Performance

Report

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| Name: | Regis Bulimba |
| Commission ID: | 5107 |
| Address: | 50 Brisbane Street, BULIMBA, Queensland, 4171 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 December 2023 to 13 December 2023 |
| Performance report date: | 15 January 2024 |
| Service included in this assessment: | Provider: 136 Regis Group Pty Ltd  Service: 3464 Regis Bulimba |

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 Regis Bulimba (**the service**) has been prepared by J. Earnshaw, 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 19 December 2023 and 29 December 2023, agreeing with the findings within the Assessment Contact - Site report.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |

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

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.

# The service is to ensure consumers are treated with respect and dignity, are encouraged to maintain their identity and are provided care in line with individual requirements.

# The service is to implement effective systems and processes to ensure consumers' personal and clinical care is delivered in accordance with their needs and desired outcomes.

# The service is to ensure the service is maintained and cleaned to an acceptable level and provide a safe and comfortable environment whilst ensuring consumers are smoking safely and within designated smoking areas.

# The service is to ensure staffing levels reflects a planned workforce to meet the needs of consumers and to provide the delivery of safe clinical care and services.

# Other relevant matters:

I note that the Approved Provider has taken immediate actions to mitigate the impact of the deficiencies identified and has provided a detailed response to the findings which included a substantial plan for continuous improvement. The Approved Provider committed to providing safe care and services to consumers through the implementation of targeted actions via telephone and written communication on 15 December 2023, 19 December 2023 and by a further formal response (to the assessment team findings) submitted 29 December 2023.

# 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. | Not Compliant |

Findings

An assessment contact was conducted at the service on 12 to 13 December 2023. The Assessment Contact–Site report identified deficiencies related to the service being unable to demonstrate consumers are consistently treated with dignity and respect.

The representatives of four consumers raised concerns regarding care delivery that does not provide respect or dignity to consumers. These reports included concerns regarding continence care, hygiene and staff attitude.

The Assessment Team observed examples of care that did not demonstrate staff are providing care that respects the individual identity and dignity of consumers. These observations included instances where adequate and respectful continence care was not provided for two named consumers on the day of the assessment contact.

The complaints register identified complaints to the service in relation to consumers grooming, clothing and appearance.

Through communications, via telephone and written on 15 December 2023, 19 December 2023 followed by a further formal response (to the assessment team findings) submitted 29 December 2023; the Approved Provider acknowledged deficiencies in the provision of care and gave assurances of immediate actions implemented to ensure the safety and wellbeing of consumers.

Following a telephone conversation of 15 December 2023, the service immediately:

* Commenced care plan consultations for consumers identified in the report.
* Commenced the development of a training plan to develop, monitor and evaluate the skills and knowledge of staff.
* Improved meeting structure to ensure high risk care needs are discussed, actions developed and implemented with ongoing evaluations.
* Commenced a review of the clinical handover process to ensure effectiveness.
* Implemented a process for a 24-hour, 7-day per week Nurse on Call program to review progress notes and to support the timely review, management and escalation of incidents.
* Developed a detailed resourcing plan to ensure senior Management presence at the service and to improve, and/or mitigate risks identified.
* Provided an interim commitment of remedial actions commenced and to be implemented; to the Commission in writing 19 December 2023.

A further response was submitted by the Approved Provider on 29 December with a comprehensive Plan for Continuous Improvement for the service which details actions commenced and those yet to be implemented. I note that this plan is inclusive of evaluation and is planned to be completed by 30 June 2024. The response also has committed to executive oversight and presence at the service to ensure appropriate and timely progress on the improvement plan.

Actions commenced and committed to relevant to this requirement include:

* Clinician care planning review, consultation with and apology to named consumers/representatives.
* Updated continence care needs, and processes with registered staff monitoring and oversight.
* Provision of training for staff and on-the-floor monitoring/auditing of personal hygiene and personal care needs, including oral health and personal grooming of consumers.
* Education to staff including topics related to privacy and dignity/preferences to maintain independence and communication.
* Consumer Forum held 19 December 2023 to provide an opportunity for consumers/representatives to raise concerns directly with senior management.
* A senior staff member has been allocated as a coach and mentor for staff within the memory support unit.
* Provided customer service training to staff with a focus on engagement with consumers living with dementia and engagement during meal service.

I acknowledge the approved provider’s immediate responsiveness and commitment to improve the quality of care and services, however, the issues raised are concerning and the planned improvements will take time to be implemented, embedded and evaluated for effectiveness. Therefore, it is my decision that this requirement is Non-Compliant.

# 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. | Not Compliant |

Findings

An assessment contact was conducted at the service 12 to 13 December 2023. The Assessment Contact–Site report identified deficiencies related to the service, which included not ensuring each consumer is receiving safe and effective personal and clinical care which is tailored to their needs and optimises their health and well-being.

The service did not demonstrate effective clinical oversight relating to consumers’ changing conditions including behaviour management and weight loss.

Most consumers/representatives interviewed reported dissatisfaction with personal and clinical care provided to consumers.

The assessment team report described several instances where clinical care needs of consumers were not adequately provided. Including:

* Staff did not demonstrate consistent knowledge of consumers’ care needs.
* Care documentation identified, for three named consumers significant unplanned weight loss which had not been adequately identified, escalated, or managed.
* The service has not demonstrated effective strategies are in place to manage consumers’ changing behaviours to ensure appropriate personal and clinical care is provided. Staff did not demonstrate the knowledge of or understanding of individual consumer needs, support strategies or how to identify and manage escalations in behaviour.
* Dementia Support Australia recommendations for individual consumers were not available to staff or included in behaviour support plans.
* The assessment team report described instances where clinical deterioration was not identified, investigated or escalated. Care planning documentation and staff interviews identified that clinical oversight was not occurring.
* For one named consumer, the assessment team report identified and described specific examples of personal care, continence needs, and hygiene needs not being provided.
* Diabetic management was not consistently occurring in line with individual consumer requirements.
* Care documentation did not consistently demonstrate consumer wound care was attended to or documented. Consumers/representatives expressed dissatisfaction with clinical and wound care provided to consumers.
* For one named consumer prescribed antibiotics, medical officer instructions were not followed to monitor the consumer's temperature for clinical management of their condition.
* Not all consumers had appropriate authorisation for the applied environmental restraint.
* Clinical indicator data demonstrated an increase in consumer falls, skin tears and medication incidents.

During the assessment contact, Management provided the following information:

* The service is undergoing a transition with the change of key leadership positions and recruitment of a significant number of staff in the previous 6 weeks.
* A clinical care manager was recruited and commenced prior to the assessment contact and recruitment is underway for an additional clinical care manager.
* The organisation had identified an increase in complaints and incidents reported to the Serious Incident Response Scheme in September and October 2023. In response to this increase, the Organisation provided the service with additional support and performance review of some staff.
* The medical officer for 84 consumers unexpectedly ceased providing services in the 2 weeks preceding the assessment contact.
* The Service has commenced the engagement of alternate medical officers, engaged a nurse practitioner and are utilising the services of after-hours medical officers in the interim for acute incidents and deterioration of consumer condition.

The Approved Provider gave assurances of immediate actions implemented to ensure the safety and wellbeing of consumers via telephone and written communication. The Approved Provider, in their response, acknowledged deficiencies in the provision of care and committed to urgent remedial actions. The response submitted on 29 December included a comprehensive Plan for Continuous Improvement for the service which details actions commenced and those yet to be implemented. I note that this plan is inclusive of evaluation and planned for completion by 30 June 2024. The response also has committed to executive oversight and presence at the service to ensure appropriate and timely progress on the improvement plan.

Actions commenced and committed to relevant to this requirement include:

* Commenced a review of the clinical handover process to ensure effectiveness and implemented a process for a 24-hour, 7-day per week Nurse on Call program to review progress notes and to support the timely review, management and escalation of incidents.
* Commenced clinical care plan reviews for consumers, including diabetic management, continence care needs, falls and behaviour support plans.
* Conducted consumer weight assessments and referrals to allied health professionals as required. Scheduled education for staff by a Dietician to occur in January 2024.
* Education to staff on a range of topics, including in relation to weight management, diabetic management, customer service, oral and clinical care, deterioration, restrictive practise and medication management.
* On the floor monitoring/auditing of clinical care, including continence care, behaviour management, nutrition/hydration, weight management, restrictive practices, medication management and personal hygiene by the Clinical Leadership Team.
* Seeking feedback from consumers/representatives. The service has appointed a customer liaison officer and held a consumer Forum on 19 December 2023 to provide an opportunity for consumers/representatives to raise concerns directly with senior management.
* Allocation of a coach and mentor for staff within the memory support unit.
* Improved meeting structure to ensure high risk care needs are discussed, actions developed and implemented with ongoing evaluations.
* Increased senior Management presence at the service to improve clinical oversight.
* Implemented ongoing targeted actions, education and oversight of wound care with all current wound management being reviewed for effectiveness.
* Planned workshops by Dementia Support Australia.
* Clinical review of clinical indicators with additional oversight and support from senior/executive specialist staff.
* Regarding the departure of a Medical Officer at the service, the service has engaged alternate medical officers and a Nurse practitioner to support consumers at the service.

I acknowledge the approved provider’s immediate responsiveness and commitment to improving the quality of care and services. However, due to the number and nature of the deficiencies identified, I consider the planned improvements will take time to be implemented, embedded and evaluated for effectiveness. Therefore, it is my decision that this requirement is Non-Compliant.

# 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. | Not Compliant |

Findings

An assessment contact was conducted at the service 12 to 13 December 2023. The Assessment Contact–Site report identified deficiencies related to the service being unable to demonstrate a service environment that is safe, clean or well maintained.

Most consumers/representatives reported the level of cleaning services and maintenance of the service and equipment was not adequate. Describing malodour and bird droppings within the service.

The Assessment Team observed, and the assessment team report brought forward several hazards and areas of the service to be poorly maintained, unclean, medication trolleys left unattended and unlocked and consumers smoking on balconies, and outside of the designated smoking areas.

Whilst the service has a cleaning schedule, there was no demonstratable quality control or audit processes in place to ensure a satisfactory level of cleaning is maintained. The service has a furniture and fittings replacement and painting program.

The Approved Provider, in their response, acknowledged gaps under this requirement and provided a comprehensive Plan for Continuous Improvement for the service which details targeted actions commenced to remediate issues raised and those yet to be implemented.

Actions commenced and committed to relevant to this requirement include:

* Engage with an external provider to complete a deep clean of common areas of the Service, including outdoor furniture and patios.
* Implementation of a periodic cleaning schedule and audit process.
* Training to be provided to cleaning staff by Cleaning Supervisor.
* An environmental checklist has been developed for Senior staff to conduct twice daily monitoring. Medication trolleys have been locked, and monitoring occurring as part of the environmental checklist process.
* Maintenance of outdoor areas and rectification plans developed.
* Investigate and implement strategies to remove/decrease the presence of birds at the Service.
* Measures taken to identify the cause of odours, with additional measures implemented to reduce and monitor odours within the Service.

The response also addressed the incidents of consumers smoking near their rooms, advising that the practice of consumers smoking on balconies and outside of designated smoking areas has immediately ceased with ongoing management and monitoring to ensure compliance. A process is under development with legal support engaged to communicate with individual consumers regarding adhering to the smoking policy. Staff have access to pathways and escalation mechanisms to manage consumers identified as not complying with the smoking requirements.

I acknowledge the approved provider’s commitment to improve the quality of care and services, however, the issues raised, specifically consumers smoking on balconies pose a risk to safety at the service and the planned improvements will take time to be implemented and embedded. Therefore, it is my decision that this requirement is Non-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

An assessment contact was conducted at the service on 12 to 13 December 2023. The Assessment Contact–Site report identified the service is unable to demonstrate there are effective policies, processes and systems in place to ensure an appropriate mix of skilled staff is planned and deployed to deliver quality care and services to consumers.

Most consumers/representatives interviewed described ineffective communication, staff as being rushed, not responsive to requests for assistance from consumers/representatives and not delivering the recommended clinical care for consumers.

Staff raised concerns regarding staffing levels, skill mix and access to information to guide staff in responding to the individual clinical and personal care needs of consumers. Most staff were recently employed at the service and did not demonstrate consistent knowledge of consumers’ care needs.

The assessment team report identified unfilled shifts however the roster allocations process was unclear. Management reported that the service is undergoing a transition with a change to key leadership positions and recruitment of a significant number of staff recently.

A clinical care manager was recruited and commenced prior to the assessment contact and recruitment is underway for an additional clinical care manager.

The organisation had identified an increase in complaints and incidents reported to the Serious Incident Response Scheme in September and October 2023. In response to this increase, the regional management team provided the service with additional support and performance review of some staff.

The Approved Provider gave assurances of immediate actions implemented to ensure the safety and wellbeing of consumers via telephone and written communication on 15 December 2023, 19 December 2023 and by a further formal response (to the assessment team findings) submitted 29 December 2023.

The Approved Provider, in their response, acknowledged gaps under this requirement citing the service had identified concerns internally prior to the assessment contact and had commenced remedial actions, and, the response included a comprehensive Plan for Continuous Improvement for the service which details targeted remedial actions relevant to this requirement including:

* Development of a detailed resourcing plan to ensure senior Management presence at the service and to ensure the remediation actions of the plan for continuous improvement are implemented as planned.
* A Nurse Practitioner commenced at the service on 20 December 2023.
* Commencement of a roster review to ensure the number, skills mix, and knowledge of staff provides effective delivery and management of safe quality care and services.
* Commenced the development of a training plan to develop, monitor and evaluate the skills and knowledge of staff.
* Updated meeting structure and agendas.

I acknowledge the approved provider’s immediate responsiveness and commitment to improve the quality of care and services, however, I have considered that the planned improvements will take time to be implemented, embedded and evaluated for effectiveness. Therefore, it is my decision that this requirement is Non-Compliant.

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