Blue Care Hollingsworth Elders Village

Performance Report

269-277 Hartley Street   
PORTSMITH QLD 4870  
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**Commission ID:** 5754

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

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

**Date of Performance Report:** 11 August 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

|  |  |
| --- | --- |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 August 2020.

# STANDARD 7 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers receive quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers agreed that staff were kind and caring and felt they knew what they were doing. They reported that staff provide the assistance they need, when they need it.

The Approved provider has integrated training and education relating to the Quality Standards into training provided for new staff and this is included in an orientation booklet. Training related to the Quality Standards has been provided to staff via electronic messages, posters, resources from the Commission and quarterly newsletters.

Documented staff appraisals have not occurred in a timely manner; however, consumers are satisfied with the care delivery of quality care and services and receive care from staff who are knowledgeable, capable and caring. The Approved provider has demonstrated staff performance occurs through alternate methods and has committed to the completion of staff appraisals in a timely manner.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### 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.*

The Assessment Team recommended the Approved provider does not meet this Requirement, I have come to a different decision to the Assessment Team. In reviewing the Assessment Team’s findings and the response from the Approved provider, it is my decision the intention of this Requirement is not that staff can speak to the individual Requirements of the Aged Care Quality Standards, however, staff can demonstrate their delivery of care and services is in line with the Aged care Quality Standards.

Consumers are satisfied with the care delivery of quality care and services and receive care from staff who are knowledgeable, capable and caring, and did not report any areas where further staff training was required.

The Approved provider in its response demonstrated staff have received training in relation to The Aged Care Quality Standards. The Assessment Team identified staff did not have a shared understanding of ‘open disclosure’ processes and restraint management. The Approved provider has acknowledged the psychotropic medication register was not accurate at the commencement of the Assessment contact, however this was rectified when feedback was provided by the Assessment Team. I have concluded the management of the psychotropic drug register was a responsibility for a specified registered nurse who was not available during the Assessment contact, and the omissions on the psychotropic drug register do not constitute a lack of knowledge or training for staff, rather it is a documentation error. As the Approved provider has a register of psychotropic medication demonstrates a level of training has been provided and the feedback from one registered staff member does not support non-compliance in this Requirement.

In relation to the deficits identified by the Assessment Team regarding open disclosure, the Approved provider demonstrated in its response, training has been provided to staff responsible for managing complaints in relation to open disclosure. Further training is planned for all members of the workforce, to be completed by the end of August 2020. It is my decision the terminology ‘open disclosure’ may not have been understood by staff members interviewed by the Assessment Team, this does not demonstrate staff do not have a shared understanding of how to raise or escalate a complaint on the behalf of a consumer. It is reasonable to expect registered and care staff would not be responsible to provide an apology when something has gone wrong, this would be the responsibility of more senior staff, and this was confirmed by the Approved provider in its response to the Assessment Team’s findings. Feedback from staff relating to their lack of awareness of open disclosure processes does not support non-compliance in tis Requirement.

It is my decision the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards, and therefore, this Requirement is compliant.

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

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

The Assessment Team have recommended the Approved provider has not met this Requirement, I have come to a different decision to the Assessment Team. In reviewing the Assessment Team’s findings and the response from the Approved provider, it is my decision the Approved provider has a process to assess, monitor and review the performance of members of the workforce.

Consumers are satisfied with the care delivery of quality care and services and receive care from staff who are knowledgeable, capable and caring, and did not report any concerns with the performance of staff. The Assessment Team identified evidence of consumer feedback/complaints are not used in performance reviews, in my decision I have noted there has not been concerns raised by consumers in relation to the performance of staff.

The Assessment Team identified annual performance reviews for staff has not occurred. The Approved provider in its response has not disputed annual performance reviews has not occurred, however, have confirmed appraisal processes are under review and discussions have been held to determine regarding the process and timing of the reviews. Ongoing discussions with members of the Approved provider’s management team in relation to performance appraisals are still occurring, in its response the Approved provider has committed to the completion of staff appraisals by 27 August 2020.

The Approved provider in its response to the Assessment Team’s findings has documented staff are monitored in relation to their performance and code of conduct through daily interactions with the Service Manager, which includes providing feedback, assistance or praise to staff according to their observations.

In making my decision, I have noted consumers are satisfied staff providing care and services perform their roles well and the Approved provider can articulate alternate methods to determine the performance of staff including supervision, feedback from consumers, review of clinical indicator data and call bell response times.

It is my decision therefore, this Requirement is compliant as the assessment, monitoring and review of the workforce occurs, and the Approved provider has committed to the implementation of a robust performance appraisal process.

# 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 in Standard 8, therefore an overall summary is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team recommended the Approve provider does not met this requirement due to deficits noted in information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. I have come to a different decision to the Assessment Team as the intention of this Requirement is in relation to organisational governance systems and it is my decision the Approved provider does have organisational systems to evidence this Requirement is compliant.

Evidence brought forward by the Assessment Team in Standard 7 Human resources Requirements (3) (d) and (e) have not led me to a decision of non-compliance in those outcomes, and as this is the same evidence brought forward to support their decision of not-met in this Requirement, again my decision differs from the Assessment Team.

The Assessment Team noted in relation to information management, the complaints register has only two complaints for 2020 and the Manager acknowledged they do does not record verbal complaints. Two complaints reported to the Assessment Team, by the Manager and a consumer, were not on the register. The Approved provider in its response indicated the complaint raised by a consumer to the Assessment Team had not been raised previously, and management at the service were unaware of the consumer’s concern. Subsequent documentation relating to the second complaint noted by the Assessment Team was raised verbally to the Manager and was resolved immediately. The Approved provider has acknowledged this complaint had not been registered on the electronic complaints register, the complaint has been retrospectively documented in the complaints register and it has been recorded as resolved. It is my decision the Approved provider has an effective complaints management system.

The Assessment Team have also recorded deficiencies recorded in the psychotropic drug register is indicative of non-compliance relating to information management systems. It is my decision (as noted in Standard 7 Requirement (3) (d), this is a documentation deficiency and does not support non-compliance in this Requirement.

The Assessment Team have evidenced orientation checklists for two members of staff were unable to be located by the Manager, which is a contributing factor to their recommendation of non-compliance in this Requirement. The Approved provider in its response have stated the orientation checklist were completed, however were unable to be located during the Assessment contact due to an insufficient handover provided to administration staff. It is my decision this evidence does not support non-compliance in Standard 7 Requirement (3) (d), nor does it support ineffective information management systems relating to this Requirement. Consumers are satisfied with the care delivery of quality care and services and receive care from staff who are knowledgeable, capable and caring, and did not report any concerns with the performance of staff, including new staff.

The continuous improvement register was noted by the Assessment Team to not include any updates since November 2019 and the Manager stated improvement activities had been documented but not recorded in the register. The Assessment Team have not provided evidence that a lack of documented improvement activities supports a lack of quality of care and services or risk to consumers. The Approved provider in its response has acknowledged improvement activities identified and actioned by the Manager have retrospectively been entered into the continuous improvement register. It is my decision the Approved provider has an effective continuous improvement system.

In relation to continuous improvement relating to this Requirement, my decision in relation to evidence brought forward by the Assessment Team is recorded above, and while the continuous improvement register had not been updated to reflect more recent improvement activities, this does not support an absence of an effective organisational continuous improvement system.

The Assessment Team have recommended in relation to workforce governance information relating to training provided for staff in relation to the Quality Standards and the lack of performance reviews as supporting evidence. I have made the decision in relation to Standard 7 Human resources Requirements (3) d) and e) this evidence does not support non-compliance in these Requirements. In relation to this Requirement, it is my decision the Approved provider has effective organisation wide governance systems relation to workforce governance.

In relation to regulatory compliance, the Assessment Team have evidenced staff do not have a shared understanding of restraint minimisation as supporting evidence to their recommendation of not-met in this Requirement. However, the Assessment Team also noted alternate strategies are utilised by staff prior to the use of psychotropic medication. The Approved provider in its response to the Assessment Team’s findings provided evidence of restraint minimisation training and discussions held at staff meetings relating to restraint minimisation. It is my decision the Approved provider has organisation wide governance systems in relation to regulatory compliance.

The Assessment Team have evidenced staff lack of understanding of open disclosure and the complaints register not being accurate as supporting evidence to their recommendation of not-met in this Requirement relating to the feedback and complaints component. It is my decision these deficits do not support non-compliance relating to this Requirement and it is my decision the Approved provider has effective organisation wide governance systems relating to feedback and complaints.

# 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.