Performance

Report

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| Name: | Ozcare - Hervey Bay |
| Commission ID: | 5805 |
| Address: | 35 Davis Drive, KAWUNGAN, Queensland, 4655 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 April 2024 to 1 May 2024 |
| Performance report date: | 28 May 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 19391 Ozcare - Hervey Bay |

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 Ozcare - Hervey Bay (**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 (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 21 May 2024
* other information relating to the service that is held by the Commission

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not 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.

* Care and services are to be reviewed regularly for effectiveness, and when circumstances change or an incident impacts the needs, goals and preferences of the consumer.
* High impact and high prevalence risks associated with personal and clinical care, including in relation to wound care and pain management, are to be effectively managed.
* The workforce is planned to enable the delivery and management of safe, quality care and services.

# 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 |

Findings

The Assessment contact-site report included information that demonstrated on occasion staff work practices were not respectful and did not support consumers’ dignity. For example:

* one consumer provided an example of poor staff practice that impacted their dignity
* the Assessment Team observed some inappropriate staff practices that included:
  + consumer call bells not placed within consumers’ reach
  + a consumer who was unable to reach their call bell calling out for help for an extended period of time without staff assistance
  + fluids/drinks not placed within consumers’ reach, and
  + a consumer’s urinary drainage bag visible from a communal area.

The approved provider’s response stated action is being taken to ensure respectful interactions from staff and person-centred care delivery for consumers. The response provided additional clarifying information and a Continuous Improvement Plan. Planned actions included:

* Where appropriate, performance management processes were implemented.
* Toolbox sessions have occurred, and additional education provided to staff where a need was identified.
* Additional training in privacy and dignity has been completed by the majority of staff; staff who are yet to complete this were identified as being on leave.
* Consumer concerns have been addressed and their needs and preferences reviewed.
* Registered nurse support from within the organisation has been provided to the service.
* monitoring of staff practices was occurring.

Having considered the Assessment contact-site report and the approved provider’s response, I have found Requirement 1(3)(a) is Compliant. I am satisfied the approved provider has taken action to ensure staff practices support person-centred care delivery that is respectful. I note the Assessment contact-site report includes feedback from consumers that staff treated them kindly. The approved provider’s response states the actions taken to improve staff performance under this requirement have resulted in improved outcomes for consumers. Further, monitoring conducted by the service’s leadership team has confirmed staff practices are respectful and are supporting consumer dignity.

# 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. | Not Compliant |

Findings

The Assessment contact-site report included information that care and services were not reviewed regularly for effectiveness or when consumers’ circumstances changed. Staff advised they do not have time to review consumers’ care and service needs and some staff said they were not familiar with how to complete a review within the electronic care management system. A review of consumers’ care documentation identified it had not been reviewed in accordance with the organisation’s requirements. For example:

* Organisational policies require the completion of a baseline care plan within seven days of entry to the service and the establishment of a complete care plan within 28 days of entry; a full review of care is to be conducted every six months. However, assessment and care planning processes were not aligned with organisational requirements and the Assessment Team found:
  + The service’s care plan report identified 33 consumers had not had reviews completed six monthly and 29 consumers who had entered the service over the previous 10 months had not had their baseline assessment and care plan completed in accordance with organisational requirements.
  + Care planning processes for a new consumer who had entered the service more than one month earlier identified assessment and care planning processes were incomplete despite the consumer being identified as having complex and specialised nursing care needs.
* Two of four registered staff reported they did not know how to use the electronic care management system to complete a review of consumers’ assessment and care planning needs, goals and preferences.
* Most registered staff and care staff said they did not have time to complete documentation to support effective review of consumers’ care and service needs.
* One consumer’s representative reported they had advised clinical staff the consumer would require emotional support after having recently experienced a traumatic incident, however, this had not been provided. The consumer’s care documentation was reviewed by the Assessment Team and identified that assessment and care planning failed to identify a need for emotional support relating to the consumer’s past history.
* One consumer reported they had a history of infection however this information and strategies to prevent infection were not documented in assessment and planning.

Senior clinical staff and management advised they were aware that registered staff were not completing reviews of consumers’ care and services. They said they had spoken to registered nurses about their roles and responsibilities associated with assessment, care planning and review processes. Additionally, it was reported assessment and care planning documentation is monitored daily through discussions with staff about emerging consumer care needs, regular review of progress notes and monitoring of the electronic care management system.

In response to the Assessment Team’s feedback, management said a senior registered nurse would transfer to the service to support existing clinical staff with reviewing consumers’ assessment and care planning.

The approved provider’s response included additional clarifying information and a Continuous Improvement Plan. Actions being taken to improve assessment and care planning processes include:

* Senior clinical staff are allocating care plan reviews to registered nurses and the care plan report is being reviewed weekly; there is an established timeframe for completion of outstanding care plan reviews.
* Registered nurses from within the organisation are providing additional clinical support to the service.
* The completion of assessment and care planning will be discussed as a standing agenda item at the monthly registered nurse meetings.
* Registered nurses have been provided with opportunities to undertake refresher training in care planning and related areas.

The approved provider asserts that registered nurses do know how to use the electronic care management system and says that there are various processes in place to support this including orientation, one on one discussions with senior clinical staff, ‘buddy’ shifts and ‘on the floor’ support from senior clinicians. I accept this and note the approved provider’s response includes opportunities for registered nurses to further engage in additional education.

Having considered the Assessment contact-site report and the approved provider’s response, I have found Requirement 2(3)(e) Non-compliant. Care and services have not been reviewed regularly for effectiveness, and when circumstances change or when incidents impact on consumers. I am satisfied the actions being taken will support the service to demonstrate compliance in this requirement however these actions will take some time to embed in practice and culture, and be tested for effectiveness and sustainability.

# 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 contact-site report brought forward the following information in relation to the management of high impact and high prevalence risks associated with the care of the consumers.

Wound care documentation for a sample of consumers with chronic/complex wounds was reviewed and identified wound assessments were not consistently completed or updated as care needs changed, and assessments did not always reflect the current status of the wound. In some instances, wound descriptors were not accurate. Wounds were not being attended in accordance with the wound care plan or the service’s policy relating to wound care; for example, photographs to track wound progress were not being taken in accordance with policy. Wound deterioration was not consistently identified, escalated, documented and addressed.

In relation to pain management, pain documentation did not evidence pain charting consistently occurred, including during wound treatments/assessment processes. Management said pain assessments are to be conducted and recorded during wound treatments however a review of wound documentation for a sample of consumers identified a pain description is not always completed and registered staff said while they did assess for pain it was not consistently recorded. Care staff did not demonstrate a shared understanding of non-pharmacological pain management strategies and had not escalated a consumer’s pain to a registered nurse.

In response to feedback provided during the Assessment Contact about deficiencies in wound care and pain management, management advised emerging concerns including wound deterioration are discussed daily at handover. However, there was no evidence of this occurring and staff could not confirm this was discussed at handover. Management said they were considering ways to improve staff attendance at relevant education.

The approved provider’s response included additional clarifying information and a Continuous Improvement Plan. Actions being taken to improve the management of high impact and high prevalence risks associated with the care of consumers includes:

* Senior nursing staff have reviewed chronic wounds and will be attending weekly chronic wound care reviews.
* Registered nurses have been provided with organisational information and additional resources relating to wound management.
* Registered nurses from within the organisation are providing additional clinical support to the service
* Wound management education has been provided to registered nurses.
* Assessments, including risk assessments, pain assessments and care plans have been updated to reflect consumers’ needs.

Having considered the Assessment contact-site report and the approved provider’s response, I have found Requirement 3(3)(b) is Non-compliant. Non-compliance is based on:

* The service did not consistently manage high impact or high prevalence risks related to consumers’ personal and clinical care; particularly in relation to wound care and pain management.
* Staff did not demonstrate a shared understanding of their responsibilities in relation to the management of high impact and high prevalence risks including wound care and pain management.

I am satisfied the actions being taken will support the service to demonstrate compliance in this requirement however these actions will take some time to embed in practice and culture, and be tested for effectiveness and sustainability.

Requirement 3(3)(c)

The Assessment contact-site report brings forward information that demonstrates the needs goals and preferences of consumers nearing end of life are identified and addressed. Consumers’ representatives reported and care documentation confirmed the consumer’s dignity and comfort were maintained during end-of-life care. Representatives said staff were ‘wonderful’, ‘dedicated’, and checked on consumers as they approached end-of-life. Representatives said staff were supportive of the family and encouraged them to be with the consumer, offering refreshments and allowing them to stay overnight. Care documentation demonstrated palliative care assessments and care plans were in place and that pain relief was provided with good effect.

For the reasons detailed, I am satisfied Requirement 3(3)(c) is Compliant.

# 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. | Not Compliant |

Findings

The Assessment contact-site report included mixed feedback from consumers and representatives in relation to staffing levels. While some consumers were satisfied with staffing levels, some representatives raised concerns about timely care and service delivery and difficulties locating staff when they visit. One consumer and one representative reported delays in the provision of continence care to consumers that had resulted in negative outcomes for the consumers. Registered staff and care staff reported having insufficient time to complete their allocated tasks. Nurses’ stations were observed to be unattended and care staff were rushed. Further, the report stated the service was not able to demonstrate an effective process for ensuring the workforce was planned to enable the delivery of safe, quality care and services.

The approved provider’s response included additional clarifying information and a Continuous Improvement Plan. The response details the processes the service has in place to manage the workforce including an electronic rostering programme, roster reviews by management staff, daily communications with senior organisational staff and a weekly meeting to review the roster. Further, the response states that nurses’ stations are unmanned as staff are engaged in consumer care delivery and carry a telephone so that they are accessible.

The Continuous Improvement Plan includes a workforce strategy plan as an element of restoring a positive work culture. Suitable candidates are being interviewed and appointed to key positions. The service has commenced a process to recruit four registered nurses and 12 care staff from overseas who will work fulltime at the service. The service is currently receiving registered nurse support from within the organisation and the clinical nurse positions are filled. Additionally, the Continuous Improvement Plan outlines actions including increased monitoring of staff practices, staff education and toolbox talks and orientation processes.

I have considered the Assessment contact- site report and the approved provider’s response. I acknowledge there are processes for reviewing the roster and staffing levels and accept that nurses’ stations will be unmanned when staff are delivering care. However, there is information brought forward under this requirement and under Requirements 1(3)(a) and 2(3)(e) that raises concerns about staff’s ability to deliver safe, quality care and services at all times. For example:

* A consumer was observed calling out for staff assistance for more than 10 minutes and the Assessment Team was unable to locate a staff member to assist the consumer.
* One consumer and one representative provided feedback about delayed responses to consumers’ personal care needs.
* Staff reported insufficient time to complete their duties and provided examples of this including an inability to complete assessment and care planning; care planning documentation that was reviewed was found to be incomplete.

I acknowledge the approved provider is taking action to ensure sufficient, skilled staff are available to deliver safe, quality care. However, these actions will take some time to be fully implemented, to embed in practice and culture, and be tested for effectiveness and sustainability. I am satisfied Requirement 7(3)(a) is Non-compliant.

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)