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:** 8 February 2022 to 9 February 2022

**Date of Performance Report:** 4 March 2022

# Performance report prepared by

Nicole Grey, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | 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 - 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.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 2 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## 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.*

Consumers and representatives were involved in assessment and planning processes, kept well informed and said care and services provided met the needs of consumers.

Care documentation reflected care plans and comprehensive assessments were completed upon entering the service and were reviewed regularly to ensure the needs, goals and preferences of consumers were identified. Care plans were accessible by staff through the service’s electronic management system and captured information regarding risks to consumers’ health and well -being including, but not limited to, mobility, diabetic management, urinary catheter management, skin integrity, falls and pain management. Care plans for consumers with complex clinical care needs were completed in consultation with the consumer and medical and allied health professionals.

The care needs of consumers were assessed by Registered nurses during the service’s admission processes and reviewed when changes in their needs and preferences were identified. Care staff were aware of the specific needs of consumers consistent with care plan information.

Organisational policies, procedures and guidelines were available to assessment and care planning processes. Staff accessed a suite of evidence-based assessment tools through the service’s electronic care management system.

I am satisfied assessment and planning processes, including the consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective services. Therefore, it is my decision 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this 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.*

Consumers and representatives said personal and clinical care delivered to consumers was safe, met their needs and preferences and optimised their health and well-being. They said they had attended case conferences initiated by the service, to discuss the care needs of consumers.

Care documentation evidenced both personal and clinical care was tailored to the needs of consumers sampled including, but not limited to, restrictive practices, mobility, diabetic, wound and pain management. Diabetic management plans included directives for staff in relation to the monitoring and management of blood glucose levels.

Restrictive practices were discussed with consumers and representatives, assessed for risk and authorised prior to their application. Psychotropic medications were monitored and reviewed every three months or sooner when required.

Falls minimisation and pressure injury prevention equipment was observed in the rooms of consumers with an assessed need. Wound care documentation evidenced wounds were healing, monitored and reviewed appropriately. A daily wound checklist identified those consumers with compromised skin integrity and demonstrated regular monitoring had occurred.

Staff had a shared understanding in relation to the assessment, monitoring and management of consumers’ pain needs. Staff could access policies, procedures and care pathways through the service’s electronic care management system for key areas of care including, but not limited to, restrictive practices, skin integrity and pain management. Care staff escalated concerns regarding the clinical conditions of consumers to registered staff when required.

Registered staff had received training including, but not limited to, diabetic management, restrictive practices, clinical documentation, peritoneal dialysis, wound management, recognising and responding to clinical deterioration, the serious incident response scheme and psychotropic medications. Management attended weekly meetings with the Clinical care coordinator and Physiotherapist to discuss the care needs of consumers and to ensure care delivered was tailored to their needs.

Clinical incident data was collated and analysed each month to identify trends, discussed at staff meetings and contributed to the service’s quality improvements in relation to the care delivery.

The service has implemented improvements to address deficiencies identified in the previous Assessment Contact completed 1 February 2021. These include the completion of case conferences, diabetic management plans and the service’s psychotropic medication self-assessment tool, additional training in relation to specific aspects of clinical care, the establishment of a registered staff leadership team and the introduction of a daily exception report monitoring template to ensure the safe and effective delivery of clinical and personal care.

I am satisfied the service has implemented appropriate actions which have effectively addressed the deficiencies identified in the previous Assessment Contact. The service has demonstrated care provided to consumers is best practice, tailored to their needs and optimises their health and well-being.

Therefore, it is my decision this Requirement is Compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

While most consumers and representatives advised they had not needed to raise any complaints, they expressed confidence in the service’s abilities to acknowledge and resolve any issues without any adverse consequences or repercussions. Consumers and representatives who had raised complaints said the service was open and transparent in discussing problems and they had acted to resolve their concerns in a timely manner.

Staff had a shared understanding in relation to the service’s complaints processes, including the principles of open disclosure and could describe the actions they would take to address concerns raised. Management encouraged consumers to raise concerns at consumer and representative meetings, food focus groups and via the service’s written feedback processes.

The organisation’s open disclosure policy outlined the service’s procedures for staff and key roles and responsibilities to support their practice.

The service’s complaints register captured complaints, communication with consumers and representatives involved, the issues raised, actions taken by the service and the outcome of the resolution process. Broader issues identified through consumer and representative feedback contributed service wide improvements.

I am satisfied the service takes appropriate action in response to complaints and uses open disclosure when things go wrong. Therefore, it is my decision 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this 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 reported staff were available to meet their care needs and they felt safe residing at the service. They said consumers’ requests for assistance were responded to in a timely manner and expressed confidence in the abilities of staff to deliver quality care and services.

The service utilised a mix of registered and care staff to provide personal and clinical care. Registered staff were allocated to work across a 24-hour period and a Registered nurse was available each shift. Staggered shift times were used to ensure adequate staffing levels throughout the day including additional staff for the peak morning period before and after breakfast.

Staff reported having enough time to undertake their allocated tasks and responsibilities. Unplanned leave was replaced and call bell response times were monitored regularly by management. Staff reported they received ongoing training at the service and said they were provided with information and support necessary from management to fulfil their roles. Management advised the Clinical care coordinator considered the experience of the rostered staff members to ensure an effective mix of staff on duty.

Staff were observed to be attending to their daily routines without rushing and spending one on one time with consumers and representatives during the Assessment Contact.

The service has implemented actions to address the deficiencies identified in this Requirement during the previous Assessment Contact. These improvement actions include the recruitment and onboarding of additional registered and care staff, the appointment of a Registered staff leadership team, ongoing education for staff delivered through toolbox sessions, online learning and external providers, improved oversight of call bell response data and improved management of unplanned leave.

I am satisfied the service has implemented appropriate actions which have effectively addressed the deficiencies identified in the previous Assessment Contact. The service has demonstratedtheworkforce 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.

Therefore, it is my decision 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.