analyse and trend data and mentor service-based managers in the development of evidence-based strategies to mitigate risk and optimise provision of safe quality care. The consumer risk profile tool has been integrated into the existing electronic system to enable real time data in monitoring consumer risk management/oversight. A high impact/prevalence procedure is in place for managers to oversee/monitor individual consumer needs. Policies and procedures provide staff guidance.

Interviewed senior staff demonstrate knowledge of tools and available reports. Via document review and senior management interview the assessment team note care provision for 2 consumers (identified as high-risk) effectively meeting consumer’s current needs and effectively implementing incident management processes.

The assessment team observed in addition to training and education for all stakeholders, the service has a ‘Serious Incident Management’ brochure – a guide for consumers, representatives, families, carers, and advocates. Information includes details on SIRS, reportable incidents, reporting mechanisms, management teams responsibilities, details of the incident management system and a manual to guide use. This information is displayed throughout the service.

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)