Performance

Report

**1800 951 822**

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| Name of service: | TriCare Bundaberg Aged Care Residence |
| Service address: | 12 FE Walker Street BUNDABERG QLD 4670 |
| Commission ID: | 5936 |
| Approved provider: | TriCare Bundaberg Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May to 24 May 2023 |
| Performance report date: | 19 June 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 TriCare Bundaberg Aged Care Residence (**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 09 June 2023
* the performance report dated 16 December 2022 for a Site Audit conducted 15 November 2022 to 17 November 2022
* information about the service held by the Aged Care Quality and Safety 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 7** Human resources | **Non-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.

* The service is required to ensure 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 service is required to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that optimises their health and well-being. Areas for improvement include pain management and aspects of behaviour management such as the use of non-pharmacological interventions prior to the administration of ‘as required’ medication as a chemical restraint.
* The service is required to ensure 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.
* The service is required to ensure services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment and to do the things of interest to them.
* The service is required to ensure 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.

# 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Following a Site Audit conducted 15-17 November 2022 the service was found Non-compliant in Requirements 1(3)(a) and 1(3)(f). Deficiencies related to the way some staff spoke to consumers, managed consumers’ personal information and respected consumers’ privacy.

The Assessment Contact conducted 23-24 May 2023 found that the service has taken action to improve its performance under Standard 1. Actions included:

* management reminded staff of their responsibilities in relation to respecting and maintaining the privacy and confidentiality of consumers’ information,
* information relating to consumers’ hygiene preferences was removed from communal bathrooms and stored in the electronic care management system,
* training records demonstrated that some staff had completed a respect and dignity module.

Consumers and representatives were satisfied their care documentation and related information was kept confidential and that their privacy was respected. Consumers confirmed their preferences for female staff was respected and care was provided in a discreet manner. Consumers and representatives reported that their personal and private space was respected by staff. One consumer reported improved outcomes saying staff now knocked and sought permission prior to entering their room.

Staff demonstrated an understanding of consumers’ preferences in relation to their privacy and how to promote consumers’ privacy while providing personal care. The Assessment Team observed staff knocking on consumers’ doors and waiting for permission to enter the consumers’ rooms. Staff discussed consumers and their needs in private areas and ensured consumer information was secure.

I am satisfied consumers’ privacy is respected and their personal information is kept confidential; I find Requirement 1(3)(f) is Compliant.

The Assessment Team’s report includes information that a small number of consumers provided negative feedback about the service. The Assessment Team’s report states one consumer felt anxious following a discussion with staff and one consumer was dissatisfied with their ability to access the community. One representative raised a concern about malodour in the service which was also observed by the Assessment Team. Additionally, one consumer reported concerns about aspects of personal care and this has been considered under Standard 2.

The approved provider refuted the Assessment Team’s findings and its response to the Assessment Team’s report included additional information that provided context and clarification. Documentation submitted as an element of the response included specialist reports, progress notes, medication charts, assessments, care plans, clinical charting, continuous improvement plan and staff training records.

Information that was submitted by the approved provider has persuaded me that overall consumers are treated with dignity and respect and this was evident in records of communications with consumers. With respect to malodour, the approved provider submitted evidence that the service was experiencing some plumbing concerns at the time of the Assessment Contact and that a plumber was in attendance. The service has however committed to maintaining an odour free environment and has revised the continuous improvement plan in response to this.

While the approved provider acknowledged that some staff are yet to complete the respect and dignity training module, it stated that new staff are completing it on commencement of employment as an element of their orientation. Additionally, management staff have developed a training session on dignity and choice using resources from the Aged Care Quality and Safety Commission. A schedule has been developed and the education is being rolled out to staff with a goal to capture all staff by the end of June 2023. Training records submitted by the approved provider demonstrate education relating to Standard 1 is being provided and that staff attendance is monitored.

I have considered information brought forward under Requirements 1(3)a and 1(3)(f) and the additional information submitted in the approved provider’s response and am satisfied consumers are treated with dignity and respect and that Requirement 1(3)(a) is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Non-compliant |

Findings

Following a Site Audit conducted 15-17 November 2022 the service was found Non-compliant in Requirement 2(3)(a). Deficiencies related to failure of the service to effectively undertake assessment and care planning particularly for consumers receiving short term care and failed to consider risks associated with pain management following changes to the pain management program.

The Assessment Contact conducted 23-24 May 2023 brought forward deficiencies relating to assessment and care planning. Deficiencies included care plans being overdue. For one consumer, their care plan did not reflect recommended strategies following review by a dementia advisory service. For a second consumer, their care plan did not reflect changes to their appetite; the representative voiced concern that the consumer’s appetite has diminished and that they had lost weight.

The approved provider in its response to the Assessment Team’s report did not accept the Assessment Team’s findings that the service had failed to include recommendations from a dementia advisory service in a consumer’s care plan. Evidence was provided that the report from the dementia advisory service was received on the day prior to the Assessment Contact. Additionally, the report from the dementia advisory service states they are waiting for further information from the consumer’s family. The approved provider states it is unreasonable to expect this information would be included in the consumer’s care plan so soon after receipt of the report. I accept this and note the care plan has now been updated. However, I note that the Assessment Team’s report and the report from the dementia advisory service does raise concerns relating to the consumer’s pain management with the dementia advisory service suggesting that an observation based pain assessment should be conducted given the consumer was demonstrating many non-verbal signs of pain. I note the approved provider acknowledged that documentation associated with pain management for this consumer was incomplete and has commenced addressing this.

With respect to the consumer with a change in appetite, the approved provider states a referral has been made to a dietitian, the care plan has been updated and a case conference with the family has been scheduled.

For those consumers who have assessments and care plans that require updating; the approved provider has committed to having these completed by 31 July 2023. The continuous improvement plan that was submitted identified that a significant number of care plans were overdue and states that a schedule has been created to support this process and that key personnel were provided with training on how to use the care plan review tracking tool.

While I note the service has taken action to address the deficiencies identified with assessment and care planning following the Assessment Contact, I am concerned that deficits in this area have existed since the Site Audit that was conducted in November 2022. Recent improvements will need to be evaluated for effectiveness on an ongoing basis to ensure that assessment and care planning informs the delivery of safe and effective care.

For the reasons detailed above, I find Requirement 2(3)(a) 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. | Non-compliant |
| 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. | Non-compliant |

Findings

Following a Site Audit conducted 15-17 November 2022 the service was found Non-compliant in Requirements 3(3)(a) and 3(3)(d). Deficiencies specifically related to how the service managed consumers’ pain including following changes to the pain management program.

The Assessment Contact conducted 23-24 May 2023 found ongoing deficiencies in pain management. For some consumers, pain management was not tailored to their needs and did not optimise their health and well-being. For example:

* A representative for a consumer with cognitive impairment and a degenerative disease that causes pain, raised concerns with the Assessment Team about pain management and said they had observed the consumer demonstrating non-verbal signs of pain on a number of occasions in recent times. The consumer’s care documentation demonstrated the consumer was prescribed regular pain medication however a non-verbal pain assessment tool had not been completed and the effectiveness of analgesia was not monitored to determine the effectiveness of the consumer’s pain management. The consumer was referred to a dementia advisory service and their report was included in the approved provider’s response. The report notes the consumer’s pain related history and states the consumer has been demonstrating many non-verbal signs of pain. The report recommended that a pain assessment be completed twice each shift to ensure the consumer’s comfort. The approved provider in its response acknowledges that that the documentation associated with the consumer’s pain management, including monitoring of their pain was incomplete. To address this, reassessment and review of the consumer’s pain was commenced, contact made with the medical officer and a case conference with the family scheduled; evidence of actions taken in relation to this consumer were included in the response. Information in the Assessment Team’s report, the report from the dementia advisory service and feedback from the consumer’s representative raise concerns about the effectiveness of the consumer’s pain management.
* A consumer with a history of pain was reviewed by the physiotherapist and their pain management program was to include daily massage and heat packs. The consumer advised they were not receiving these pain management interventions. Staff who provided care to the consumer were not aware of the consumer’s pain management requirements and said they did not provide the consumer with heat packs or massage. Management staff were not aware the consumer was not receiving pain management in accordance with their identified needs. The approved provider in its response acknowledged that clinical oversight and monitoring was not appropriate and stated strategies are being implemented to ensure staff provide care in accordance with consumers’ assessed needs.

The approved provider’s response includes a revised continuous improvement plan to address pain management; actions include:

* a memorandum has been distributed to clinical and care staff outlining organisational expectations regarding the use of non-pharmacological pain management interventions, the use of heat/cold packs, repositioning and massage, administration of analgesia, and associated documentation and evaluation processes,
* daily review of clinical documentation by senior clinical staff to ensure care delivery is aligned with planned care,
* a reference list has been developed for consumers assessed as suitable for heat packs, and
* clinical review meetings are being recommenced on a weekly basis to improve clinical oversight; senior staff from the organisation will support these discussions and mentor key personnel including those who are new to their role.

The Assessment Team’s report included deficiencies relating to the management of restrictive practices. The Assessment Team’s report states some consumers who were receiving chemical restraint did not have a behaviour support plan in place, some authorisations and consents were not current and generic strategies were included in behaviour support plans. For those consumers receiving a chemical restraint as an ‘as required’ medication, documentation did not demonstrate strategies and interventions used prior to the administration of the medication. The approved provider refuted aspects of the Assessment Team’s findings and provided additional contextual and clarifying information in relation to the number of consumers who were prescribed a chemical restraint, the existence of behaviour support plans for those consumers and authorisation and consent processes. Documentation submitted as an element of the response included progress notes, geriatrician reports, medication charts, and restrictive practice authorisations. I accept the approved provider’s assertion that consumers with chemical restraint had behaviour support plans in place and that for the most part authorisations and consent processes were effective. The approved provider acknowledges that there was an occasion when a consumer’s authorisation was outside policy; additionally for some consumers who were prescribed ‘as required medications’, their medications have now been ceased.

With respect to behaviour support plans and generic information, the service has updated behaviour support plans to ensure they are more personalised and evidence of this was provided. In relation to the inconsistent documentation of non-pharmacological interventions trialled prior to the administration of a chemical restraint, the service has revised their continuous improvement plan. Strategies to improve performance in this area include the provision of education to all staff who administer medication, discussion at staff meetings and messaging to clinical staff.

For the reasons detailed above, I am satisfied consumers were not receiving care that was tailored to their needs and optimised their health and well-being, specifically in relation to pain management and aspects of behaviour management including the use of non-pharmacological interventions prior to the administration of ‘as required’ medication as a chemical restraint. I find Requirement 3(3)(a) is Non-compliant.

Information brought forward under Requirement 3(3)(d) and other requirements within the Assessment Team’s report raise a concern about the service’s effectiveness at identifying and responding to changes in a consumer’s condition in a timely manner.

Representatives raised concerns about the responsiveness of the service to changes in the consumer’s condition. For example:

* One representative stated the consumer had experienced an extended period of diminished appetite and weight loss; the Assessment Team identified the consumer had not been referred to a dietitian. The approved provider’s response stated the consumer has now been referred to a dietitian and that a re-assessment of the consumer’s dietary needs and care plan has commenced.
* A second representative raised concerns about the consumer’s deterioration, including the management of the consumer’s pain and weight loss which had been identified over a period of time. While the consumer’s representative said the consumer’s behaviours were consistent with them experiencing pain, a pain assessment had not been completed and pain charting was not occurring. The approved provider included information in its response that demonstrates the consumer was displaying many non-verbal signs of pain and recommendations were made by a dementia advisory service that regular observation based pain assessments needed to be conducted and pain management interventions implemented to ensure the consumer’s comfort. The weight of this information relating to the consumer’s pain management has been considered under Requirement 3(3)(a). However, with respect to the consumer’s weight loss, the approved provider submitted evidence of monthly review by a dietitian over a three month period. Strategies recommended by the dietitian over the three month period including large desserts, snacks and encouragement with eating were not included in the consumer’s care plan at the time of the Assessment Contact. Additionally, I note that in March 2023, the dietitian recommended the consumer commence a high protein supplement however at the review the following month in April 2023 the dietitian report notes that the supplement had not been charted or recorded and queries whether it had been given. The consumer had experienced further weight loss at this time.
* The Assessment Team’s report states the service’s continuous improvement plan included an action relating to staff training in the management of clinical deterioration; this action was documented as closed in February 2023. The Assessment Team’s report includes information that the majority of registered nurses had not completed the training. Management advised the Assessment Team that some staff said they do not have time to consider changes to a consumer’s condition by using the appropriate assessment tools.

While the approved provider requests that the information brought forward under Requirement 3(3)(d) is considered as an element of the decision relating to Requirements 2(3)(a) and 3(3)(a), I am satisfied that changes in a consumer’s condition are not being identified and responded to in a timely manner. Deficiencies were identified in this requirement following the Site Audit conducted 15-17 November 2022; actions included in the continuous improvement plan were not fully implemented and deficits continue. For the reasons detailed, I find Requirement 3(3)(d) is Non-compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-compliant |

Findings

A large number of consumers and representatives raised concerns about lack of activities for consumers both within and outside the service. Consumer and representative feedback included comments that consumers were bored, have little to do and that no regular activities were being provided. Feedback was received that the service no longer supported consumers to access the community to undertake shopping.

The Assessment Team’s report states management staff advised they have reduced lifestyle staff hours and that key lifestyle staff were on leave for an extended period of time; during the period of leave a plan for the continuation of activities had not been implemented. The approved provider responded that lifestyle hours have not been reduced and that a plan for continuation of activities was in place. The approved provided confirmed that a number of factors impacted the delivery of the lifestyle program including changes in key personnel, staff illness, and a COVID-19 outbreak.

The approved provider’s response included information that consumers who were not positive for COVID-19 could leave the service and interact with other consumers. It said consumers could play board games, do craft, and watch movies and that outside activities were offered. The response included photographs of communal areas and the availability of board games and documented evidence of visits from the Community Visitors Scheme was provided. The response states staff are provided with information to guide them in facilitating consumer activities and that the service engages entertainers. Monthly pet therapy occurs and church services are conducted.

The approved provider states that consumer shopping trips had been suspended during the outbreak and that during this time staff continued to provide a shopping service for consumers by taking orders and making purchases. The approved provider states that with improvements to personal care staffing, external shopping trips are being planned and will recommence when the service can allocate sufficient staff to accompany consumers on each shopping trip. Further, the service is investigating an option to run a weekly shopping cart or store onsite and is also exploring how consumers can be assisted to undertake online shopping.

While I acknowledge that the service has activities available, I am satisfied that consumers did not feel that they were engaged in activities both within and outside the community that were of interest to them. There was significant negative feedback provided by consumers and representatives in relation to this aspect of consumers’ care and services. For the reasons detailed, I find 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. | Non-compliant |

Findings

Following a Site Audit conducted 15-17 November 2022 the service was found Non-compliant in Requirement 7(3)(a). Deficiencies related to failure of the service to effectively manage the workforce to deliver safe, quality care to consumers.

The Assessment Contact conducted 23-24 May 2023 found information brought forward under Requirement 7(3)(a) and other requirements identified that care and services continue to be impacted by staffing. Overall, the Assessment Team found consumers were dissatisfied with staffing levels at the service and staff reported that they felt rushed and that insufficient staffing impacted care delivery.

Consumers provided feedback that they had to wait for staff to assist them with one consumer saying this impacted their comfort while they wait to return to bed. Two other consumers reported that staff were busy with one of the consumers saying they did not like to ask for a heat pack because they felt staff were too busy.

A large number of consumers and representatives voiced dissatisfaction with the lifestyle program with consumers reporting being bored, and that there were not able to participate in activities of interest. The Assessment Team’s report includes information that there had been a reduction in lifestyle hours and that this impacted delivery of the program. Staff raised concerns about the lifestyle program available to consumers and said this had been impacted by staff leave.

Staff reported they had observed that on occasion care is not delivered and that this is associated with insufficient staffing. Staff provided an example of a consumer who had not consistently received timely continence care and said this had impacted the consumer’s skin integrity.

Staff reported that they do not always have time to undertake a review of the consumer when there is a change in their health to determine if the consumer is in pain or if there has been a deterioration in the consumer’s health. Management staff confirmed that some staff state they do not have time to undertake the required assessments when there is a possible change to a consumer’s condition.

The Assessment Team observed staff rushing when providing care and entering a consumer’s room without complying with sound infection control practices.

Meeting minutes raise concerns about staffing levels and care delivery and include measures the service is taking to address these concerns including recruitment, for example:

* Consumer meeting minutes for April 2023 stated that consumers reported waiting longer for their requests for assistance to be responded to. Management staff were documented as having said staff shortages were due to COVID-19 and that work was underway to ensure shifts were filled and care needs were met.
* The general staff meeting minutes for February 2023 referenced the service being short staffed and further stated that it was evident some consumers were not receiving cares despite it being documented as completed electronically. The minutes reflect that it is expected that cares continue to be delivered even though the service is short staffed.
* Registered staff meeting minutes for February 2023 and April 2023 advise the service has been ‘short on staff’.

Management and staff advised the Assessment Team that weekly clinical review meetings to discuss consumers’ care were not consistently occurring as planned and that this was due to staff shortages. The approved provider’s response states that these meetings were placed on hold due to unplanned staff leave and that the clinical review meetings have now been recommenced and that this will assist with clinical oversight.

Management said unallocated care staff hours at the service for April 2023 were 124 hours; they said the service has current advertisements for registered staff and care staff roles with interviews planned. Additionally, they said the service offers unallocated shifts and staff confirmed this.

The approved provider’s response includes the following information:

* The approved provider asserts that observations made by the Assessment Team that staff were rushing were subjective; I accept this, however, I note that consumers provided commentary that staff were seen to be busy and for one consumer they did not request assistance because of how busy staff appeared to be.
* Lifestyle hours had not been reduced and that staffing was impacted by a resignation, unexpected staff leave and COVID-19. The response states that activities were available and that there were opportunities for consumers to play board games, do craft, and watch movies, as well as being able to interact with other consumers (who were not unwell).
* Shopping trips were suspended while staffing was prioritised and allocated to address increased work demands associated with COVID-19. The service advises that with improvements to personal care staffing that external shopping trips for consumers are being planned and will recommence.
* The response confirms that consumer and staff meetings involved a discussion about staffing and the need to ensure consumer care was delivered; it said that the meetings were also used to discuss staff recruitment and retention strategies.
* A copy of the June 2023 activities calendar was included in the response and includes events such as exercise, bingo, craft, mens’ group and music concerts.
* The service submitted call bell response reports that demonstrated average calls were responded to between one and 16 minutes, the approved provider asserted that it aims to have all calls answered in less than 10 minutes and advised that for a period of time the service was experiencing an outbreak of COVID-19.
* The approved provider states the following action is being taken to enhance recruitment and retention of staff:
  + the organisation is engaging an overseas immigration agent for registered nurses and personal care staff
  + the organisation is engaging in a supply and service agreement with a workforce development and recruitment partner
  + offering existing staff available hours to ensure staff coverage
  + implemented a ‘refer a friend program’, which provides staff incentive payments for referring candidates that lead to successful appointments
  + ongoing advertising programs
  + implementation of a staff recognition program to promote retention
  + professional development scholarship program.

I have considered the information in the Assessment Team’s report and the information submitted by the approved provider in its response. I acknowledge the service is working to improve the recruitment and retention of staff; however, I am satisfied that there are ongoing deficiencies in relation to staffing and that this has impacted consumer care and services. I find that 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)