Blue Care Bundaberg Riverlea Aged Care Facility

Performance Report

1 River Terrace   
BUNDABERG QLD 4670  
Phone number: 07 4154 0600

**Commission ID:** 5865

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

**Assessment Contact - Site date:** 25 November 2020 to 26 November 2020

**Date of Performance Report:** 8 January 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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
* the provider’s response to the Assessment Contact - Site report received 5 and 6 January 2021, and
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# 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 their representatives advised they are involved in assessment and care planning and are able to access a copy of their care plan if they wish. Consumers and representatives said they are consulted when there is a change in the consumer’s condition to discuss any impact or change to care and services.

The Assessment Team reviewed care planning documentation and confirmed that assessments are completed on entry to the service, at three monthly intervals and when there is a change in a consumer’s condition. Care plans included strategies to minimise risk associated with the care of the consumer and the involvement of consumers, representatives, nursing staff, medical officers and allied health professionals was evident.

Staff described how the consumer and their representatives are involved in assessment and care planning processes through discussions and case conferences. Details about how to care for consumers is communicated through verbal and written handover information, communication books and care planning documentation. Staff said they seek guidance from registered nursing staff if they have queries about how to care for a consumer.

Staff were aware of incident reporting processes and how an incident or change in a consumer’s condition can trigger a re-assessment. The Assessment Team found examples in care planning documentation of when a re-assessment had occurred, for example following a fall, return from hospital, post infection or when a consumer experienced difficulty with swallowing.

The service has organisational policies and work instructions to guide staff in assessment, care planning, case conference and referral processes. A schedule to review assessments and care plans and conduct case conferences is maintained by senior nursing staff. Clinical indicators are monitored, and incidents are investigated as necessary; evaluation of risk management interventions are included as an element of this process.

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 NON-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 advised the Assessment Team that they receive personal and clinical care that is safe and right for them and were satisfied with the way staff respond when they experience a change in their condition. They said that they have access to medical officers, and other health professionals including a physiotherapist, dietitian, podiatrist, speech pathologist and wound care specialists. They explained how staff discuss the care they provide and felt staff personalised care delivery to meet their needs and preferences, including end of life preferences.

Staff generally demonstrated a sound understanding of consumers’ care needs and were familiar with the risks associated with the care of consumers including for example falls risks, swallowing impairment, poor skin integrity and pressure wounds. Staff could describe how they provide comfort care for those consumers who are approaching the end of life. Registered nurses are available 24 hours per day to support care staff and provide clinical care.

The service has organisational policies, clinical pathways and work instructions relating to clinical and personal care delivery; these are available for staff to access and guide their practice. Monitoring mechanisms include consumer and representative feedback, case conferences, care plan reviews, audits, analysis of clinical indicators and clinical oversight by senior registered nursing staff.

There are practices and processes in place to minimise infection related risks. Staff receive education and training, policies and procedures relating to infection control are in place, and an outbreak management plan includes strategies specific to a potential outbreak of COVID-19. While the Assessment Team identified some deficiencies in relation to infection control precautions the approved provider’s response has addressed these concerns, action has been taken where appropriate and I am satisfied that the deficiencies identified have been rectified.

The service however did not demonstrate effective processes for the management of restraint at the time of the Assessment Contact and as a result I have found Requirement 3(3)(a) Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Consumers and their representatives provided positive feedback about the care and services they receive. They provided examples of receiving pain medication when experiencing discomfort, liaising with staff about any concerns they may have and said that overall staff knew their needs and provided care accordingly.

The Assessment Team reviewed care planning documentation for consumers who had experienced recent surgery, had complex wounds or pain and found that registered nurses were monitoring care delivery, wounds were being managed in accordance with care directives and pain management practices were in place.

Staff generally demonstrated knowledge about consumers’ care needs and described the ways they identify and share information about consumers including through discussions with them, shift handovers and accessing care plans. Management staff described how they monitor care delivery through reviewing progress notes and care plans, seeking feedback from consumers and representatives, undertaking audits and through analysis of clinical indicators.

However, processes to support the management of restraint were not clearly understood at the time of the Assessment Contact resulting in some consumers being restrained without the required authorisations being in place. I note too that for a small number of consumers displaying complex behaviours, who were prescribed chemical restraint, that referral to dementia advisory services were not timely.

I note the approved provider has taken action to address the deficiencies identified relating to restraint management. This includes:

* A review of all consumers subject to restraint has been conducted and where necessary consultation with the authorised decision makers and medical officer has been completed and authorisations signed.
* Referrals have been made to dementia advisory services for additional specialist advice, where appropriate.
* Staff have received further training and education relating to restraint minimisation and the management of restraint, including completion of the associated documentation.
* A user guide and flowchart relating to restraint management has been developed and is accessible to staff.
* Increased monitoring of restraint authorisations is occurring with oversight by senior clinical staff.
* Admission processes and resident of the day documentation has been revised to include additional information that will prompt the timely completion of restraint authorisations if this is required.

While I acknowledge the actions taken by the approved provider, at the time of the Assessment Contact, staff did not have a shared understanding of practices relating to the management of restraint that optimised consumers’ health and well-being. For the reasons detailed, this requirement is Non-compliant.

### 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.*

Staff said they have received education in infection control and that this is provided during orientation and on an ongoing basis forming an element of the mandatory education program. Care staff said they provide increased fluids for consumers in hot weather, are aware of consumers prone to urinary tract infections, use personal protective equipment in their care delivery and report changes in consumers’ health and well-being to the registered nurse. Registered staff provided examples of how they minimise infection related risks through hand hygiene, the use of personal protective equipment, maintaining consumers’ hydration, monitoring consumers for signs of infection, and isolating those consumers who present with a possible infectious illness.

Staff have access to policies and procedures relating to infection control, including anti-microbial stewardship. A staff and consumer vaccination program is in place.

The Assessment Team identified some deficiencies in relation to the service’s planning and preparedness for a potential outbreak of COVID 19. The service’s outbreak management plan did not include details to guide staff in relation to accessing key contacts for example medical officers, stockists for personal protective equipment, surge workforce and clinical waste contractors. The approved provider states that staff had an understanding of where to locate this information at the time of the Assessment Contact and that this information has now been included in the outbreak management plan.

The Assessment Team observed an instance of poor staff practice relating to cleaning, and social distancing was not being maintained by staff in the nurses’ stations. Further to this, stored equipment was observed to be soiled.

I note the approved provider in its response states that staff have been advised of correct cleaning procedures and education has been provided. Staff have been reminded of the requirement to practice social distancing and adherence to this is being monitored by registered nurses. The approved provider states that unclean equipment observed by the Assessment Team is in storage and is not currently in use; staff have however been reminded of the need to ensure equipment is cleaned regularly whilst in storage and prior to being given to a consumer.

I have also considered information collected by the Assessment Team in the Infection Control Monitoring Checklist which identifies that:

* an outbreak management plan was in place and has been practiced,
* visitors to the service and consumers were being screened,
* pro-active testing of consumers and staff occurs where necessary,
* personal protective equipment was available and was being worn appropriately,
* handwashing techniques being used by staff and visitors were appropriate,
* a process was established for the orientation, induction and training in personal protective equipment and infection control for the workforce, including for surge workforce,
* signage was evident throughout the service.

Based on the information in the Assessment Contact Report, the Infection Control Monitoring Checklist and the Approved Provider’s response, I am satisfied 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.

* Each consumer gets safe and effective personal and clinical care that optimises their health and well-being including in relation to restraint management.