Performance

Report

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| Name of service: | Blue Care Ingham Bluehaven Aged Care Facility |
| Service address: | 58 Cassidy Street INGHAM QLD 4850 |
| Commission ID: | 5176 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 to 30 August 2023 |
| Performance report date: | 20 September 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 Ingham Bluehaven Aged Care Facility (**the service**) has been prepared by T Wurf, 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 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 provider’s response to the assessment team’s report received 19 September 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 service must effectively manage high-impact, high-prevalence risks to consumers, including those associated with changed behaviours and restrictive practices. Areas for improvement include:
  + Behaviour support plans are in place for consumers that need them, include individualised support strategies for changed behaviours and are reviewed for effectiveness.
  + Staff have knowledge of individual strategies to effectively support consumers with changed behaviours.
  + Incidents related to consumers’ changed behaviours are identified, documented and, where relevant, reported.
  + Restrictive practices are identified and managed in line with the Quality of Care Principles definition and requirements for the use of a restrictive practice.
* Requirement 7(3)(b) – The service must implement processes to monitor workforce interactions with consumers and promptly address instances where staff interactions with consumers are not kind, caring or respectful.

# Standard 3

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| Personal care and clinical care | |  |
| 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 3(3)(b) is non-compliant.

*Requirement 3(3)(b)*

The Assessment Contact Report included evidence that high-impact, high-prevalence risks related to the management of consumers’ changed behaviours and the use of restrictive practices were not effectively managed.

In relation to behaviour management:

* Behaviour support plans (BSPs) for consumers with changed behaviours were either not in place, or were incomplete and did not include individualised or effective strategies for staff to manage the behaviours. For example:
  + Two consumers with complex behaviours that occurred regularly (daily) did not have behaviour support plans available to staff delivering care.
  + Another consumer had multiple bruises on their arms as a result of staff being unable to manage the consumer during care delivery.
* Some representatives felt consumers’ behaviours were not well-managed, staff were not equipped to manage behaviours, and that the service had not involved them in developing behaviour support strategies for their loved ones.
* The incident management system was not utilised to record and monitor behavioural incidents.
* Management acknowledged BSPs did not contain individualised strategies and staff required additional training in behaviour management.

The service had not consistently identified, documented and managed consumers subject to restrictive practices (chemical, mechanical and environmental) in line with regulatory requirements. Management and registered staff did not have a clear understanding of restrictive practices.

The approved provider’s response acknowledged the findings in the Assessment Contact Report and identified improvement actions taken or planned. These included:

* Consulted with named consumers and their representatives, updated BSPs with individualised strategies, and made referrals to external specialists where required.
* Review all BSPs to ensure they are personalised and provide staff with effective strategies to manage consumers’ behaviours.
* Recorded behavioural incidents in the service’s incident management system and, where relevant, reported incidents to the serious incident response scheme.
* Reviewed all restrictive practices and ensured they were correctly identified and managed.
* Review and establish clinical monitoring processes.
* Staff information and education on various topics related to behaviour management, restrictive practices, and incident management.

Based on the Assessment Contact Report and the approved provider’s response, I am satisfied that:

* Consumers with changed behaviours were not effectively managed. BSPs were not in place, or did not include individualised and effective strategies to manage consumers’ behaviours. Staff lacked knowledge of strategies to support consumers with changed behaviours.
* Restrictive practices were not consistently identified, documented and managed in line with the Quality of Care Principles.
* Whilst the approved provider’s response to the Assessment Contact Report identified actions to address deficiencies in behaviour management and restrictive practices, some actions are yet to be implemented and others are in their infancy. Improvement actions will take some time to embed in practice and be tested for effectiveness and sustainability.

For these reasons, I have decided requirement 3(3)(b) is non-compliant.

*Requirement 3(3)(f)*

The Assessment Contact Report identified evidence that:

* the service makes referrals to other health professionals, such as dieticians and speech pathologists for consumers experiencing weight loss,
* a range of health professionals were involved in the care of consumers. For example, physiotherapists, medical officers, a nurse practitioner, podiatrists, dementia support services and wound specialists, and
* management and staff understood how changes in a consumer’s health or well-being could prompt a referral to a relevant health professional.

Taking into account information in the Assessment Contact Report and summarised above, I am satisfied this requirement is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Assessment Contact Report identified that the service’s kitchen was non-operational at the time of the assessment contact visit as it was being repaired. A temporary kitchen was being utilised. The service was communicating with consumers about the progress of the kitchen works and changes to the service’s menu.

The service has a two-week rotating menu, which was adapted and altered based on consumer feedback and preferences. The service has processes to manage consumer information such as preferences, allergies, and intolerances.

Consumers were generally satisfied with the quality and quantity of food provided at the service. Whilst some consumers said that the quality and variety of food had decreased as a result of the temporary kitchen, they said the service provided choice and access to healthy snacks.

The approved provider’s response to the Assessment Contact Report acknowledged limitations of the temporary kitchen and outlined various ongoing actions to keep consumers and representatives informed about the project status and access to alternate meal options.

Based on the available evidence summarised above, I am satisfied this requirement is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 7(3)(b) is non-compliant.

The Assessment Contact Report included evidence that workforce interactions with consumers were not kind, caring and respectful.

Several consumers and representatives expressed various concerns about staff interactions with consumers and provided examples of where staff had been disrespectful, rough in providing care, and failed to respect individual preferences and privacy. Some of these concerns had been reported to staff or management from May 2023, but issues were ongoing.

The Assessment Team observed various instances of staff being disrespectful towards consumers, disrespectful language in consumers’ care documentation, and multiple bruises on both arms of a consumer.

Management advised the Assessment Team they were aware of workforce interaction issues, acknowledged that some staff did not always treat consumers in a kind and caring manner and noted that not all staff had completed manual handling training. A staff member was being performance-managed for rough treatment of consumers (but not supervised during care) and management had planned to discuss workforce interactions at a staff meeting.

The approved provider’s response acknowledged the findings in Assessment Contact Report and expressed regret that some consumers had not felt respected. The response identified various actions to address workforce interaction issues, such as:

* Service management met with named consumers or their representatives, acknowledged and discussed their experience, and offered an apology.
* Staff information and education on various topics related to respect and manual handling.
* Increased monitoring of staff practice and interactions through daily presence of the leadership team, the use of an observation tool, and supervision of staff under performance management.

Based on the available evidence in the Assessment Contact Report and the approved provider’s response summarised above, I am of the view that workforce interactions with consumers have not been kind, caring and respectful and that management failed to effectively address issues and manage the impact and risk to consumers in a timely manner. The provider has identified various improvement actions to address workforce interaction issues, however, many of these actions have not yet commenced or will take some time to embed in practice and be tested for effectiveness and sustainability. For these reasons, this requirement is non-compliant.

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