Performance

Report

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| Name of service: | Blue Care Capricorn Aged Care Facility |
| Service address: | 26 Magpie Avenue YEPPOON QLD 4703 |
| Commission ID: | 5501 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 6 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Blue Care Capricorn Aged Care Facility (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit 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 team’s report received 3 March 2023 and included a plan for continuous improvement.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 8(3)(c)** - The service implements governance systems which applies and controls information management, regulatory compliance, and the workforce and monitors these systems to ensure they are effective and sustainable.
* **Requirement 8(3)(d)** - The service improves risk management systems to ensure high impact or high prevalence risks are appropriately managed and incidents including those classified as serious, are appropriately identified, reported, monitored and investigated to minimise further reoccurrence.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were always treated with dignity and respect, and their individual identity, culture, and diversity were valued. Staff conveyed how their interactions with consumers promoted dignity and respect. Staff interactions were observed to be respectful.

Consumers and representatives confirmed their cultural background was understood and influenced the delivery of care and services. Staff demonstrated knowledge of consumers’ identity, background and individual values. Diversity and inclusion policies promoted consumers' rights to be treated with dignity and respect.

Consumers and representatives confirmed they were given choices about care and service delivery, and they were supported to maintain their individual decision-making capacity, despite their married status. Staff advised those chosen to be the consumer’s representative was documented. Staff were observed offering consumer’s choice of meals.

Consumers and representatives said staff supported them to make decisions involving taking risks, however assessments for some consumer who chose to take risks, were incomplete or unsigned. Staff knew of risk activities undertaken by consumers, and the strategies used minimise these risks, despite gaps being identified in risk documentation.

Consumers and representatives said they attend consumer meetings and receive clear, accurate and timely information. Staff described various means of communication including phone calls and electronic messaging. The activities calendar was distributed to consumers rooms and the newsletter was available in communal areas.

Consumers and representatives confirmed their privacy was respected, as staff ensured doors were closed when providing care. Staff gave examples of practices which promote privacy and maintain confidentiality. Nurses’ stations were observed to be locked, and all computers were password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Care documentation evidenced assessment tools identified consumer risks. Representatives confirmed they were involved in the assessment and care planning process. Assessment and planning procedures and checklists, incorporated in the electronic care management system, guided staff in assessment of the consumer and care plan development.

Care documentation contained advance care plans, and reflected the consumer’s needs, goals and preferences. Staff described consumers’ needs, goals and preferences were identified at entry and revisited to ensure currency through regular reviews processes, discussions and observations. Consumers confirmed they had discussed their end of life preferences with staff.

Representatives advised they were involved in the assessment, planning and review of care and services, including discussion during entry to the service, and on an ongoing basis. Care documentation recorded involvement of consumers, representatives and others in the assessment and care planning, including the medical officer, allied health and specialist support services.

Representatives confirmed they were offered a copy of the consumer’s care plan. Staff described outcomes of assessments were communicated to representatives and consumers Care documentation evidenced ongoing case conferences and representative consultation.

Staff described review of care plans occurred, either routinely or after an incident triggered reassessment and care directives were updated. Care documentation referenced current consumer care needs, and representatives confirmed the service informed them about changes in consumer care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives advised consumers received safe and effective care. Staff described using a variety of clinical pathways to ensure care provided was best practice. Care documentation reflected care delivered was tailored to suit each consumer and aligned with best practice.

Consumers and representatives expressed confidence that consumers risks were managed effectively as minimisation strategies had been implemented. Staff demonstrated knowledge of risks and related management strategies for individual consumers. Care documentation identified high impact, high prevalence risks such as falls, weight loss, swallowing difficulties, pressure injuries and diabetes management.

Care documentation demonstrated consumers were supported with palliative care and were kept comfortable. Consumers and representatives stated they were confident in the service’s capacity to support consumers through to end of life. Staff described palliative care included meeting the consumer’s psychosocial needs, symptom and pain management. A nurse practitioner was available to provide additional support if required.

Consumers and representatives said the service recognised and acted appropriately when deterioration was identified. Staff explained and care documentation evidenced consumers were monitored, and any changes were escalated for consideration their Medical officer. Policies, procedures and flowcharts guided staff in how to identify and respond to deterioration.

Care documentation evidenced consumer’s needs and preferences had been recorded and were accessible to staff, medical officer and provided to the hospital, when required. Representatives said changes to the consumer were communicated appropriately and in a timely way. Staff advised handover, meetings, and the electronic care management system were used to share information.

Consumers and representatives stated, and staff confirmed, the service partnered with other healthcare professionals and referrals were made when needed. Care documentation evidenced medical officers and allied health professionals had reviewed and provided input into the care of consumers, with their directives included in care plans.

Infection control policies and procedures which were used to reduce infection related risks and promote practices to ensure the appropriate prescribing and use of antibiotics. Consumers and representatives were confident with the outbreak management protocols in response to infectious diseases. Management stated competencies for handwashing and use of personal protective equipment were undertaken regularly and whenever an outbreak occurred.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff described what was important to consumers and what they liked to do, which aligned with care documentation. Consumers and representatives described how services and supports met consumers’ needs, goals, and preferences and optimised their quality of life and independence.

Consumers said a pastor visits weekly and they could access communion, where they wished. Staff said they supported consumers emotional and psychological needs, with one on one visits. Church services were observed being held.

Consumers and representatives said consumers social, personal relationships and activities of interest were encouraged. Staff supported consumers to keep in touch with family and friends by phone and electronic messaging. Consumers were observed sitting in the different lounge and dining areas playing bingo, doing puzzles and craft, and playing card games.

Consumers and representatives said their needs, preferences and conditions were communicated between staff and others. Staff described how the handover process kept them updated and informed of any changes. Staff were observed sharing information through handover and communication books.

Consumers and representatives described referrals and follow-ups as timely and appropriate. Care documentation evidenced collaboration with audio services, hairdressers and entertainers to support consumers. Policies and procedures guided staff in referral processes.

Consumers and representatives commented there were a variety of meals provided, and they had input into menu planning. Meals were observed to be well presented and consumers were assisted in a respectful and timely manner. Care documentation confirmed consumer dietary requirements and preferences were captured and consistent with what consumers reported.

Consumers and representatives said equipment provided was safe, suitable, clean and well-maintained. Staff said equipment was regularly maintained and cleaned and knew how to report any repairs required. Maintenance documentation demonstrated equipment was regularly serviced and was up to date.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said their visitors were welcomed, they felt at home as they were encouraged to decorate their rooms with photos and mementos. Staff described how consumers either moved independently or were supported to move between various communal areas and their rooms. Consumers rooms were observed to be personalised.

Consumers and representatives advised the service environment was clean, comfortable, they had access to the outdoors and could leave the service when they wished. Consumers were observed to move freely in both indoors and outdoors areas. While the service environment was observed to be clean and staff described the completion of cleaning duties was monitored, documentation was not always signed. Environmental audits are conducted to monitor safety.

Consumers said their rooms were well maintained. Staff understood how to report hazards and repairs, with maintenance documentation evidencing these were resolved quickly. Lounge, dining and outdoor furniture was observed to be safe and clean.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed they were encouraged and supported to provide feedback or make complaints and management were approachable. Staff described the various ways complaints or feedback could be provided and what they would do if concerns were raised with them directly. Policies and guidelines inform staff of their responsibilities when accepting feedback or complaints.

Consumers and representatives said they were aware of various methods for lodging a complaint, such as through the service, via meetings, directly to management, or with the aid of a family member or friend. Staff described how they would access advocacy or translation services, if they were required. Complaints and external support services were promoted and included in the consumer handbook.

Consumers and representatives stated when feedback was given, they received an apology, and the issue was resolved quickly. Staff understood open disclosure and the complaints management process. Complaints’ documentation evidenced feedback was acknowledged, open disclosure was used, and the progress of actions monitored until closure.

Consumers, representatives and staff confirmed feedback and complaints resulted in change. Management advised, and meeting minutes confirmed changes and improvements were discussed with consumers to evaluate results. The plan for continuous improvement evidenced the purchase of crockery, installation of automatic doors and increased font size for newsletters were based on consumer feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said their needs were met, despite the occasional shortage of staff. Rostering documentation supported the majority of care staff, and all clinical shifts were filled with management advising they had long term agency contract staff in place. Call bell data supported most calls for assistance were answered in under 5 minutes.

Consumers and representatives said staff were kind, engaged with consumers respectfully and were gentle when providing care. Staff demonstrated an in depth understanding of consumers individual needs and preferences. Staff were observed to engage with consumers and their family members in a personable manner.

Consumers and representatives reported staff were skilled in their roles and competent to meet their care needs. Management said the onboarding process, including buddy shifts, requires staff to demonstrate their competence. Position descriptions outlined roles, individual accountabilities, key skills and requirements, with staffing reports evidencing all staff had current qualifications and credentials.

Consumers reported they were confident with staff abilities and practices. Staff described how they had regular training sessions through toolbox sessions or online platforms. Human resource guidelines outline recruitment, orientation, including for agency staff and training processes, however not all staff had completed their annual mandatory training as required.

Consumers and representatives said they gave feedback concerning staff performance which prompted action. Staff reported an annual appraisal is completed and they receive ongoing direct feedback on their work performance. Policies and procedures guide the monitoring and management of staff performance, with all staff having had a recent appraisal.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The assessment team recommended Requirement 8(3)(c) and Requirement 8(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit Report evidenced the service had deviated from organisational policies leading to deficiencies in information management, regulatory compliance and the management of risk with organisational monitoring systems having failed to detect the inconsistencies.

In relation to information management, processes and systems had not been consistently implemented as risk assessments were not documented, consumer’s behaviour support plans were not current and there were inconsistencies between registers monitoring psychotropic medication usage and consumers subject to chemical restrictive practice.

In relation to regulatory compliance, 7 events, which met the classification of a serious incident and required reporting to the Serious Incident Response Scheme (SIRS) had not been submitted within the regulated timeframes, ranging between 2 days and 10 months late. Additionally, for a named consumer, who had a chemical restrictive practice in place, documentation supporting informed consent, authorisation and monitoring regimes had not been completed.

In relation to risk management, it was identified these systems had failed to identify and assess, all potential risks to consumers, as 7 named consumers did not have risk assessments completed for risk-taking activities such as refusal of dietary modifications in response to swallowing difficulties, consuming alcohol, refusal to use recommended mobility aids and smoking cigarettes. Additionally, 22 consumers had not been assessed to determine their safety following their choice to have their bed placed against a wall.

I acknowledge, while these risks had not been identified and assessed formally, staff demonstrated knowledge of interventions and strategies used to ensure consumer safety and therefore, consumers had not been placed at risk.

The provider’s response submitted on 3 March 2023 accepted the findings and submitted a plan for continuous improvement which included provision of training to staff on incident management procedures including for serios incidents, consumer entry processes had been amended to ensure all risks to consumers were considered and assessed appropriately and the management of psychotropic medications was being transitioned from a paper based to an electronic system to improve consistency, accuracy and management of consumers who require behaviour support or are chemically restrained.

While the provider has implemented, commenced or planned corrective actions, some of these are yet to be finalised or evaluated in order to demonstrate their effectiveness or sustainability.

Therefore, I find Requirement 8(3)(c) and Requirement 8(3)(d) are non-compliant.

I find the remaining 3 requirements of Quality Standard 8 compliant as:

Consumers reported the service was well run and confirmed they were invited to participate in consumers meetings and surveys to identify improvements. Staff consulted consumers, through regular reviews, to involve them in the design and development of their care. A plan for continuous improvement and consumer meeting minutes confirmed consumers were consulted on how they wanted care and services to be delivered.

The governing body and executive team had implemented monthly monitoring and reporting, of clinical indicators, quality initiatives and incidents to ensure they have oversight of the performance. Management advised the governing body is briefed in relation to any critical incidents. A quality hierarchy oversees the operations of the service to ensure care delivered is safe and inclusive.

A clinical governance framework, including minimising restrictive practices, open disclosure and antimicrobial stewardship supports staff in the delivery of clinical care. Staff generally demonstrated what this means for their practice as they acted consistently when things went wrong, antibiotic prescribing was undertaken following pathological testing and they actively reduced or ceased medications identified as chemically restricting consumers.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)