**Performance**

**Report**

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| Name: | Blue Care Roma Charleville Cunnamulla Community Care |
| Commission ID: | 700640 |
| Address: | 53 Bungil Street, ROMA, Queensland, 4455 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 12 December 2024 to 13 December 2024 |
| Performance report date: | 21 January 2025 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:   
Provider: 314 The Uniting Church in Australia Property Trust (Q.)  
Service: 18098 Blue Care Rural and Remote Community Care CACP

**This performance report**

This performance report has been prepared by Jemma Wilson, 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 services it operates, 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 Assessment contact (performance assessment) – non-site report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 January 2025.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Fully Assessed** |
| **Standard 7** Human resources | **Not Fully Assessed** |
| **Standard 8** Organisational governance | **Not Fully Assessed** |

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.

**Standard 2, Requirement 2(3)(e)**

* Ensure the care and services of consumers are reviewed on a regular basis and where there are changes or deterioration identified which impacts on their needs, goals or preferences.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Not Compliant |

Findings

The assessment team recommended requirement (3)(e) not met as they were not satisfied the care and services of consumers are reviewed for effectiveness following incidents or when circumstances change impacting on the consumer’s needs, goals and preferences. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding.

While staff and management were able to describe reassessment processes, including when circumstances change, two consumers indicated they had not undergone a review or reassessment following a change in their condition, or short stay in hospital. Eight consumer files had not been reviewed following incidents nor had future review dates been entered into the electronic care documentation system to ensure monitoring of upcoming reviews. This includes for one consumer experiencing weight loss, care documentation showed weights had not been consistently recorded, with only 2 weights recorded from September 2024 to December 2024. Overall service documentation indicated only 25% of consumers had undergone a review in the last 12 months.

The provider agreed with the assessment team’s recommendation and outlined a range of proposed and completed actions to remedy the deficits. The provider asserted and provided care documentation which demonstrated assessments and planning for consumers named within the assessment team’s report had undergone a review of care and services following the site audit. Additionally, the service proposed improvements to systems and processes for assessment and planning, including strengthening monitoring processes, providing additional education and training to staff and implementing additional roving roles to support the care management team.

While I acknowledge the provider’s response, I find assessment and planning had not been reviewed on a regular basis, nor were the care and services reviewed for consumers following incidents or where changes in the needs and preferences impacted on their care and services. In coming to my finding, I have considered evidence throughout the assessment team’s report, which demonstrates care documentation was not consistent with the needs, goals and preferences of consumers, in particular following significant changes to consumers’ weight or where external service providers are engaged in care and service delivery. I have considered the provider’s acknowledgement of the assessment team’s report, and plan for continuous improvement, however, the proposed actions will require time to implement and embed into staff practice and be evaluated for effectiveness.

Therefore, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |

Findings

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as care documentation showed changes in a consumer’s condition was not responded to in a timely manner. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding.

While consumers expressed confidence staff would be able to recognise and respond to deterioration or changes in their condition, care documentation showed while changes were identified, actions taken in response were not consistently undertaken by staff and management. For one consumer, who confirmed they had experienced recent weight loss, care documentation showed no additional assessments had been completed. Additionally, a second consumer’s care documentation identified a deterioration in the consumer’s wellbeing, including wearing soiled incontinence aids and leaving hot plates on overnight. However, care documentation did not show referrals had been placed to medical practitioners, allied health professionals or clinical supports for review or additional services and supports.

The provider’s response acknowledged the deficits identified in the assessment team’s report and included proposed and completed actions undertaken to remedy the identified issues. The provider asserted, and provided care documentation which demonstrates, for consumers named in the assessment team’s report a review of care and services has been undertaken to ensure care and services delivered is safe, effective and meets the needs of consumers and within the scope of services provided. Additionally, a plan for continuous improvement outlines proposed actions to be undertaken including the implementation of a stop and watch and deterioration pathway, recruitment of additional roles to support care managers and review of progress note monitoring to ensure deterioration or changes are effectively identified and escalated.

While I acknowledge the assessment team’s report, I have come to a different view and find the service does identify and respond to changes in a consumer’s condition within the restraints of services provided and funding available. I have considered, that while for one named consumer in this requirement, evidence shows referrals had not been undertaken following the identification of changes to the consumer’s condition, evidence within requirement (3)(e) in Standard 3 and requirement (3)(d) in Standard 8 showed for other consumers with identified deterioration, referrals to medical practitioners and clinical staff had been undertaken and completed. Additionally, I have considered the evidence provided in relation to undertaking additional assessments following weight loss in requirement (3)(e) in Standard 2, where it is more aligned.

Therefore, I find requirement (3)(d) in Standard 3 Personal care and clinical care compliant.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as while consumers are confident staff were knowledgeable about their care and services, information about the consumers’ needs and preferences were not documented in care documentation and staff were not familiar with the consumers’ condition. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding.

Although consumers felt staff were knowledgeable about their needs and preferences and care delivery, staff and management did not demonstrate familiarity with the needs and preferences of consumers discussed. Care documentation for four consumers who receive services through another service provider through a brokerage agreement, did not include information sharing or information on the services provided through the brokerage agreement. For one consumer with all services delivered by a third party provider, the service did not have a documented care plan outlining the services being provided. Additionally, for 2 consumers who experienced changes to their condition care documentation did not demonstrate this information had been effectively documented.

The provider acknowledged the identified gaps in care documentation in relation to assessments and changes to the consumers care and condition. The provider asserted and provided care documentation which demonstrated all consumers named within the report had their care and services reviewed and associated care documentation updated to accurately reflect their current needs and preferences. Additionally, a plan for continuous improvement outlines proposed actions to strengthen current systems and processes, including providing additional education and training to clinical staff and engaging with external contractors to ensure effective communication occurs.

While I acknowledge the assessment team’s report, I find the service does document and communicate information about the consumers’ condition, needs and preferences. In coming to my finding, I have considered and placed weight on the feedback from consumers throughout the assessment team’s report which demonstrates consumers are receiving care and services which meets their current needs, goals and preferences. While the assessment team’s report demonstrates deficits in assessment and planning documentation, I have considered this information in requirement (3)(e) in Standard 2 where it is more aligned.

Therefore, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers expressed satisfaction with the performance of the workforce and felt comfortable in providing feedback to management on the performance of staff. Staff described undertaking performance reviews and confirmed reviews include setting professional goals and identifying any additional training or education required. Staff described being supported in completing their roles through ongoing education and training, regular check-ins and approachable managers. Management described systems and processes for monitoring staff performance and appraisals and supporting the workforce through training, staff meetings and one on one meetings. Service documentation showed monitoring an undertaking of performance appraisals, with formal processes to manage staff performance when incident occur due to noncompliance to service policies and procedures.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Compliant |

Findings

The assessment team recommended requirement (3)(d) not met as they were not satisfied the provider has effective risk management systems in place, particularly in relation to risk assessments and incident reporting. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding.

The service maintains a clients of concern list which includes consumers subject to restrictive practices, cognitive impairment, palliative care, recent falls or hospitalisations and consumers identified as vulnerable due to location or living arrangements. The clients of concern list did not include consumers with dignity of risk arrangements, unplanned weight loss, sensory impairments or wounds. Clinical huddles are undertaken to discuss consumers with deteriorating conditions and those with complex care. Clinical huddle meetings did not demonstrate the clients of concern list was discussed and actioned.

Staff were familiar with and demonstrated processes for reporting incidents and consumer concerns in progress notes and through the incident management system. Care documentation demonstrated for one named consumer, staff had identified a change in a consumer’s health status and reported to management. The Serious Incident Response Scheme (SIRS) reports demonstrated accurate reporting of SIRS incidents with investigations and follow up actions undertaken. For one consumer reported due to an unexpected death, the investigation noted staff had reported pain during urination to management and medical practitioner review of the concern. While gaps were identified with referral processes to clinical staff, staff involved in the referral process were provided additional education.

The organisation has a risk management framework in place including policies and procedures to guide and support staff practices. Education and training is provided to staff in relation to abuse, neglect and incident reporting, with additional training undertaken by external services where a gap in knowledge is identified. Incident and risk data is trended and analysed and reported through the care governance and quality team.

The provider did not agree with the assessment team’s recommendation and provided additional information on the systems and processes in place to manage, analyse and report risks. The provider described undertaking data analysis on regional, network and service levels to identify trends in relation to incident reporting or risks to consumers. The provider indicated following the implementation of a new incident management system in July 2024, they have actively undergone improvement processes including enhanced training programs, and the allocation of additional resources.

The provider acknowledged some improvement could be made to the clients of concern list to further identify risks to consumers and are currently reviewing the agenda of the clinical huddles to enhance identification of high risk consumers, with an example of a clinical huddle meeting provided.

While I acknowledge the assessment team’s report, I have come to a different view and find the organisation has effective risk management systems and processes in place. In coming to my finding, the evidence provided demonstrates the organisation has systems and processes, including policies, procedures and education, to guide and support staff practice in relation to incident management, high impact and high prevalence risks, recognising and responding to elder abuse and supporting consumers to live their best life. I have considered that, while there are deficits in assessment and planning, feedback from consumers show they feel they receive safe and effective care and services which meets their needs. Additionally, service documentation shows incidents, including SIRS, are reported, investigated, trended and analysed to inform improvements to care and services and minimise risks. Clinical huddle meetings show quality and compliance, incidents and feedback, audit trends and high impact and high prevalence risks are discussed.

Therefore, I find requirement (3)(d) in Standard 8 organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)