Blue Care Toowoomba Aged Care Facility

Performance Report

256 Stenner Street
TOOWOOMBA QLD 4350
Phone number: 07 4636 9525

**Commission ID:** 5817

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

**Assessment Contact - Site date:** 25 October 2021 to 26 October 2021

**Date of Performance Report:** 23 November 2021

# Performance report prepared by

Kimberley Reed, 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

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| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-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
* the provider’s response to the Assessment Contact - Site report received 18 November 2021
* other intelligence and information 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 in Standard 2, therefore a compliance rating or summary 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.*

Assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. Individual risks for consumers were considered when completing assessments.

Registered staff completed initial assessments to identify risks to the consumers’ health and well-being and their needs, goals and preferences. Consumers, representatives, Medical officer and other allied health professionals were involved when necessary during the initial assessment process.

Care planning documentation for consumers identified risks were documented to inform the delivery of safe and effective care. These risks included behaviour management, falls prevention, pain management, smoking, oxygen therapy, stoma care and bowel management. Consumers and representatives expressed satisfaction with assessment and care planning processes and the care and services received by consumers.

Consumers’ care requirements and risks were assessed on entry to the service using a suite of assessment tools. Care plans were reviewed every three months, and the plans were allocated to Registered nurse for review and completion. The Resident of the Day care plan review process includes the consumers being offered a copy of their care plan on this review occasion.

Staff could describe the relevant risks to consumers’ health and well-being, and changes made to assessment and planning processes due to notable events including falls and hospital discharge. Care staff demonstrated knowledge of the consumers and stated they would communicate any changes in behaviour or condition to the Registered nurse for care planning review if required. Care staff confirmed they were given information about new consumers and updates regarding consumers’ care needs during handover.

Information from risk assessments including high impact, high prevalence risks such as falls, skin integrity, mobility, weight, dietary needs, verbal and physical behaviours and pain in conjunction with the consumer's history were used to generate care plans in consultation with the consumer and representative. Consumers’ care plans had information pertinent to the individual consumer’s needs and preferences.

Actions have been taken to address the previously identified Non-compliance following the Site audit conducted on 16 to18 March 2021. These actions have been captured via the service’s Continuous quality improvement plan.

Education for staff including topics of pain, nutrition and hydration, bowels and acute medical episodes such as urinary tract infection, syncope and delirium was conducted, 62 % of staff were recorded as having received the training. Education for registered staff on falls risk assessment and post falls assessment, was completed 17 May 2021, 96% of staff completed the training.

A chart was created to review efficacy of sensor beams and mats installed for consumers assessed as at high risk of falling. A review of the chart information identified less falls have occurred relative to the sensor installation.

Education for staff relating to unintentional weight loss and subsequent communication staff have with representatives was delivered by 01 October 2021. The education sessions occurred via toolbox discussions and electronic or paper-based questionnaires.

Smoking assessments were undertaken for consumers identified as a smoker. The service developed a specific risk assessment for consumers who utilised a motorised scooter.

The entry process used for permanent residents is now applied to include respite admissions. There was an electronic care plan for all consumers of the service. Lists of consumers with care plans requiring review were prominently displayed in nurses’ stations.

Based on the information recorded above, it is my decision assessment and planning processes are considering the risks to consumers’ health and well being and are therefore informing the delivery of safe and effective care and services. It is my decision this Requirement is now compliant.

# STANDARD 3 NON-COMPLIANTPersonal 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 in Standard 3, therefore a summary statement is not provided. However, a decision of Non-compliance in one or more requirements results in a decision of Non-compliance for the Quality Standard.

### Assessment of Standard 3 Requirements

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

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

Consumers with high impact or high prevalence risks have not been effectively managed. High impacts risks which were not managed effectively included wound care, weight loss and pain. Consumers were not satisfied with the management of the risks to their health and well-being. Monitoring processes were not effective in identifying deficits in the management of high impact and high prevalence risks, as deficits in care delivery continued to impact the care of consumers.

For one named consumer, the high impact risks including wound care, nutritional intake, pain, catheter care and diabetes were not managed effectively. The named consumer returned to the service 06 September 2021, following surgery after sustaining a fall. The consumer subsequently deteriorated on return to the service and was readmitted to hospital 25 September 2021 and passed away 28 September 2021. Discharge documentation for the consumer noted on 06 September 2021, the pressure injury on their coccyx was noted to be a Stage II pressure injury. Nine days later the pressure injury was noted to have deteriorated and was reclassified as a Stage IV pressure injury. Antibiotic medication prescribed on discharge to the consumer was refused by the consumer. However, there is no evidence to indicate an alternative medication was sought by staff at the service. The consumer’s wound continued to deteriorate during this period.

The Approved provider in its written response to the Assessment contact report has confirmed there was a lack of follow up by the consumer’s Medical officer in relation to the consumer refusing their antibiotic medication. I also note that registered staff informed the medical officer on the consumer’s return to the service that antibiotic medication had been refused by the consumer, however progress notes do not support this information was considered or discussed further with the Medical officer despite the consumer’s wound deteriorating and an increase in exudate was noted from the wound.

There is no evidence to support the consumer’s Medical officer was notified of the deterioration of the consumer’s pressure injury until 24 September 2021, when the medical officer prescribed alternate antibiotics. It is noted the consumer required transfer to hospital the following day, 25 September 2021. The consumer’s wound was not regularly photographed during this time, as per the service’s processes. One photo was taken in the 19 days the consumer returned to the service. While progress notes indicate the wound was attended by staff, descriptions, observations, instructions and frequency of wound care delivery were not recorded. This does not support the effective management of a deteriorating wound.

The Approved provider in its response to the Assessment contact report has acknowledged improvements were required in relation to wound care documentation for the consumer, and actions have been taken to address these deficits including education by an external wound consultant. While I agree these actions may improve wound care processes at the service in the future, the delivery and documentation of wound care for the named consumer was of a poor standard and the consumer’s wound deteriorated.

The named consumer required increasing frequency of pain relief from 07 September and the Medical officer increased the pain relief for the consumer on 16 September 2021. Despite the consumer requiring additional pain relief, there was no evidence to support assessment of the consumer’s pain was undertaken. I also note in the Approved provider’s response, the consumer’s progress notes were included from 06 September 2021 to 20 September 2021, the consumer’s Medical officer requested pain charting be commenced on 16 September 2021 to support better pain management. The Approved provider has acknowledged pain monitoring charts were generated but poorly completed and were not linked to changes in pain levels or medication changes. This information supports my decision the consumer’s pain was not managed effectively.

Discharge documentation directed staff to remove the named consumer’s urinary catheter one to two days following their return to the service from hospital. Attempts to remove the catheter by the service’s staff were not documented, the consumer was reviewed by their medical officer fourteen days after discharge, who prescribed a second trail of removing the named consumer’s catheter. The consideration of an increased risk of infection relating to the catheter was not reviewed or actioned.

The Approved provider in its response has documented the consumer refused to have their catheter removed, however this was not documented by staff. In the absence of documentation to support the consumer’s refusal of the catheter removal, I am unable to verify this statement.

The above information relating to the named consumer evidences systemic failure to identify the high impact risks involved with the consumer’s care.

For a second named consumer, wound care records indicated a deterioration in the consumer’s wound, including exudate, was noted on 23 and 25 October 2021. Documentation does not support the consumer’s medical officer was notified or wound swabs taken to eliminate the possibility of infection. This does not support the effective management of the consumer’s wound care. The Approved provider in its written response has stated the registered nurse who completed the wound chart incorrectly identified exudate in the consumer’s wound and has included two photographs of the wound. I am unable to verify the wound did not contain exudate based on the evidence submitted by the Approved provider.

Processes to record and identify consumers receiving psychotropic medication deemed to be chemical restraint were not effective. Three consumers were included on the service’s psychotropic medication register who did not have diagnostic information to support this medication was treated a diagnosed medical condition and therefore could be considered to be chemical restraint. This had not been identified by the service’s monitoring processes. This does not support the effective management of the high impact risk of chemical restraint.

The Approved provider in its response identified additional guidance was required to assist clinical management relating to chemical restraint. Eighteen consumers have been identified by the service through the additional guidance provided, as receiving medication classed as chemical restraint and processes have commenced to ensure authorisation and consent. While I acknowledge actions have been taken to address deficiencies relating to chemical restraint, these processes have not been completed or tested for their effectiveness. been in

For one named consumer, care planning directives included chemical restraint was to be used to sedate and tranquilise the consumer and to manage their behaviour. Following feedback, it was noted by management the wording in the care planning guidelines was incorrect and in appropriate. The Approved provider in its response has committed to reviewing the care plan of the consumer to reflect a more personalised person-centred approach.

The named consumer had progress notes indicating they had been a victim of physical assault. This incident had not been recorded or reported as a possible priority 2 Serious incident. The Approved provider identified following feedback included in the Assessment contact report, the assault did require reporting as a priority 2 incident and was reported retrospectively. This does not support the effective management of consumer assaults.

Consumers were not satisfied with the management of the risks to their health and well-being. This included feedback relating to medication management, diabetic care and bowel management. For a named consumer, a delay of three days (16-19 September 2021) occurred between the consumer’s representative noting a change in the consumer’s skin condition which resulted in an open wound, to a review by a Medical officer. The consumer also recorded a high blood glucose reading during this time period, which can be indicative of infection which was not reported to their Medical officer.

The Approved provider has acknowledged in its response a delay in the consumer’s medical officer reviewing the consumer as the medical officer will not visit the service after hours and also acknowledged there was no documented evidence to support the medical officer was aware of the consumer’s elevated blood glucose level. These processes do not support the effective management of a consumer with high impact needs including wound care and diabetes.

While actions had been taken by the service to address the previous Non-compliance identified in this Requirement at the Site audit conducted 16 to 18 March 2021, it is evident processes to return to compliance in this Requirement were not effective. Based on the evidence contained above, the management of high impact risks to consumers’ care and services remains ineffective, therefore it is my decision this Requirement remains Non-compliant.

# STANDARD 6 NON-COMPLIANTFeedback 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 in Standard 6, therefore a summary statement is not provided. However, a decision of Non-compliance in one or more requirements results in a decision of Non-compliance for the Quality Standard.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Non-compliant

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

Consumers and representatives are dissatisfied with the service’s response in relation to complaints. Appropriate action has not been taken in response to complaints. Staff do not share an understanding of open disclosure processes. Complaints are not consistently documented to facilitate review and resolution.

Feedback from four consumers and representatives confirmed their dissatisfaction with the effectiveness of the service’s complaints processes. Individual feedback included a lack of follow-up to complaints despite meeting with management and raising concerns at consumer meetings. Other feedback included a lack of response to incidents which occurred despite this scenario being raised at a consumer and representative meeting.

The Approved provider in its response has refuted the above information and has stated many incidental conversations are held between management and consumers or their representatives, as these conversations do not constitute complaints they have not been documented. Other feedback relating to a lack of response to concerns raised was due to the complainant not being the consumer’s preferred contact and therefore was not suitable to receive information about the consumer’s care.

Despite raising concerns with the organisation’s head office, one consumer noted they were awaiting feedback in relation to their concerns. I do not consider this information supports an ineffective complaints process as the Approved provider’s response concludes the consumer preferred to speak with staff at the organisation’s head office and refused to speak with onsite management. The Approved provider submitted conversations held with the consumer and management which indicate the consumer’s satisfaction with the management of their concerns and feedback.

Another representative stated they had left electronic messages, attempted to contact the service’s management and resorted to contacting the organisation’s head office in order to communicate with management at the service. The representative stated this was distressing. The Approved provider did not agree with this information and has stated regular communication occurs with the consumer’s representative and concerns are dealt with as they arise to ensure issues do not become complaints.

Consumers and representatives noted a lack of management present at consumer and representative meetings, and while their feedback was recorded by lifestyle staff, subsequent feedback is not provided. The Approved provider refutes this information and states management have attended the last three consumer and representative meetings. Lifestyle staff however, have been directed to include actions taken in response to feedback to ensure actions have been implemented and progress has occurred.

Complaints are not consistently documented to facilitate review and resolution. For one named consumer representative, despite written instructions for their complaint to be logged on the complaints register this did not occur. The Approved provider stated these concerns were not registered as the consumer refused to speak with onsite management about their concerns.

Concerns raised by a consumer representative relating to the behaviours of other consumers during a case conference were not recorded on the complaints register. The Approved provider has had instructions from the consumer representative to remove the complaint from the service’s records as it was not their intention to raise these concerns as a complaint. In reviewing the documentation submitted by the Approved provider to substantiate this request from the consumer representative, I am concerned the consumer’s representative may have felt responsible for the Assessment contact visit to the service due to the wording in the case conference record dated 5 November 2021. This is not in keeping with the intention of this Requirement whereby consumers and representatives will not be afraid the organisation will treat them badly after making a complaint. I am also concerned with information recorded in the comprehensive report dated 18 October 2021, indicates a lack of consideration of a possible solution to concerns by providing music to de-escalate challenging behaviours, this was dismissed as a possible solution and instructions included the consumer would need to purchase their own music machine. I believe this to be an inappropriate response to a considered and reasonable suggestion from a complainant.

Despite several complaints made by one representative through electronic mail and telephone, these concerns were not listed in the complaints register. The Approved provider stated these complaints have not been entered as the complainant wished to deal with management rather that raise a formal complaint.

Despite education being provided to staff in relation to open disclosure, the education delivered had not been evaluated for effectiveness and registered staff did not demonstrate a shared understanding of open disclosure processes. The Approved provider has indicated staff unaware of open disclosure processes were either temporary staff or staff who had not completed education regarding open disclosure. All staff were aware to escalate concerns to their team leader or management. I think the response from the Approved provider is reasonable in relation to this information.

While actions had been taken by the service to address the previous Non-compliance identified in this Requirement at the Site audit conducted 16 to 18 March 2021, it is evident processes to return to compliance in this Requirement were not effective. Consumers and representatives continue to be dissatisfied with the complaints processes including responses to concerns raised, complaints were not consistently recorded, and staff did not understand open disclosure processes.

The service is reliant on management maintaining responses to concerns outside of a robust complaints records system. These processes are not effective when key personnel change and complaints are not documented. It is my decision appropriate action was not taken when a consumer representative raised concerns about the behaviours of other consumers during a case conference. The wording in the record of the case conference inferred the representative’s feedback resulted in the Assessment contact visit occurring at the service, and the comprehensive report completed was dismissive of a possible suggestion raised by the complainant. For these reasons and the evidence recorded above, it is my decision this Requirement remains Non-compliant.

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Processes to ensure complaints are used to improve the quality of care were not effective. While trends in complaints had been identified, complaints had not been recorded to ensure they were reviewed and actioned. When complaints had been recorded, actions had not been recorded to address the complaints.

While management stated the trends in complaints related to food and staffing, this information was not captured in the service’s continuous quality improvement plan and therefore rectification actions have not been recorded. The Approved provider in its response stated feedback was captured in the feedback register and any improvements will be recorded in the improvement plan in the future.

Improvement areas identified in the improvement plan including call bell response times, outdated performance appraisals and a lack of compliance from staff in relation to education, while these concerns have been recorded actions have not been recorded to address these concerns. The Approved provider in its response identified there were a number of open improvements on the register when new management commenced at the service in December 2020, some of these improvement items have too little information to be able to effectively complete the actions and evaluate the effectiveness of the actions. This does not support a strong system for the use of feedback and complaints to be used to improve the quality of care and services.

Management advised reviews of the improvement plan have not occurred, this does not support feedback and complaints are reviewed. The Approved provider has noted the improvement plan was not up to date at the time of the Assessment contact.

Other methods of feedback provision including meetings and survey results have identified concerns and complaints, these concerns and complaints have not been included in the improvement plan, this does not provide an opportunity to improve the quality of care and services. The Approved provider has stated all improvement activity will be entered into a quality register in the future.

While I acknowledge the service is undertaking rectification actions to ensure all feedback and complaints are reviewed, and improvements to care and services result from complaints, there were similar issues raised relating to this Requirement where Non-compliance was identified at the Site audit 16-18 March 2021. There has been insufficient improvement relating to compliance in this Requirement, therefore it is my decision this Requirement remains 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.

* Consumers with high impact or high prevalence risk associated with their care need to be effectively managed.
* Appropriate action is to be taken in response to complaints.
* Complaints and feedback are to be used to improve care and services for consumers.