Blue Care Capricorn Aged Care Facility

Performance Report

26 Magpie Avenue   
YEPPOON QLD 4703  
Phone number: 07 4925 1500

**Commission ID:** 5501

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

**Assessment Contact - Site date:** 16 December 2020

**Date of Performance Report:** 12 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 6 January 2021
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 3 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard has not been provided.

### Assessment of Standard 3 Requirements

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

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

Consumers spoke positively of the way staff attended their care needs and provided examples of how staff supported them in relation to their pain management and complex specialised nursing care.

The Assessment Team reviewed care plans for consumers who experienced risks associated with their care; this included consumers who were prone to falls, experienced pain, had poor skin integrity, required wound care, and those who had compromised nutrition and hydration. In most instances the service had identified risks and implemented effective strategies to minimise risks associated with the consumer’s care. Wound care was being attended and medical officers reviewed wound healing and considered associated pain.

For a small number of consumers who required weekly monitoring of blood glucose levels, the Assessment Team found this was not consistently occurring. The approved provider in its response advised that it has strengthened the processes that relate to blood glucose monitoring and provided refresher education to clinical staff. I note the Assessment Team did not identify any negative impact for these consumers and am confident the actions taken have rectified this situation. Further, following the Assessment Contact, the approved provider also reviewed wound care documentation to enhance clarity and promote consistency.

For consumers with pain, care planning documentation included the implementation of non-pharmacological pain management strategies such as therapeutic massage, heat packs, repositioning and compression garments. Those consumers who are at risk of falls have detailed manual handling instructions, access to mobility aids and sensor beams are used to alert staff when assistance may be required. Where swallowing difficulties exist, individual requirements relating to food consistency and size/type of meal were outlined in care planning documentation. Where appropriate consumers are referred to allied health specialists; the Assessment Team evidenced referral to a speech pathologist and a physiotherapist.

Staff could describe strategies they use to minimise risks for individual consumers and described how they care for those consumers who required oxygen therapy, wound care, were prone to falls or had compromised skin integrity. For one consumer who has poor skin integrity staff explained how they provide regular pressure area care, promote the consumer’s hydration, reposition the consumer regularly, use an air mattress and undertake daily skin checks. The service also works with an organisational cluster falls management group.

Staff described how handover occurs at the beginning of each shift to identify consumers’ care needs and preferences including risks. Examples include identification and escalation of behaviours of concern falls risks, skin integrity issues, pain management and other changes in care needs.

Staff said they had recently received education relating to documentation, roles and responsibilities, and manual handling. A suite of policies and procedures guide staff practice.

The quality of care and service delivery is monitored by management who conduct a daily walk around of the service. Registered nurses document clinical incidents which are reviewed by the clinical management team, discussed at regular quality meetings and then used to inform continuous quality improvement.

For the reasons detailed, this requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard has not been provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Consumers and representatives generally said there are adequate staff to deliver the care and assistance consumers require and while a small number of representatives cited two isolated instances of delays in care or service delivery, the Assessment Team did not identify negative impact for the consumers. Consumers provided examples of how they use their call bell to request staff assistance with toileting or mobilising and said that overall staff attend to them promptly.

Care staff stated they have enough time to provide consumers with the assistance and care to meet their individual needs and preferences. They also confirmed that registered staff are available to provide clinical support when needed. Staff explained how skill mix is facilitated across shifts to ensure safe delivery of care. For example, staff are assigned to wings of the service and new care staff are paired with an experienced staff member for support.

Management and staff described how the service has reviewed its staffing numbers and roster allocation in line with acuity of consumers, the specific preferences of the consumer cohort and in response to any concerns raised by staff and consumers relating to staffing numbers. Additional staff have been recruited and the service’s recruitment drive is ongoing. Management advised staff absenteeism is being closely monitored and managed and as a result there has been a reduction in unplanned leave.

Staff reported the changes implemented have had a positive impact on the safe delivery of care as staff have more time to complete cares in line with the consumer directed care principles. They advised management meet regularly with staff to discuss the changes and seek feedback.

Review of rostering documentation demonstrated registered and care staff are consistently available and assigned to wings of the service. Where a shift is unable to be replaced due to staff leave the Assessment Team identified that other shifts had been extended. Review of clinical indicators from August 2020 identifies a downward trend for infections, falls and pressure injuries. Call bell audits reviewed identified the service is monitoring call bell response times, identifying responses outside of the acceptable parameters and following up with staff and consumers in response.

For the reasons detailed, this requirement is Compliant.

# 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.