Blue Care Gracemere Aged Care Facility

Performance Report

35 Conaghan Street
GRACEMERE QLD 4702
Phone number: (07) 4837 0500

**Commission ID:** 5435

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

**Assessment Contact - Site date:** 8 September 2020

**Date of Performance Report:** 14 October 2020

# 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** | **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 |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 Assessment Team’s Infection Control Monitoring checklist completed during the Assessment Contact
* the provider’s response to the Assessment Contact - Site report received 6 October 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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

Most consumers interviewed by the Assessment Team considered they received personal care and clinical care that was safe and right for them. Consumers advised staff knew their needs and preferences, provided care that was right for them and included other health professionals when necessary to maximise their wellbeing. Consumers confirmed they had access to medical officers and specialist health professionals when they needed it.

Staff described the high impact and high prevalence risks for consumers within the service. They were able to describe specific risks relative to individual consumers and the strategies they employed to minimise risk for those consumers. The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies are available to all staff on risks associated with care of consumers. Clinical incidents are recorded in the service’s electronic incident management system and clinical indicator data was reviewed monthly.

Education records indicated the service provided targeted education to support clinical care in line with best practice processes.

Management advised clinical care was reviewed for effectiveness through monitoring of progress notes, regular care plan reviews, clinical indicators, and through consumer and representative feedback.

Skin integrity guidelines and directives were available to staff and the service used air mattresses, repositioning, hygiene care, moisturisers and limb protectors to manage consumers’ skin integrity and minimise the likelihood of pressure injuries.

The management of pain was safe, effective and tailored to consumers’ needs and preferences.

Care documentation for the consumers reviewed by the Assessment Team provided adequate information to support effective and safe sharing of the consumer’s care needs and preferences, including their end of life needs and wishes. The documentation demonstrated that key risks were identified and any deterioration or change in a consumer’s condition or capacity was documented.

The service has policies and processes to guide staff providing palliative care and end of life care and to assist them to manage consumers whose health status was deteriorating. The service has registered nurse on-site 24 hours a day, and senior clinical staff can be contacted for advice and support. Staff have access to regular and after-hours medical officers. The service has hospital transfer processes for consumers who require assessment and treatment following a period of deterioration.

Staff described the process for referring consumers to health professionals and incorporating any directives or changes made by health professionals in to the provision of care. The Service Manager and registered staff review handover reports, progress notes and incident reports daily to identify any changes or deterioration in a consumer’s condition to appropriate follow-up.

The organisation has an outbreak management plan which included plans for notification and communication to key bodies, surge staff contingencies, transport for consumers to hospital if required and the identification of isolation areas. The service has written policies and procedures relating to infection control management and COVID – 19 outbreak management. Processes are in place to monitor the use of antimicrobials at the service. Data related to infections and antibiotic use is collected for clinical indicators and discussed at staff and Quality meetings.

#### However, a review of consumers’ clinical files and interviews with management and staff identified deficiencies in the service’s process for managing chemical restraint. The service was unable to provide evidence that an informed discussion was held with consumers or representatives about chemical restraint or that consent was obtained prior to the commencement of chemical restraint.

The Quality Standard is assessed 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.*

The Assessment Team found the service did not adequately demonstrate that consumers who received psychotropic medication as chemical restraint were consulted, received information about their medications or consented to the medication.

The service utilised environmental, chemical and physical restraint as part of its care delivery. Staff were aware of the requirement for informed consent and discussions with consumers and/or representatives prior to the implementation of physical and environmental restraint and this was documented in consumers’ care documentation. However, staff were unaware the same requirements were needed in relation to chemical restraint. Care documentation for consumers with chemical restraint did not include documented authorisations or informed consent gained prior to chemical restraint being implemented.

In relation to the management of a consumer’s wound, the Approved Provider’s response provided additional and clarifying information to support that the consumer’s wound was being managed effectively and staff continue to engage with the consumer regarding their care needs.

The Approved Provider’s response to the Assessment Team’s findings relating to chemical restraint advised that, since the Assessment Contact, medical officers had consulted with the consumers receiving psychotropic medications as chemical restraints and their representatives. The chemical restraint had either been ceased or authorisations had been obtained where the restraint remained in place.

The Approved Provider advised that at the time of the Assessment Contact, the organisation was implementing a change in chemical restraint documentation and monitoring. A review of consumers with chemical restraints had been conducted two days prior to the Assessment Contact although the documentation sighted by the Assessment Team did not reflect that the reviews and changes.

I acknowledge that since the Assessment Contact, the Approved Provider has obtained relevant consents and authorisations for those consumers at the service who continue to have psychotropic medications prescribed for the purposes of chemical restraint, however, these were not in place on the day of the Assessment Contact visit. Therefore, 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.*

# STANDARD 7 NON-COMPLIANTHuman 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

Most consumers interviewed by the Assessment Team considered they received care and services from people who were knowledgeable, kind and caring.

The Assessment Team observed staff engaging with consumers in a respectful, kind and caring manner. Staff were able to demonstrate knowledge and understanding of consumers care needs and preferences and were able to describe what was important for each individual consumer.

The service demonstrated its workforce was recruited, trained, and equipped to deliver the outcomes required by the Aged Care Quality Standards. A review of staff education records demonstrated all staff had completed mandatory training and undertaken training in relation to the Aged Care Quality Standards. Competency assessment records showed staff had successfully completed mandatory competencies. Position descriptions were documented that set out the qualifications and skills required and responsibilities of each role. Staff confirmed they received annual performance appraisals by the management team and newly employed staff received performance appraisals during their probation period at the service.

However, consumers, representatives and staff interviewed consistently advised they did not think there were adequate staff to meet consumers’ needs in a timely manner and provided examples about how this impacted on consumers

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

Most consumers and representatives interviewed said staff are rushed and hurried and expressed concern there were not enough staff and this negative impact on their care. For example, consumers/representative reported delays in staff responding to call bells and in providing assistance. Consumer feedback in meeting minutes indicated food was often delivered cold.

Care staff and kitchen staff interviewed also reported there was not always enough staff each shift and provided examples of how this negatively impacted the delivery of care and services to consumers. Staff advised unfilled shifts are often not replaced. This was supported by the Assessment Team’s review of the service’s roster for August 2020 and September 2020 which noted on most days at least one shift per day had not been filled when staff called in sick.

Whilst the service’s call bell system has the capability to monitor call bell response times, the Assessment Team found response times were not monitored on a regular basis and a high percentage of call bell response times exceeded the 5-minute response time expected by the service.

The Approved Provider’s response disagreed with the Assessment Team’s finding and stated the service had sufficient staff to fill the roster and had access to casual staff. The Approved Provider stated the leadership team was aware of and had been actively managing workforce and roster challenges for several months and outlined a range of actions taken and planned.

The Approved Provider’s response also described work being undertaken to create a positive workplace culture and improve personal care workers’ attendance at the service. For September 2020, shifts impacted by unplanned leave were filled by enrolled nurses and the leadership team, as well as by extending shifts. The service is in the process of recruiting to provide additional administrative, personal care and enrolled nurse hours.

The response also referred to the care and services provided to specific consumers who had expressed dissatisfaction with response times to calls for assistance and discussed the specific interventions made to address their concerns. Consumer feedback from September 2020 showed fewer consumers felt care provision was rushed, more consumers felt safe and comfortable and more consumers considered the care supported their well-being.

The Approved Provider has suggested that the call bell responses in July 2020 was an anomaly linked to either a data entry error or a call bell data system issue. Staff have been directed to follow the organisation’s procedure ‘by answering call bells in a timely manner and to keep call bells turned on until all assistance and equipment is in place to support a resident’. The Approved Provider has provided data to demonstrate that response times improved in September 2020.

While the Approved Provider is actively addressing workforce challenges at the service, during the Assessment Contact visit, feedback from consumers, representatives and staff and the service’s monitoring records indicated the workforce was not consistently able to deliver care and services in a timely manner. Therefore, this requirement is Non-Compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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.

* Requirement 3(3)(a) – the service ensures that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice and optimises their health and well-being, particularly in relation to the management of chemical restraint.
* Requirement 7(3)(a) – The service ensures its 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.