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Performance Report

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**Commission ID:** 3273

**Provider name:** Ballarat Health Services

**Assessment Contact - Site date:** 27 April 2022 to 29 April 2022

**Date of Performance Report:** 30 May 2022

# Performance report prepared by

David Lee delegate of the Aged Care Quality and Safety Commissioner.

# 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |

# Detailed assessment

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 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.
* the provider’s response to the Assessment Contact report received 16 May 2022.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service was found non-compliant in four of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to full compliance with the Quality Standards.

The Assessment Team found care planning documents are reviewed in detail, with appropriate individualised interventions recorded and consideration of risks in each consumer’s care plan. Consumer care is reviewed following incidents or when circumstances change and care plans are updated.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found the service has implemented improvements to address deficits identified during the previous site audit. The Assessment Team drew on evidence from eight consumers and found consumers’ care planning documentation evidenced assessment of needs, from which comprehensive care plans were developed. For the 8 consumers sampled, care planning documentation included consideration of risks to the consumers’ health and well-being, which informed the delivery of safe and effective care and services.

A review of care plan documentation for 8 consumers sampled reflects the outcome of risk assessments undertaken in relation to falls, skin integrity, pressure injuries, pain and specialised care needs are updated as risks change or in response to the investigation of incident or feedback. Interventions on care plans are designed to mitigate identified consumers’ risks and staff demonstrated an understanding of the assessment and care planning process. Restrictive practice consent forms are completed in consultation with the consumer, representative and relevant health professionals and signed by relevant parties.

Staff demonstrated knowledge of consumers and could describe individual consumers’ risks. The service manages clinical risks such as falls, behaviours and pressure injuries through associated assessments and in consultation with the consumer and or their representative and other health professionals.

I have reviewed all the information provided and find this requirement is Compliant.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found the service has implemented improvements to address deficits identified during the previous site audit. The Assessment Team drew on evidence from two consumers and found consumers’ needs, goals and preferences are considered in the care planning process, with evidence of ongoing reviews and updates. Staff are involved in assessment and planning and clinical staff described how care plans are tailored to meet the consumers’ goals and preferences. The service consults with consumers about advance care planning or end of life wishes.

I have reviewed all the information provided and find this requirement is Compliant.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. The Assessment Team drew on evidence from eight consumers’ care files which reflected ongoing partnerships with the consumer and others that whom the consumer wishes to be involved.

Consumer files demonstrated partnership is an ongoing part of assessment and care planning. A variety of service providers are involved in each consumer’s care including medical officers, wound care experts and palliative care services. Care files demonstrated staff facilitate and support consumers to attend specialist health appointments. Visiting health professionals attend the service to provide specialised care such as the residential in reach nurse, palliative care services, occupational therapists, and physiotherapists.

I have reviewed all the information provided and find this requirement is Compliant.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. The Assessment Team found care planning documentation for two sampled consumers are reviewed regularly. Care and services are consistently reviewed when incidents occur or when consumers’ needs change.

The service initiates a review of care needs and interventions following an analysis of incidents such as skin tears, falls and infections. The service commences pain assessment and pain charting in response to the consumer’s changing needs. Reassessment of pain and a review of pain management strategies occurred when consumers presented with further pain. Staff demonstrated an understanding of review and monitoring requirements following incidents such as falls or weight loss.

I have reviewed all the information provided and find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service was found non-compliant in three of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to full compliance with the Quality Standards.

The Assessment Team found each consumer receives clinical and personal care that is tailored to their individual needs. For example:

Consumers were satisfied with pain and wound care they were receiving.

Consumers requiring chemical restraint are assessed, monitored, and reviewed in line with best practice and regulatory requirements.

The service identifies and manages consumers who experience high impact and high prevalence risks such as falls and behaviours.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### 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 improvements have been implemented to address deficits identified during the previous site audit. The Assessment Team found the service demonstrated that there has been significant improvement in wound care, pain management and restrictive practices.

The Assessment Team sampled four consumers and found the service follows a tailored approach in the identification, assessment, management and monitoring required in personal and clinical care.

Consumers’ wounds reflect ongoing skin assessments, interventions, monitoring, wound classification, staging, measurements and evidence of regular wound dressings. Consumers’ pain management strategies are reviewed regularly. Individualised non-pharmaceutical strategies for pain management are trailed first before the use of strong pain medication. Consumers subject to restrictive practices are assessed, managed, and reviewed regularly in line with best practice and regulatory requirements.

I have reviewed all the information provided and find this requirement is Compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service has implemented effective improvements to address the deficits identified during the previous site audit, including falls, behaviours and use of bed sticks. Consumers are assessed, and strategies are initiated, implemented and reviewed on an ongoing basis to reduce the risks to consumers.

Clinical and personal care is delivered to manage risk to the care of each consumer in line with the consumer’s care plans. Consumers subject to falls are assessed post-falls by clinical staff and promptly referred to a health practitioner for review. Consumers requiring behaviour management have strategies in place to reduce behavioural triggers such as pain or infection. The risk associated with a consumer’s choice of the use of bed sticks is documented in the consumer’s care plans and the plan contains consumer risk assessments and strategies to minimise the risk of bed stick use.

I have reviewed all the information provided and find this requirement is Compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

1. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. Consumers and representatives said the service is aware of consumers’ advance care directives.

Care documentation reflects the needs and wishes of consumers nearing the end of life. Palliative care is supported by a specialist service when required and interventions demonstrate that consumers’ comfort and dignity are maximised. This includes medications for the treatment of end of life symptoms such as pain and agitation.

I have reviewed all the information provided and find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The service was found non-compliant in one of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to compliance in these requirements.

Overall, sampled consumers provided positive feedback in relation to the quality, quantity and variety of meals and snacks provided.

The Assessment Team found consumers are engaged in meal improvement processes, through meetings and conversations with management and catering staff.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. The Assessment Team drew on evidence for six consumers. The six consumers provided positive feedback about meal services. Consumers said they are satisfied with the meals and snacks provided by the service. The Assessment Team found meals are varied and of suitable quality and quantity. Meals are prepared off-site daily and are reheated on-site with seasonal fresh fruit available in the communal area. The menu is planned and considers consumer feedback, dietary needs and preferences. These include texture modified meals and thickened fluids.

I have reviewed all the information provided and find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of the equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel safe and comfortable in the service environment.

However, the service did not demonstrate that furniture and fittings in the service environment are monitored effectively to ensure consumer safety and comfort.

The Quality Standard is assessed as Non-compliant as one requirement have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The service did not demonstrate that furniture and fittings, namely hydronic heaters, are risk assessed and monitored effectively to ensure the safety and comfort of consumers.

The Assessment Team observed hydronic heating throughout the service. The Assessment Team drew on evidence from three consumers. One consumer was asleep in their chair during the assessment contact. The consumer’s chair appeared to be butted up against the hydronic heater with less than a 5 centimetre gap.

The Assessment Team found the service’s checklist does not prompt staff to conduct regular safety and comfort checks. These include monitoring for obstructions or items too close to the hydronic heaters and temperature checks to ensure consumer comfortability.

The service has previously trialled the boiler at a lower temperature. The service engineer explained the boiler does not effectively heat all rooms if it is set lower than 65⁰ as the system naturally loses heat through the pipes.

The Assessment Team acknowledges the responsiveness of the service’s management team to address the Assessment Team’s observations. However, these improvements have not been tested for effectiveness.

The Approved Provider’s response details and demonstrates actions put in place during and since the assessment contact to monitor the use of the hydronic heaters throughout the service.

The service has communicated with consumers, representatives and staff on the issues identified from the Assessment Team’s observations with hydronic heaters. The service has implemented daily checks of the heaters in each room to ensure the temperature is ideal for the consumer. The service will provide consumers with the opportunity to turn the heaters off.

The service has introduced processes to monitor the proximity of furniture to the heaters. The service has created caution posters to warn consumers, representatives and staff the heaters may be hot to touch. The service has conducted meetings with the service’s engineer with the service’s long-term strategy to replace the current hydronic heaters.

I acknowledge and have considered in my decision the remedial action taken by the provider during and following the assessment contact, most specifically communication to relevant parties on the issues identified with the hydronic heater, daily checks and laminated signs that will be placed above the heaters throughout the service.

I have considered the information provided by the Assessment Team and the Approved Provider’s response. While I acknowledge the actions taken by the service during and since the assessment contact, these actions have not yet been fully implemented and evaluated. I consider at the time of the site audit the Approved

Provider did not demonstrate that the hydronic heaters are safe for the consumer. I, therefore, find the service Non-compliant with this requirement.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The service was found non-compliant in one of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to compliance in these requirements.

The service demonstrated complaints from consumers and representatives are responded to and actioned. The Assessment Team found the service has established processes to enable the submission of complaints and ensure consumers are aware of actions taken to remedy complaints.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. The Assessment Team found the service demonstrated that there are established processes to enable the submission of complaints and ensure consumers are aware of actions taken to remedy complaints.

Four consumers confirmed action is taken in response to complaints. The service’s complaints policy incorporates open disclosure. This includes management and staff being responsive to consumer feedback raised about meals. Hospitality staff demonstrated an understanding of their role in facilitating feedback and complaints relating to food.

I have reviewed all the information provided and find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 7 Human 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The service was found non-compliant in one of the specific requirements under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to compliance in these requirements.

The Assessment Team found the service delivers and monitors mandatory education competencies for clinical staff.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous site audit. Management demonstrated how staff are supported, trained and educated in their roles and how policies and procedures provide guidance and resources to enable the workforce to deliver consumer outcomes. These include continuous positive airway pressure (CPAP), dysphagia , nutrition and hydration training. Staff confirmed they are trained, equipped, and supported to deliver the outcomes required by the standards.

I have reviewed all the information provided and find this requirement is Compliant.

# 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.

* Ensure management of hydronic heaters is embedded and effective. This includes risk assessments, daily checklists, interventions and monitoring to ensure the safety and comfort of the consumer.
* Ensure appropriate protective barriers are effective for the hydronic heater.
* Ensure consultations with consumers and representatives are documented.
* Ensure regular random temperature checks are conducted on hydronic heaters.
* Implement processes to ensure new management of hydronic heaters are effective in delivering safe quality care to consumers.