Blue Care Hervey Bay Masters Lodge Aged Care Facility

Performance Report

33 Jensen Drive   
URRAWEEN QLD 4655  
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**Commission ID:** 5244

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

**Assessment Contact - Site date:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 7 May 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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
* information and intelligence held by the Commission in relation to the service.

# 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 under this Standard, therefor a compliance rating or summary 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 service demonstrated that consumers received safe and effective personal and clinical care, including the management of restraints, pain management and skin integrity. Consumers consider that they received personal care and clinical care that was safe and right for them. Consumers and representatives were satisfied with their care and services, and felt their care and services were delivered the way they wished. Review of care planning documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

Care staff demonstrated they had an understanding of individual consumer’s personal and clinical care needs in relation to monitoring and reporting, such as consumer’s pain relief needs, promoting and maintaining good skin integrity including providing pressure area care, transfer/mobility and hygiene care needs and preferences. Management monitored the effectiveness of clinical care delivery through newly implemented processes including daily review of progress notes, referring concerns to medical officers, reviewing clinical monitoring records and monitoring the provision of wound care.

The service had systems and processes to ensure consumers received safe and effective personal and clinical care, including monthly clinical audits, whole of service audits and training was available to support best practice. The organisation had policies, procedures and tools in place to support the delivery of care provided to consumers.

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

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

The service demonstrated that high impact and high prevalence risks associated with the care of each consumer including falls, swallowing, pain, skin integrity and behaviours, were effectively managed. Consumers’ care planning documentation identified that high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks, and these were documented in consumer care plans.

Staff described the high impact and high prevalence risks for consumers within the service. They were able to describe specific risks in relation to individual consumers and relevant care strategies. The service utilised a Nurse Practitioner to review wound and skin care plans and assessment of all clinical equipment to reduce the incidence of pressure injuries.

The organisation had a risk management framework to guide how risk was identified, managed and recorded. Policies and procedures were available to all staff on risks associated with care of consumers, such as post falls management, risk of infection, minimising restraint and consumer choice and risk. Clinical incidents were recorded on the electronic incident management system and these contributed to the monthly clinical indicators.

# 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 under this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 7 Requirements

### 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.*

The service demonstrated that processes were in place to ensure the competency of the workforce, including that all staff had the qualifications and knowledge to effectively perform their roles. Consumers and representatives expressed confidence in the staff’s abilities to perform their duties and said that staff were skilled to meet their care needs

Management was able to describe the processes that are in place to ensure that staff, including agency staff, are competent and capable in their role. These processes included position descriptions, daily duty guides, minimum qualifications and registrations and regular performance reviews.

Several changes had occurred at the service in relation to human resource processes, including the appointment of an experienced Residential services manager, increased clinical oversight and staff monitoring following the appointment of an Acting clinical manager, Support officer and two contracted Nurse practitioners. Ongoing recruitment of care and clinical staff was occurring, alongside the implementation of revised orientation processes.

Staff felt supported by other staff and clinical and service management, to deliver quality care and services to the consumers. Staff stated they were able to deliver quality care and services, and the increase in staff numbers had assisted with the timeliness of care provision. Staff described the training that they underwent on commencement at the service, on an ongoing basis, and if it was identified that there was a skill shortage. Staff described the training as effective in increasing staff knowledge and awareness of clinical issues.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 8 Requirements*.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can;*
4. *managing and preventing incidents, including the use of an incident management system.*

Effective risk management systems and practices have been implemented by the organisation and these were understood by the service’s management and staff.

The organisation had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers were managed, the abuse and neglect of consumers is identified and responded to and consumers were supported to live the best life they could.

Staff had a shared understanding of the high impact and high prevalence risks associated with the individual consumers at the service. Staff described various risk minimisation strategies that were in place to prevent falls and pressure injuries and reduce and monitor the use of restraints. Management provided examples of how the analysis of clinical incidents, and the identification of high impact and high prevalence risks, have influenced service improvements.

Staff had a shared understanding of what constituted elder abuse and neglect. Staff described their reporting responsibilities when they become aware, or had a suspicion, of instances of abuse or neglect. Management described the internal processes that were followed, in accordance with organisational policies and procedures, in circumstances where a staff member is alleged to have perpetrated an incident against a consumer. Management demonstrated an understanding of their reporting responsibilities and the legislated timeframes.

Staff had a shared understanding of dignity of risk. Staff provided examples of how they supported consumers to take risks and what measures the organisation had in place to monitor those risks, including risk assessments.

The service’s electronic incident management system evidenced the inclusion of information such as details of incidents (including details of who was involved and affected by the incident), whether the incident was a reportable incident, details of the investigations undertaken (including outcomes), and actions taken in response to the incident to prevent re-occurrence. The electronic incident management system and communication disseminated to staff, demonstrated that the service was aware of the Serious Incident Response Scheme (SIRS) that commenced on 1 April 2021.

# 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.