Blue Care Beenleigh Bethania Haven Aged Care Facility

Performance Report

67-71 Station Road   
BETHANIA QLD 4205  
Phone number: 07 3805 6600

**Commission ID:** 5182

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 3 February 2021

**Date of Performance Report:** 10 March 2021

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’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.

# STANDARD 2 COMPLIANT 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

Consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. They said staff discuss their care needs with them and were advised when care and services have been reviewed and updated. Consumers and representatives stated that they feel confident accessing care plan information.

Assessments were completed on entry to the service and identified consumers’ goals, needs and preferences. Risks were identified as part of assessment and care planning processes and were reviewed every three months or when consumers’ needs changed. Consumers’ end of life care wishes were documented and reviewed as part of care plan review processes or when required.

Clinical records evidenced referrals and input from Medical officers and a range of allied health and other health professionals required to support consumer care. Care planning documents and progress notes established that staff identified and responded to a deterioration or changes in consumer’s conditions and health status. The care and service plans included information on pain management, skin integrity, behaviour management, nutrition and hydration, mobility, lifestyle preferences and communication.

Staff demonstrated knowledge regarding consumer’s needs and preferences and described how they were informed of changes in consumers’ care needs. Initial assessments were completed by Registered nurses and a Clinical coordinator supervised clinical care delivery and provided clinical staff with additional support. Staff described care and service review processes to ensure care received was effective. Staff were aware of incident reporting processes relevant to their role and scop of practice. Registered staff advised and care documentation confirmed they contact representatives when a change in care needs for consumers occurred.

Staff were guided by policies and procedures relating to palliative care and advance care planning. Management advised the service attempted to discuss end of life wishes with consumers and their representatives on or before entry to the service and when deterioration in a consumer’s condition was identified.

Clinical incidents were recorded and contribute to a suite of monthly clinical indicators and which were reported on at an organisational level.

A suite of evidence-based assessment tools were available for staff to use and were supported by policies and procedures to guide staff practice.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### 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.*

### 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.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### 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.*

# STANDARD 3 COMPLIANT 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

Consumers and representatives stated that they received personal and clinical care that is safe and right for them. They said they received the care they needed and had access to a Medical officer or other health professional when required.

Care planning documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers. Registered and care staff described the individual needs and preferences of consumers and how these were managed in line with care plan information. Staff reported they received relevant training that assisted them to deliver safe and effective care to consumers. Management advised the service’s electronic care management system was monitored each day by the Clinical coordinator to ensure care delivered is safe and effective and to monitor clinical issues that may need further intervention.

The service had policies and procedures for key areas of care in line with best practice, including restraint, skin integrity and pain management.

Restraint authorisations and risk assessments for consumers subjected to physical and chemical restraints were current and included input from the consumer’s Medical officer, Registered nurses and consumers and their representatives. Management advised they were in the process of implementing guidelines to assist in the reducing the number of physical restraints in use at the service. They said they were in the process of transferring information recorded regarding physical and chemical restraint into the self-assessment tool from the Commission, to ensure the recording of restraint information is more comprehensive.

The organisation had skin integrity and wound care policies to guide staff in delivery of care to consumers. The service collated and analysed skin incident data related to pressure injuries and wounds which is then compared to other services within the organisation.

The organisation had guidelines regarding pain management including the assessment and management of pain. Care staff described how they recognised and escalated pain identified in consumers who were unable to verbalise, which included the monitoring of facial expressions.

Care documentation including progress notes reflected the identification of, and response to deterioration or changes in a consumers’ condition. The Assessment Team identified care planning documentation included information regarding consumers’ end of life wishes and the effective management of high impact or high prevalence risks which included falls, pain, pressure injuries and nutrition and hydration. The service used an end of life pathway for consumers in the end stage of life to guide care delivery and ensured consumer’s comfort, symptoms, privacy and dignity, choice and individuality were managed and maintained.

The Assessment Team identified care documentation included the communication of information with all those involved in the delivery of care for consumers. Registered staff described how consumer’s representatives and other providers of care are notified when consumers experienced a clinical incident, a change in condition or when transferred to or return from hospital.

Registered staff described referral processes to other providers of care including the Medical officer, physiotherapist, podiatrist, dietician, speech pathologist and dementia support services. The Assessment Team observed an allied health provider at the service who interacted with staff and consumers.

The organisation had policies and procedures related to infection control and antibiotic management. Staff demonstrated understanding regarding the minimisation and appropriate use of antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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.*

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

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

### 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.*

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

*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.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.