Blue Care Arundel Woodlands Lodge Aged Care Facility

Performance Report

29 Melbourne Road
ARUNDEL QLD 4214
Phone number: 07 5509 9200

**Commission ID:** 5226

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

**Assessment Contact - Site date:** 29 June 2022

**Date of Performance Report:** 26 July 2022

# Performance report prepared by

Tara Wurf, 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 |
| Requirement 2(3)(d) | 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.
* The Performance Report dated 8 April 2022 for the site audit conducted 15 March 2022 to 17 March 2022.

# 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 of this Standard and therefore an overall compliance rating or summary for the 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 representative reported they are involved in assessment and care planning processes and the care delivered to consumers meets their needs and preferences. For example, one representative advised their loved one has complex care needs and is reliant on staff assistance and said they are both involved in regular discussions and care planning.

Registered staff complete assessments in partnership with others, including consumers, representatives, medical officers, allied health professionals, and specialists. The clinical coordinator and registered staff described the process to review consumer risks and incidents, to identify trends, initiate referrals and ensure all those involved in the consumer’s care are consulted. Registered staff and care staff described strategies in place to support consumers with complex behaviours, which was consistent with information documented in those consumers’ care and services plans.

Staff demonstrated understanding of the service’s assessment and care planning processes and described how they use assessment, planning and handover information to guide their practice.

Assessments are completed on entry to the service and care and service plans are reviewed three-monthly or more frequently as consumer needs change. The service also conducts ‘consumer of the day’ reviews of approximately three consumers.

The service uses an electronic care management system to record consumers’ assessment and care and service plans.

Consumer care planning documents reflected comprehensive assessment and care planning processes that identified consumer’s needs, goals and preferences, including any identified risks. The documentation included information about risks and strategies to minimise and manage those risks. For example, care and service plans for consumers with:

* diabetes included a diabetic management plan that guides staff in monitoring glucose levels and directions for when levels are outside reportable range
* complex behaviours included behavioural support plans with individualised strategies, which are reviewed following incidents
* pressure injuries included wound care regimes, monitoring and relevant strategies to support the consumer’s skin, mobility and pain
* a risk of falling included falls prevention strategies, mobility and transfer needs and aids, and involvement of a physiotherapist.

The organisation has policies, procedures, guidelines and work instructions relating to assessment and planning to guide staff practice. A suite of evidence-based assessment tools is available for staff to use. Staff receive training relevant to their position. For example, registered staff said they received training and education in assessment and care planning and behaviour support plans in April 2022 and these topics are regularly discussed at meetings.

Actions have been taken to improve the performance of the service in this requirement, including in response to deficiencies identified during the site audit conducted 15 March 2021 to 17 March 2022. Improvements included:

* + Review and update of all consumer care plans to ensure all aspects of care provided were documented and clearly outlined personalised strategies.
	+ Education and training for registered staff in assessment, care planning and behaviour support plans.
	+ The care coordinator speaks regularly to staff and attends handover to ensure staff are aware of their duties in line with assessment and care planning.

Based on the above, this requirement is now compliant.

### 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.*

Consumers and their representatives said they are consulted and involved in discussions about the consumer’s care and services. They said staff explain information to them and they can access a copy of the consumer’s care and service plan when they wish.

Registered staff said they speak with consumers and their representatives regularly to discuss care and service needs and preferences. They described how changes to care and service plans are updated in the electronic care management system and communicated to staff, and confirmed consumers/representatives are offered (and provided) a copy of the consumer’s care and service plan.

Care staff said they have access to care planning documentation in the electronic care management system, in hard copy in a folder at the nurses’ station, and verbally at handover at the commencement of each shift. They said mobility and hygiene plans are available in consumers’ bathrooms to assist guide care delivery.

Assessments and care plan review processes had been completed. Consumers’ care documentation included information relevant to each consumer’s needs, goals and preferences including, but not limited to pain management, skin care, mobility, and restrictive practices. For example, the care plan for a named consumer with complex behaviours, specialised nursing care needs and diabetes included evidence of assessments and individualised strategies to guide staff practice in the management of their care needs. The care plan for another consumer from a non-English speaking background identified their preferred language and communication strategies for staff to use when engaging with them.

The Assessment Team observed care planning documentation to be readily available to staff delivering care and staff accessing consumers’ care documentation electronically. They observed hard copy consumer care plans in the central nurse’s station and hygiene and mobility care plans in consumer rooms, which reflected the current electronic care plans available to staff.

Actions have been taken to improve the performance of the service in this requirement, including in response to deficiencies identified during the site audit conducted 15 March 2021 to 17 March 2022. Improvements included:

* + Review of all care and service plans to ensure that outcomes of assessments were documented.
	+ Consumers/representatives were reminded at consumer meetings and via the service’s monthly newsletter that they can receive a copy of their care plan if they wish.
	+ All registered staff received education and training in to assessment, care planning and behaviour support plans.

Based on the information above, I find this requirement is now 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 of this Standard and therefore an overall compliance rating or summary for the 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.*

Most consumers and representatives considered there is enough staff to meet their needs and preferences, and reported that staff are responsive to their requests for assistance.

Registered staff and kitchen staff said there was enough staff to meet consumers’ needs and preferences and they have enough time to complete their allocated workload. While some hospitality and care staff reported feeling overworked and rushed, they said they can complete their allocated workload and provide care and services to consumers in line with their needs and preferences

Roster staff said the service uses an electronic text messaging service for inviting available staff to backfill or extend their shifts to cover vacant shifts. Care staff confirmed that the process works, and they have used the program to ‘pick up additional shifts’ when they are available. Staff rosters and allocation sheets indicated that there were no unfilled shifts for the fortnight leading up to the Assessment contact.

Management advised the service uses a ‘buddy shift program’ where experienced staff are paired with new staff to help them gain the skills and knowledge to perform their roles.

While consumers had raised concerns about low staffing levels in the afternoons, management demonstrated these concerns had been responded to and resolved.

Based on the information above, I find this requirement 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.