Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Blue Care Gympie Grevillea Gardens Aged Care Facility | 7 July 2022 |
| Commission ID: | Activity type: |
| 5472 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 31 May 2022 to 2 June 2022 |

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 Gympie Grevillea Gardens Aged Care Facility (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 29 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-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 3(3)(b) – the Approved Provider ensures high-impact and high-prevalence risks are effectively managed for all consumers, including risks associated with consumers requiring behaviour support.
* Requirement 5(3)(b) – the Approved Provider ensures the service environment is safe and comfortable for all consumers, including psychological safety.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to regulatory compliance.
* Requirement 8(3)(d) – the Approved Provider improves their risk management systems and practices to ensure effectiveness, specifically in relation to management of high-impact and high-prevalence risks, incident management and identifying and responding to abuse and neglect of consumers.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 said staff respect them and their identity and culture is valued. Staff demonstrated an understanding of consumers’ personal needs and circumstances and their cultural and religious preferences. Care planning documentation included information regarding consumers’ background, identity, cultural, religious and spiritual needs. Consumers were observed to be treated in a dignified manner and participating in cultural activities as per their preference.

Consumers are supported to exercise choice and independence, including through maintaining relationships of their choice. Staff described how they support consumers to make choices and encourage independence, such as providing options and regular meetings with consumers.

Consumers provided examples of risk-taking activities they are supported to do. Care documentation showed risk assessments are completed for consumers.

Consumers said information provided to them is accurate, timely and supports them to make choices. Information is provided to consumers through meetings, memorandums, noticeboards, newsletters and published materials. Care documentation identifies interventions to support consumers with varying communication needs.

Consumers said staff maintain their privacy, including when consumers have visitors. Staff were observed knocking and seeking consent prior to entering a consumer’s room and closing doors when providing personal care. Consumers’ personal information was observed to be securely stored.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers and their representatives are involved in assessment and care planning process. Assessments are completed upon entry to the service to identify consumers’ needs and guide staff in the delivery of care. Care planning documents identify risks to each consumers’ health and well-being, their current needs, goals and preferences, including for advance care and end of life care.

Care documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. While consumers said they had not seen their care plan, consumers and their representatives confirmed they have discussed aspects of consumers’ care with staff. The Approved Provider said they have taken steps after the Site Audit to better communicate the outcomes of assessment and planning to consumers and their representatives, including offering a copy of care plans following reviews.

Care documentation showed care and services are reviewed every 3 months, and in response to incidents and changes to consumer’s condition, needs and preferences. Representatives said they are informed of any changes. Clinical indicators are monitored through a clinical governance structure.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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

While the Assessment Team recommended the above requirement is met, I have considered the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant for this requirement.

The Site Audit Report brought forward feedback from named consumers who were significantly impacted by the behaviours of other named consumers. These behaviours were ongoing and were well-known by staff, consumers and representatives.

The Approved Provider responded on 29 June 2022 and included some clarifying information and clinical record extracts regarding the negative feedback.

A named consumer expressed they lock their door to prevent another consumer from entering their room. The other consumer bangs loudly on the locked door and has pushed dining furniture towards the named consumer and other consumers. As a result, the named consumer ceased attending the dining room. The Approved Provider met with the named consumer following the Site Audit and implemented effective strategies for the consumer exhibiting challenging behaviours.

A further named consumer said a consumer regularly intrudes into their room, causing them significant distress. The named consumer felt fearful as the other consumer had previously tried to climb in their bed. The Approved Provider has undertaken extensive consultation with the named consumer following the Site Audit.

Three consumers identified another consumer is verbally aggressive during the day and calls out loudly at night, which has resulted in some named consumers not having a sound sleep at night.

Following the Site Audit, the Approved Provider has completed holistic clinical assessment and medical reviews for the consumers who were identified to be causing distress to the other consumers.

Some behavioural incidents were not reported as per the Serious Incident Response Scheme (SIRS) requirements. This has been further considered under Standard 8 requirements (3)(c) and (3)(d).

These behaviours were ongoing, were not pre-emptively addressed and effective actions only took place after the Site Audit. I consider the service did not demonstrate high impact or high prevalence risks associated with consumers requiring behaviour management were being effectively managed at time of the Site Audit. I have placed weight on the consumers’ reported experience in making my decision.

Therefore, I find requirement 3(3)(b) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 3 are compliant.

Overall consumers and representatives said consumers receive personal and clinical care they need. Consumers requiring skin integrity and pain management care generally receive suitable care consistent with applicable directives. Environmental restrictive practice is generally effectively managed. Where deficits were identified in relation to chemical restrictive practice management, they have been discussed under Standard 8 requirement (3)(c).

Care documentation recorded consumers’ end of life or advance care preferences and staff provided examples of how they alter care for consumers nearing end of life. Care documentation showed that deterioration or change in consumer’s condition is identified and responded to in a timely manner, including through referrals to other professionals, which was consistent with staff feedback.

Information relating to consumers’ condition, needs and preferences is reflected in care documentation and is shared through handover meetings. Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations.

Staff described how they minimise infection-related risks. However, a number of deficits relating to infection prevention and control practices were observed during the Site Audit. No harm to consumers was brought forward. The Approved Provider said further training and monitoring is occurring to maintain staff consistently following suitable infection control practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

Consumers said they feel supported to engage in lifestyle activities of interest. Staff described what is important to consumers and how they support consumers’ independence and quality of life. The lifestyle calendar offers a range of activities, including tailored items for consumers residing in the memory support unit. Consumers were observed to be engaged in various group and individual activities.

Consumers and their representatives considered consumers’ emotional well-being is supported. Staff described how they identify changes in consumers’ mood and provide emotional support. Care planning documents reflect consumers’ spiritual and psychological needs and strategies for staff to provide support and encouragement.

Staff described how they support consumers to participate in activities within and outside of the service and maintain social and personal relationships, which was consistent with consumer feedback. Staff were observed encouraging and assisting consumers during activities.

Information about consumers’ needs and preferences is communicated effectively, and staff described how changes relating to consumers’ care and services are communicated through verbal and documented handover processes.

Care plans show referrals are made to other services and organisations to support consumers. The service engages other individuals and organisations to supplement the lifestyle program.

Overall consumers expressed satisfaction with the quality and quantity of meals provided by the service. Care plans reflect consumers’ dietary needs and preferences. Consumers are offered choice and have varied opportunities to provide feedback regarding the menu. The kitchen environment was observed to be clean and staff were observed providing assistance during mealtime.

Equipment was observed to be clean, suitable and stored appropriately.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

The Site Audit Report brought forward feedback from named consumers who were significantly impacted by the behaviour of other named consumers and did not feel safe at the service. I have discussed consumer feedback and the Approved Provider’s response in detail under Standard 3 Requirement (3)(b).

The memory support unit of the service was observed to have steak knives in an open drawer, and there were recent incidents involving a consumer who resides in this unit. This has been further discussed under Standard 8 Requirement (3)(d).

While the service environment is clean and well-maintained, and enables consumers to move freely, I do not consider the service environment was safe and comfortable for all consumers at the time of the Site Audit. I have placed weight on the consumers’ reported experience and impact on their psychological safety and well-being, noting the evidence submitted by the Approved Provider regarding the consumers’ current satisfaction reflects actions taken and consumer feedback following the Site Audit.

Therefore, I find requirement 5(3)(b) is non-compliant.

I am satisfied the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers said the service feels like home, is clean and well-maintained. The service environment was observed to be clean and welcoming, with adequate signage to guide consumers. Consumers’ rooms are personalised with photographs and furnishings. The service has communal areas, gardens, and activity areas for consumers to socialise, engage or relax. Consumers were observed moving between different areas of the service, and indoor and outdoor areas of the service were generally easily accessible to consumers.

Consumers expressed satisfaction with the furniture, fittings and equipment at the service. A range of equipment is available for consumers to use. Maintenance documentation evidenced timely, regular and as required maintenance occurs.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 their representatives said they feel comfortable raising concerns about care and services. Staff described ways to assist and mechanisms available for consumers to make complaints. Consumers are provided with written information about how to make complaints, and feedback forms and boxes are available throughout the service.

Consumers have access to advocates, language services and other methods of raising complaints, and brochures and posters regarding these are displayed. Staff said they assist consumers to access these services.

Most consumers said their concerns are addressed appropriately and in a timely manner, and described actions taken by the service, including that an apology is provided.

The service’s quality register includes information regarding feedback or complaints raised, communication with the consumer or their representative, apologies provided and the outcome. The register is reviewed to identify continuous improvement outcomes.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 and their representatives considered there were sufficient staff deployed to support the delivery of safe and quality care and services. Staff expressed rostering challenges due to COVID-19 and flooding, however, did not consider this resulted in a deficiency of care for consumers. The service demonstrated effective workforce planning with processes in place to cover unfilled shifts, with multiskilled staff working together to maintain care. Call bell records showed call bells were overall answered promptly.

Consumers said staff provide kind, caring and respectful support and care, which was consistent with observations of staff interactions with consumers. Consumers expressed staff are well-trained to effectively perform their roles. The service has an onboarding process, staff position descriptions and work instructions in place.

The service delivers formal and periodic training, including via an online system, to support staff in delivering appropriate care. The service’s training records show training is completed in a timely manner. Staff’s performance is monitored through observations, consumer feedback, call bell reports and review of clinical indicators. The service is transitioning from annual performance appraisals to 6-monthly conversations with staff.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.

* 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.

The service has functional governance systems in place for information management, continuous improvement, financial and workforce governance, and feedback and complaints.

The Site Audit Report brought forward deficiencies in the governance system relating to regulatory compliance.

The Site Audit Report identified several named consumers who did not have an appropriate diagnosis for the use of psychotropic medication or a consent in place for the use of chemical restrictive practice. In their response of 29 June 2022, the Approved Provider submitted evidence of appropriate diagnosis for 3 named consumers. For one named consumer subject to chemical restrictive practice, the Approved Provider submitted evidence of verbal consent obtained from the consumer representative. I consider this demonstrates compliance with this requirement.

A named consumer identified several instances where another consumer was verbally aggressive, abusive and intrusive towards the named consumer, having an impact on their health and well-being. The service’s incident register identified some incidents where a consumer was physically and verbally aggressive towards other consumers. A complaint was lodged regarding a staff member verbally abusing a consumer. Each of these incidents were not reported as per the Serious Incident Response Scheme (SIRS) requirements. Some staff did not demonstrate an understanding of SIRS reporting requirements.

The Approved Provider’s response stated the incidents discussed in the report occurred at the service prior to the commencement of the new management. They have since reviewed all incidents and have reported those incidents identified as having a negative impact to consumers to SIRS. The service has continued to provide staff training on SIRS requirements. Since the service did not report incidents as per the regulatory requirements in a timely manner and corrective actions were not identified through the service’s governance systems prior to the Site Audit, I consider this demonstrates non-compliance with this requirement.

The organisation’s regulatory compliance governance system relating was not operating effectively during the Site Audit to pre-emptively identify and address deficiencies, specifically in relation to reporting of significant incidents as per the SIRS requirements.

Therefore, I find requirement 8(3)(c) is non-compliant.

The service supports consumers to live the best life they can and have an incident management system in place. However, the Site Audit Report identified 3 incidents that occurred due to a consumer having access to a knife (used for cutting food), where they pointed the knife to staff when disagreeing with staff. The consumer has since moved to the memory support unit, however, steak knives were observed to be easily accessible in an open drawer in the memory support unit. A large kitchen knife was also observed soaking in a tub in another area of the service, accessible to consumers, however I am satisfied this did not pose imminent risk.

The Approved Provider responded on 29 June 2022 and stated the named consumer has previously used a knife to prepare food for the wildlife. The named consumer was monitored following each incident and since the consumer has moved to the memory support unit, there have been no reports of the consumer accessing knives. The Approved Provider stated steak knives observed in an open drawer in the memory support unit was not the service’s usual practice and this has since been rectified. A local orientation has been developed for staff to prevent this from reoccurring. I consider this example demonstrates non-compliance with this requirement as the risk of harm was not pre-emptively identified and addressed.

The service did not effectively address and manage ongoing behaviours of some consumers that caused significant distress to other consumers, based on the latter consumers’ accounts. Some incidents of verbal and physical aggression were not identified or reported as per the regulatory requirements. This has been discussed under Standard 3 Requirement (3)(b) and Standard 8 Requirement (3)(c).

At the time of the Site Audit, the service did not demonstrate having effective risk management systems and practices to identify risks to consumer’s health and well-being, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.

Therefore, I find requirement 8(3)(d) is non-compliant.

I am satisfied the remaining 3 requirements of Quality Standard 8 are compliant.

Consumers expressed they are involved in their care and services, including in decision-making and program development. The service uses information gained from consumer feedback to drive continuous improvement.

The organisation’s governing body overall promotes and is accountable for the delivery of safe, quality care and services. The service’s performance is monitored through comprehensive reporting on internal and external audits, workforce data, clinical indicators, incidents, and consumer and staff feedback.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)