Blue Care Kingaroy Canowindra Aged Care Facility

Performance Report

43 Windsor Circle
KINGAROY QLD 4610
Phone number: 07 4160 0100

**Commission ID:** 5984

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

**Assessment Contact - Site date:** 1 February 2021 to 2 February 2021

**Date of Performance Report:** 9 March 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **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 |

# 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 on 1 February 2021
* the provider’s response to the Assessment Contact - Site report received 25 February 2021

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumers’ care and services. They said they are generally involved in initial assessments upon entry to the service, ongoing planning of the consumer’s care and have access to the consumer’s care and services plan if they wish.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are completed on a regular basis and in conjunction with the consumer and representative. Care documentation includes information regarding consumer’s advance care planning and end of life preferences. Progress notes and care plan information demonstrated the involvement of other providers of care including Medical officers, allied health professionals and other specialists.

Most staff said they had access to information regarding individual care needs and preferences. Management said they discuss end of life wishes with consumers and their representatives on entry to the service and during care reviews every three months if they wish.

The Assessment Team observed staff accessing the service’s electronic care system and discussing changes in consumer’s needs during handover.

The service has a clinical governance framework and policies and procedures that support staff in assessment, care planning, clinical deterioration and handover processes.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT 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

Most consumers and representatives said they are involved in assessment and planning and staff communicated with them regularly. Staff described how changes in consumer’s care needs are communicated to representatives and other providers of care.

Care planning documentation generally reflected the identification of, and response to, deterioration or changes in the consumer’s condition or health status. Care planning documentation generally provided adequate information to support the effective sharing of consumers’ care. Clinical records reflected referrals and recommendations from Medical officers, a range of allied health professionals including physiotherapist, dietician and speech pathologist. The Assessment Team observed contact information for health providers accessible for all staff in nurse’s stations. Care information reflected the identification of, and response to deterioration or changes in function, capacity or condition.

The service had risk assessment tools for falls, skin integrity, pain and restraint to assist staff undertaking assessment and planning. Advance care planning and End of life planning information were discussed with consumers and representatives on entry to the service, when the consumer wishes and as the consumer’s care needs changed. Staff demonstrated a shared understanding of their roles and responsibilities in the recognition of consumers nearing the end of life. Staff have access to a Registered nurse, on site 24 hours per day and can access additional support from the local hospital if required.

Registered staff described how they used clinical assessment and information from clinical best practice initiatives, which were available from policies, procedures and health professionals’ advice, to inform planning and care delivery.

The organisation had procedures to guide staff in undertaking assessment and planning, including end of life planning, restraint, pain, skin integrity, antimicrobial stewardship and responding to a decline or deterioration in consumer’s conditions.

Clinical incidents were recorded on the electronic care management system and contributed to monthly clinical indicators which were reviewed at an organisational level. The service had a risk management framework that provided staff with guidance regarding the identification, management and recording of risks.

However, the service was not able to demonstrate that there was sufficient staff to provide personal and clinical care, in accordance with consumers’ needs, goal and preferences to optimise their health and well-being.

Consumers and representatives did not consider that they received personal and clinical care that was safe and right for them. They said there were not enough staff which had resulted in delays in care delivery and staff did not have a shared understanding of consumer’s care needs and preferences.

Care documentation was not consistently completed to demonstrate all clinical care had been delivered in line with consumer’s needs and preferences. The Assessment Team identified several complaints regarding consumer’s and representative’s dissatisfaction with care delivery which had been acknowledged and responded to by management. Care staff described the care needs and preferences for individual consumers however, they confirmed that they do not have sufficient time to meet consumers’ individual needs and preferences.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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’s report included feedback from most consumers and representatives which did not consider the care delivered to consumers was safe and tailored to their needs. Seven of 10 consumers and representatives did not believe personal and clinical care delivered is best practice or optimises each consumer’s health and well-being. Staff said delays in calls for assistance impact on their ability to deliver care reflective of consumers needs and preferences. Some consumers raised concerns regarding the service not providing showers at their preferred time or ensuring their legs were elevated as required.

The Assessment Team identified some consumers’ care planning documentation was safe, effective and specific to the needs and preferences of the consumer however, the report also included that care planning documentation did not include the necessary monitoring and assessment information for the management of high impact risks including chemical restraint, diabetic, behaviour and medication management. The report stated information regarding the monitoring of behaviours and diabetic management were not consistently recorded. The Assessment Team’s report included nine complaints raised by consumers and representatives over the past five months which were recorded in the services’ complaints register, regarding their dissatisfaction with care delivery and staff’s attitudes.

The Assessment Team identified a named consumer who was not compliant with the management of their diabetes. While I acknowledge the service communicated frequently with the Medical officer and representatives regarding the consumer’s diabetic management, blood glucose monitoring records were not consistently completed and staff failed to document this consumers refusal of medications and monitoring of blood glucose levels in progress notes from 25 January to 31 January 2021. The Approved Provider advised in their response, that the Medical officer reviewed the named consumer and provided additional detail regarding escalation requirements and instructions for their diabetic management following the performance assessment.

The Assessment Team identified staff did not demonstrate a sound understanding regarding the legislative requirements in relation to the administration of chemical restraint for a named consumer. As a result, an authorisation for the administration of medication for this purpose had not been completed.

Catering staff stated that some consumers were not receiving nutrition in line with the dietician’s recommendations to effectively manage their clinical needs. I acknowledge in the teams report that these recommendations were observed to be recorded in dietary information which was available to catering staff and the staff member concerned has since been reminded to refer to this to ensure consumers’ dietary needs are met.

The Approved Provider’s response stated that restraint alternatives for the named consumer had been documented in their behaviour assessment however, additional education and restraint resources have been provided to staff following recent updates to the organisation’s assessment and monitoring of restraints procedures. In addition, the service has ensured authorisation documentation is reflective of legislative requirements pertinent to the use of chemical restraint. The Approved Provider advised the service has counselled staff members regarding medication administration processes.

The response acknowledged all complaints received over the past five months have been actioned and resolved, however, the service is continuing to monitor issues identified and follow up with staff where required.

The Approved Provider’s response also included actions to ensure staff are reminded of consumer’s specific care needs. This included the positioning of furniture for accessibility, dietary requirements, personal hygiene preferences and mobility needs. In response to feedback the Assessment Team received from one named consumer regarding the delays they experienced returning to their room after lunch and their legs not being elevated by staff, the provider advised that arrangements had been agreed upon with the consumer, communicated to staff and a recliner had been sourced and placed in their room to ensure their legs were elevated while sitting out of bed.

I note:

While I acknowledge variation in feedback from the Assessment Team regarding consumers’ not considering that they receive personal care and clinical care that is safe and right for them, I am not persuaded that this lessens deficiencies identified by the Assessment Team. Seven of ten consumers/representatives did not consider consumers receive clinical and personal care that is safe and right for them, the feedback from these consumers is relevant information.

I concede staff were providing the named consumer with emotional support and documenting regularly in progress notes however, information to demonstrate the service was monitoring their mood, affect and behaviours after significant concerns were recorded in progress notes were not evident in care documentation provided. I also acknowledge the service has processes for monitoring blood glucose levels and behaviours however, in the absence of all monitoring information the service is unable to demonstrate care delivery is effective.

I acknowledge the service has developed a hygiene matrix to record consumers’ preferences for hygiene care including their preferred time, in line with their hygiene and grooming assessment however, this process was implemented after the performance assessment and I am unable to confirm if this has been evaluated as effective.

While I acknowledge the actions the service has implemented in relation to chemical restraint, I am not satisfied monitoring processes for the service’s psychotropic register are effective.

In the Approved Providers response they have advised staffs’ limited understanding of some consumers’ dietary needs were isolated to one staff member. I acknowledge and the Assessment Team confirmed, documentation regarding consumers’ dietary needs which is available to catering staff, was reflective of the dietician’s recommendations. I consider the service’s actions to address this matter to be satisfactory.

While I acknowledge the service has implemented numerous actions for improvement in response to the deficiencies identified during the performance assessment, details regarding how they will be monitored for effectiveness were not provided.

I have considered the Approved Provider’s response and acknowledge the service plans to take action to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, personal and clinical care was not delivered in accordance with the consumer’s needs, goals and preferences.

I find 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-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

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

The Assessment Team’s report included feedback from seven out of ten consumers/representatives interviewed who stated that staff do not respond to their calls for assistance in a timely manner which has resulted in delays in care delivery. They said the care provided does not consistently meet consumers’ care needs and preferences.

The report includes feedback from staff who advised care staff did not have sufficient time to meet the needs of consumers. Staff were aware of consumers’ preferred routines however, they do not have sufficient time to maintain them. Staff further advised that sick leave is not consistently replaced and they are often left to work short staffed.

The Assessment Team identified concerns were raised by staff in relation to staff not being able to meet consumers’ care needs. Call bell response times were reviewed by the Assessment Team which identified delays experienced by consumers exceeded ten minutes on several occasions, this included alarms for falls prevention equipment. Feedback provided by management included that staff did not have performance appraisals in place and mandatory training requirements had not been completed by all staff including manual handling and fire and emergency training.

The Approved Provider’s response stated that immediate and ongoing action has occurred to recruit suitably experienced staff and to strengthen the service’s rostering processes. They advised that an Acting Residential Manager has been at the service since December 2020 and recruitment for a new Residential Manager has commenced. The provider acknowledged that the replacement of staff for unplanned leave required improvement and the issues are being actioned. The service has also discussed strategies to improve teamwork and communication as part of the complaints processes and decision-making regarding workload management.

The Approved Provider included a number of improvements that have been implemented to address staffing issues and to ensure staffing levels meet consumers’ care needs. These improvements included the development, review and monitoring of guidelines, base rosters, staff absences, communication processes, call bell response times, staff practice and training records. In their response the provider confirmed that staff appraisals for 2020 had not been consistently completed, however the 2021 performance appraisal planner has been developed and appraisals were being completed when due.

The provider advised that staff who were identified in the service’s electronic records as being overdue with their mandatory training, were on extended leave at that time however, they acknowledged that several personal details of staff in training reports were not current and these have since been updated. The provider acknowledged that not all staff had completed their mandatory training requirements including general evacuation training however, they have advised that staff who have not completed this training would be removed from the roster until it has been completed.

I have considered the Approved Provider’s response and acknowledge the service plans to implement actions to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, skilled staff numbers were inadequate to deliver safe and quality care and services to consumers.

I find this Requirement is non-compliant

# 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) 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
* Requirement 7(3)(a) 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*.*
* Establish monitoring process to ensure the effectiveness of improvements being undertaken.