Blue Care Hamilton Merriwee Court Aged Care Facility

Performance Report

31 Jackson St
HAMILTON QLD 4007
Phone number: 07 3268 6875

**Commission ID:** 5035

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

**Assessment Contact - Site date:** 17 October 2021

**Date of Performance Report:** 9 November 2021

# Performance report prepared by

Susan Turner, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 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 the Assessment Contact 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 report received 5 November 2021 and 8 November 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

##  Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The service demonstrated that consumers are treated with dignity and respect and that their identify, cultural background and diversity is acknowledged and valued.

Consumers spoke positively about the way staff treat them, and said they were treated with kindness and respect.

Staff spoke respectfully about consumers and were aware of the actions they would need to take if they witnessed any non-respectful behaviour from other staff.

Care planning documentation reflected what was important to the consumer and was sufficiently detailed to guide staff in the delivery of care that was tailored to the consumers’ expressed preferences.

The Assessment Team observed staff taking time with consumers, using their preferred names, engaging respectfully and speaking slowly where this was appropriate.

This requirement is Compliant.

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

The Assessment Team received feedback from consumers and their representatives that indicated they were satisfied with the personal care and clinical care consumers received. Consumers and representatives said that staff had an understanding of the consumers’ individual care needs and preferences and provided examples of the care and services consumers received, including in relation to pain management, wound care and referrals to the medical officer.

Staff said they have access to policies and procedures that guide care delivery and that assessment and care planning processes are reviewed regularly and monitored by registered nurses. Clinical management staff said they observe staff practices and provide regular ongoing training to support staff knowledge and skills.

Care staff demonstrated a shared understanding of consumers’ personal and clinical care needs and said that daily handover supported staff communication. Staff could describe the care they deliver to consumers and provided examples of how they assist in promoting consumers’ skin integrity and managing other aspects of their care.

Clinical documentation generally demonstrated consumers are receiving care that is safe and effective. Clinical documentation demonstrated that the use of restrictive practices is monitored and where it has been applied there are the required assessments, authorisations and consent in place. For consumers with pain, chronic conditions, complex behaviours and specialised nursing care needs, clinical documentation demonstrated that registered nurses monitor care delivery and that referrals are made to medical officers as required.

While the Assessment Team brought forward deficiencies in the management of weight loss and wound care, the Approved Provider’s response has addressed the concerns brought forward by the Assessment Team and included evidence that satisfies me that consumers received care that is appropriate to their needs. I note though that there were some discrepancies in documentation which has been addressed by the Approved Provider. Additionally, the Approved Provider has taken action to train staff and increase monitoring of clinical documentation.

This requirement is Compliant.

### 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.*

The organisation has a suite of policies and procedures relating to infection control including the use of anti-microbials, and an Infection Prevention and Control Lead had been appointed. Staff advised the Assessment Team that they had received training and education in infection minimisation strategies at orientation and through ongoing mandatory education and provided examples of how they apply this knowledge in their work.

Registered staff provided examples of how they minimise infection related risks including through hand hygiene practices, the use of personal protective equipment, monitoring hygiene and hydration, monitoring consumers for signs and symptoms of illness (including COVID-19) and isolating consumers who are symptomatic or infectious. Further to this they were able to explain their role in supporting the appropriate use of antibiotics.

Management staff advised that all staff have received vaccinations relating to influenza and COVID-19 and that consumers are provided with opportunities to be vaccinated.

Staff were observed by the Assessment Team adhering to social distancing and density limits and shared equipment throughout the service was observed to be clean.

The Assessment Team brought forward deficiencies relating to information held within the service’s Outbreak Management Plan and identified one instance whereby the service’s pre-screening processes were not implemented prior to visitors entering the service.

The approved provider’s response has provided additional evidence including an updated Outbreak Management Plan. I am satisfied that screening processes at the service have been strengthened and that this includes reinforcement of the requirement to conduct pre-entry screening for all visitors.

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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not 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 said they were satisfied with the workforce and felt there were enough staff to deliver care and meet the consumers’ needs and preferences. Consumers and representatives said they were satisfied with call bell response times.

Staff confirmed they had sufficient time to provide care and services in accordance with consumers’ needs and said they could respond to consumers’ requests for assistance in a timely manner.

The service operated from a base roster and staffing allocations identified the number of staff required and where they were to work on each shift. Registered nurse cover is available across a 24-hour period.

Management staff said that if they need to backfill nursing shifts they can access agency staff and documentation reviewed by the Assessment Team confirmed that this had occurred. Management advised an ongoing recruitment process supports workforce management.

The Assessment Team observed staff attending to their daily routines without rushing and taking time to talk with consumers and their representatives.

The number and mix of staff enabled the delivery and management of care and services that generally met the consumers’ needs and preferences.

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.