Blue Care Bayside Integrated Services

Performance Report

166 Sibley Road   
WYNNUM WEST QLD 4178  
Phone number: 07 3308 5861

**Commission ID:** 700112

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

**Assessment Contact - Desk date:** 11 April 2022

**Date of Performance Report:** 23 May 2022

# Performance report prepared by

A Grant, 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.

**Services included in this assessment**

**Home Care:**

* Blue Care Brisbane - Eastside Community Care CACP, 18024, 166 Sibley Road, WYNNUM WEST QLD 4178
* Blue Care Redland Community Care - EACH, 18094, Joe Wood Court, ALEXANDRA HILLS QLD 4161
* Blue Care Redland Community Care CACP, 18095, Joe Wood Court, ALEXANDRA HILLS QLD 4161

**CHSP:**

* CHSP - Nursing, 4-7ZSOX21, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Allied Health and Therapy Services, 4-2517PJE, 166 Sibley Road, WYNNUM WEST QLD 4178
* CRCS - Centre-based Respite, 4-251CDXA, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Domestic Assistance, 4-251CE7J, 166 Sibley Road, WYNNUM WEST QLD 4178
* CRCS - Flexible Respite, 4-251CEJW, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Home Maintenance, 4-251N89U, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Home Modifications, 4-251N8EI, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Personal Care, 4-25258DR, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Social Support Group, 4-252593P, 166 Sibley Road, WYNNUM WEST QLD 4178
* CHSP - Social Support Individual, 4-253WGQT, 166 Sibley Road, WYNNUM WEST QLD 4178

# Overall assessment of this Service

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| **Standard 2 Ongoing assessment and planning with consumers** | **Not Compliant** |
| Requirement 2(3)(a) | Not 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 Not 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 10 May 2022

# STANDARD 2 Not 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 Quality Standard is assessed as Not Compliant as Requirement 2(3)(a) has been assessed as Not Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Not 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 found at the point in time the Assessment Contact was conducted the service failed to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. Relevant risks to consumers’ safety, health and well-being are not consistently identified and strategies to minimise risk are not always documented. Care plans reviewed did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of safe and effective care and services.

The Assessment Team interviewed consumers and staff and received information on care planning documentation of four consumers. The evidence obtained failed to demonstrate how assessment and planning are effectively documented in consumers’ care plans to identify and manage risks and provide staff guidance when providing care and services.

A sample of examples and evidence of the service not meeting this requirement at the time of the Assessment Contact are included below.

Documentation analysed for Consumer A shows nurse health monitoring identified current medication issues because of swallowing difficulties and suggested a discussion with the GP to see if medications could be crushed. Subsequent progress notes do not detail if any referral to a Speech pathologist for an assessment was actioned, following the identification of the swallowing risk. Additionally, it was identified no skin integrity assessment was completed following the identification of skin irritation to forearms, buttock and upper thighs.

Analysis of Consumer B’s care planning documentation showed Consumer B uses a white walking stick for Consumer B’s vision impairment and a wheelie walker when Consumer B is unwell. It states Consumer B worries or gets stressed when Consumer B is not aware of Consumer B’s surroundings, however it does not provide any strategies to guide staff practice when providing services, including shopping support. The HCP Partner acknowledged the Support routine care plan could include greater detail regarding Consumer B’s mobility needs.

Analysis of Consumer C’s progress notes showed Consumer C was reviewed by his medical officer who ceased wound care by the service. There is no evidence that Consumer C’s care plans were reviewed or updated following review by the medical officer. Progress notes also identified Consumer C consumes resource drink supplements, however no evidence was located to show care plans were reviewed and or updated to reflect these changes.

Analysis of Consumer B’s progress notes showed nursing staff had completed falls risk assessments and actioned a referral to the Podiatrist to ensure Consumer B had appropriate footwear. A falls risk assessment completed shows Consumer B is a medium risk of falls, and the falls history states she had a fall in the last 3 months. Further analysis of documentation provided showed Consumer B had a fall the month this assessment was conducted, therefore the ‘falls this month’ box should have been checked which would have changed the level of risk identified by the tool.

While I am satisfied that the approved provider, through its continuous improvement activities and response to the Assessment Teams report have already partially addressed the deficits identified by the team, and I am satisfied will continue to, at the time of the assessment contact the assessment and planning, including consideration of risks to the consumer’s health and well-being, did not reflect best practice when informing the delivery of safe and effective care and services.

Based on all the available evidence the approved provider does not comply with this Requirement.

# 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.

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| 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.*