Blue Care Mackay Homefield Aged Care Facility

Performance Report

87-95 George Street
MACKAY QLD 4740
Phone number: 07 4944 7666

**Commission ID:** 5122

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

**Assessment Contact - Site date:** 9 February 2021 to 10 February 2021

**Date of Performance Report:** 8 April 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | Compliant |
| Requirement 3(3)(b) | Non-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)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | 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.
* the provider’s response to the Assessment Contact - Site report received 4 March 2021.
* Information received from the complaints resolution group of the Commission.

# STANDARD 2 NON-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

The service was unable to demonstrate that assessment and planning consistently identifies and addresses the consumers current needs including the consideration of risks including for physical restraint (secure environment).

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team provided information that the service was unable to demonstrate that assessment and planning consistently identifies and addresses the consumers current needs including the consideration of risks including psychotropic medication, wound management, swallowing deficiencies and physical restraint (secure environment).

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. They contend that the issues raised by the Assessment Team were historical and have been reviewed and rectified by a range of internal improvement actions.

In relation to the named consumers with wound and pain assessments not being completed, I acknowledge that this occurred previously and that continuous improvement activities have been planned and implemented, including increased monitoring of wounds by a registered nurse and additional training for staff. I note that the Assessment team reported that wounds are currently being managed effectively.

The Approved Provider acknowledge a risk assessment for a consumer who refuses repositioning had not been completed at the time of the audit, and has subsequently been completed, with additional training for staff on this process to be provided.

The Approved Provider acknowledged that restraint authorisations had not been fully completed for consumers residing within the secure unit and has implemented a training program for staff and have completed restraint authorisation since the audit.

Whilst I acknowledge that improvements have been planned and implemented in relation to this requirement, I note the Assessment Team identified ongoing issues with the completion of assessments. I find that at the time of the audit the Approved Provider did not have processes to demonstrate compliance with this requirement and the sustainability and effectiveness of improvement activities is yet to be fully evaluated as effective. Risks associated with the use of restraint had not been effectively considered.

I find this Requirement is non-compliant.

### 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

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with use of restraints.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### 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 provided information that the service was not able to adequately demonstrate each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being. For named consumers this included deficits in wound care, pressure injury prevention, catheter management, and identifying and escalating changes in a consumers condition.

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. They contend that the issues raised by the Assessment Team were historical and have been identified and rectified by a range of internal improvement actions.

In relation to the named consumer with deficits in wound management and catheter management I note the representative for this consumer was dissatisfied with the care provided and I also note the Approved Provider contends these are historical matters and have been addressed with improvement activities. Whilst the deficits in care provision may have occurred some months prior to the audit, it is noted that the Service did not manage this consumers wounds effectively at that time. I acknowledge the improvement activities undertaken includes revised processes and education for staff and I note the Assessment Team reported general improvements with wound care at the service. I acknowledge the Approved Provider has also modified reporting for catheter management and this now is recorded electronically.

In relation to the named consumer with high risk of pressure injury, whilst the deficits in care provision may have occurred some months prior to the audit, it is noted that the Service did not manage this consumers wounds effectively at that time. I acknowledge that the Assessment team identified the service demonstrated improvements in relation to this consumers wound care including evidence of weekly registered nurse reviews and the recording of measurements, descriptors and photos.

I note the Assessment team identified that clinical records were being inconsistently completed including nasal canal forms, medication charts, and repositioning records. I acknowledge the Approved Provider has provided training to staff on completing clinical records and has implemented additional monitoring process and is recording information in the electronic system rather than paper-based processes.

Whilst I acknowledge that care provided to consumers some months prior to the audit was not effective in meeting this Requirement, I also note the improvement activities undertaken by the Approved Provider since that time and that the Assessment Team identified that for six current consumers with wounds, wound documentation was complete, and no concerns were identified in relation to their wound care management. For consumers who currently have indwelling catheters no concerns were identified with their monitoring and management.

Based on the improvement activities undertaken and the Assessment Team identifying that current care provided to consumers is effective, I find this requirement is compliant.

I find this Requirement is compliant.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team provided information that the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified deficiencies in the management and monitoring of risks associated with wound care, skin integrity, medication management, restraint practices, psychotropic medication and swallowing deficiencies.

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. They acknowledge that on the day of the audit, evidence of restraint management could have been communicated more appropriately, and this is being addressed in the continuous improvement plan.

In relation to risks associated with wound care and skin integrity, whilst the deficits in care provision may have occurred some months prior to the audit, it is noted that the Service did not manage wounds effectively at that time. However, I acknowledge that the Approved Provider has undertaken improvement activities since that time and at the time of the audit the Assessment Team noted that current wounds are being managed effectively.

In relation to the named consumer not having the risk associated with refusal of care recorded, I accept that the Approved Provider has held ongoing discussions with both the consumer and the representatives in relation to a refusal of care. The Approved Provider has since the audit, documented the outcome of those discussions. I also note the consumer had pressure relieving devices in use.

In relation to medication management, the Approved Provider has been able to identify the staff member responsible for non-signing of medications and has provided training and completed a competency assessment. However, I note that the Approved Providers monitoring processes had not identified these medication errors.

In relation to the named consumer with swallowing deficits, I accept that the assessment in relation to this consumers diet had been completed prior to the audit.

In relation to restraint management, the Approved Provider acknowledge that on the day of the audit, evidence of restraint management could have been communicated more appropriately, and this is being addressed in the continuous improvement plan.

I also note that the Assessment team identified staff could describe wound management, monitoring, escalation, review and documentation processes. And staff interviewed were able to describe the risks associated with care including pressure injuries, wound infections and pain. All staff interviewed were aware of a named consumers repositioning, and pain relief requirements associated with wound management.

However, it was also identified that staff did not demonstrate an understanding of what constitutes chemical restraint and staff did not have an understanding of what medications are classified as psychotropic medications.

I find that at the time of the audit, the service did not demonstrate effective knowledge of and management of high impact or high prevalence risks associated with restraint use.

I find this requirement is non-compliant.

### 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.*

The Assessment Team provided information that the service was unable to demonstrate changes in consumers’ physical conditions are recognised and responded to in a timely manner. Documentation does not evidence monitoring of wounds are undertaken consistently to identify deterioration and to inform appropriate escalation occurs in a timely manner.

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. They contend that the issues raised by the Assessment Team were historical and have been reviewed and rectified by a range of internal actions.

For two of the named consumers with wounds, whilst the deficits in care provision may have occurred some months prior to the audit, it is noted that the Service did not manage wounds effectively at that time. However, I acknowledge that the Approved Provider has undertaken improvement activities since that time and at the time of the audit the Assessment Team noted that current wounds are being managed effectively. And for the consumers sampled, care staff could describe escalation processes which included informing the registered nurse and recording their concerns in progress notes. The Assessment Team also provided examples of the effectiveness of revised processes in escalating changes in a consumers condition to the medical officer.

In relation to the named consumer who did not have a rash escalated in a timely manner, the Approved Provider noted the changes in escalation processes, the overall improvement in wound care and examples of other escalations. However, the Approved Provider did not provide further context to the non-escalation of the rash.

I note that at the time of the audit, for the consumers sampled, care staff could describe escalation processes which included informing the registered nurse and recording their concerns in progress notes. All staff confirmed they have access to electronic policies and procedures including guidelines for clinical deterioration.

Whilst I note that some months prior to the audit deterioration or change in a consumer condition was not being effectively escalated, I am satisfied that the improvement activities, recent examples of escalation and current staff knowledge around escalation should result in new deterioration or changes in a consumer’s condition being escalated in a timely manner.

I find this requirement is compliant.

### 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

The service was unable to demonstrate all staff have sufficient knowledge to effectively perform their roles. Nursing staff did not have sufficient knowledge regarding assessment, monitoring and minimising the use of restraints.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team provided information that the service was unable to demonstrate all staff have sufficient knowledge to effectively perform their roles. Whilst the service was able to provide evidence to confirm staff were qualified and had completed mandatory education requirements, the Assessment Team identified nursing staff did not have sufficient knowledge regarding assessment and monitoring of skin integrity and minimising the use of restraints.

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. The Approved Provider acknowledged that the work undertaken to educate staff around restraint and psychotropic medication use has not translated as well as it could into practice.

Whilst I acknowledge the education provided to staff on wound care and improvements in the management of wounds and skin integrity as a result, the service was not able to demonstrate that education has been effective in informing staff as to the requirements for minimizing the use of restraints.

I find the Requirement non-compliant.

# STANDARD 8 NON-COMPLIANT 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

Whilst the Approved Provider has a clinical governance framework, they were not able to demonstrate that the framework has been effectively implemented at the Service. Clinical staff did not have a shared understanding of the policy relating to minimising the use of restraint and monitoring the use of psychotropic medications.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team provided information that whilst the organisation has a clinical governance framework, monitoring systems are not effective in ensuring the reliability, safety and quality of clinical care at the service.

The Approved Provider provided a response that included clarifying information as well as a range of clinical assessment, memorandum, clinical records extracts, training records, guides and a plan for continuous improvement. The Approved Provider does not agree with the findings of the Assessment Team. The Approved Provider acknowledged that on the day of the audit the services restraint management and knowledge demonstrated to the Assessment Team could have been more thorough.

Whilst I accept that the Approved Provider has a clinical governance framework, I am not satisfied that processes to monitor the deployment of the framework at the service level are effective. Monitoring process had not identified ongoing deficits in minimising the use of restraints.

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 2(3)(a) 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 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Requirement 7(3)(c) The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles*.*
* Requirement 8(3)(e) Where clinical care is provided—a clinical governance framework, including but not limited to the following: minimising the use of restraint.