Performance

Report

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| Name: | Blue Care Ingham Bluehaven Aged Care Facility |
| Commission ID: | 5176 |
| Address: | 58 Cassidy Street, INGHAM, Queensland, 4850 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 February 2024 |
| Performance report date: | 12 March 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3533 Blue Care Ingham Bluehaven Aged Care Facility |

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 (performance assessment) – 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 4 March 2024.
* The Performance Report dated 20 September 2023 following an assessment contact conducted on 29 and 30 August 2023 that found the service non-compliant with two requirements of the Quality Standards.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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.

* Requirement 4(3)(f) – Meals provided are to be varied and of suitable quality.

# 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. | Compliant |

Findings

The Performance Report dated 20 September 2023 found the service non-compliant with requirement 3(3)(b) following an assessment contact conducted on 29 and 30 August 2023. High-impact, high-prevalence risks related to the management of consumers’ changed behaviours and the use of restrictive practices were not effectively managed. For example:

* Behaviour support plans were not in place or did not include individualised and effective strategies to support consumers with changed 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.

The Assessment Contact Report for the assessment contact conducted on 7 February 2024 identified evidence that the service had taken corrective actions. For example:

* Behaviour support plans had been updated and individualised, including for consumers subject to restrictive practices. Consumers’ representatives were involved in review and planning of behaviour support strategies.
* Staff received training in various topics including, behaviour management, restrictive practices and the Serious Incident Response Scheme.
  + Staff reported improved understanding of incident reporting, and how to support consumers with changed behaviours.
  + Clinical incident data showed a reduction in behavioural incidents between October to December 2023.
* Established monitoring processes. Management monitor changed behaviour and restrictive practice. The effectiveness of behaviour support strategies and behavioural support plans are discussed at staff meetings.

The Assessment Contact Report also included the following findings relevant to this requirement.

High impact and high prevalence risks relating to fluid restrictions, choking, pain, wounds, and time sensitive medications were regularly assessed, monitored and managed in accordance with the consumers’ care needs.

Consumers were satisfied with the care they receive. They provided positive feedback about how staff manage their clinical care needs and described the involvement of allied health professionals in their care.

Staff were familiar with those consumers sampled by the Assessment Team, their care needs and how to deliver and document care in accordance with their needs. Staff described the involvement of registered staff and processes to monitor consumers at risk.

The approved provider’s response to the Assessment Contact Report did not address this requirement. Therefore, based on the available evidence in the Assessment Contact Report summarised above, I am satisfied the provider:

* has improved the management of consumers with changed behaviours and subject to restrictive practices, and
* manages high-impact and high-prevalence risks to consumers.

For these reasons, 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. | Non-compliant |

Findings

The Assessment Contact Report identified that the service’s kitchen that was non-operational at the time of the previous assessment contact visit in August 2023, remained non-operational due to unforeseen building and weather events.

Consumers interviewed by the Assessment Team were not satisfied with the variety and quality of meals. Consumers said they often opted for the alternative (sandwiches) to the menu meal due to lack of variety and repetition of menu options. They spoke about a two-week rotating menu that was initially a temporary, reduced menu but has remained. Consumers said they can provide feedback on the menu, however, options for inclusion are limited. They provided the example that a hot breakfast was not able to be accommodated. Consumers said meals times can vary and meals sometimes arrive cold, requiring them to be microwaved which consumers said negatively impacts food quality. Consumers also expressed dissatisfaction with the service’s communication with them about the kitchen construction.

Management acknowledged the Assessment Team’s findings and stated the service’s commitment to provide a fully operational kitchen and, in the interim, work with consumers to provide a variety of quality meals.

The approved provider’s response to the Assessment Contact Report identified various factors related to redesign processes and unforeseen weather events that have caused delay to the construction of the service’s new kitchen. Whilst these events are not disputed, they do not relieve the service of its obligations under the Aged Care Quality Standards, including to ensure consumers are provided meals of varied and suitable quality and quantity. Therefore, I have not taken these factors into consideration in making my decision about compliance.

The approved provider’s response clarified some information in the Assessment Team’s report, as follows:

* The menu developed in May 2023 was revised in October 2023 in response to consumer feedback and improved in November 2023 with the introduction of an online tablet ordering system which is tailored to individual consumer’s diets, allergies, likes/dislikes, and preference for portion sizes, and increased menu items / alternatives.
* The service provides alternative meal options which consumers can choose over the main meal option or a sandwich. Evidence of alternate meals was provided, however, was separate to the service’s menu and unclear how it is communicated to consumers.
* Monthly updates on the status of the kitchen build project have been provided to consumers and representatives.
* The service has ongoing processes to monitor meal satisfaction, including via monthly consumer meetings, food focus groups and the newsletter where consumers receive information and can provide input into the service’s menu.

The approved provider’s response also identified several actions to improve the variety and temperature of meals, and communication with consumers and representatives about the status of kitchen build project. For example:

* Develop a new menu in consultation with consumers and representatives, including consideration of options for a hot breakfast.
* Provide alternative meal options and access to snacks at all times, increase takeaway options to increase variety, and trial alternative meals suggested by consumers.
* Temporarily return the meal service to the main during room until construction works recommence on 18 March 2024. A warming cupboard manages temperature of meals.
* Ordered two mobile convection heated thermal hot box units to be utilised in alternate dining areas post 18 March 2024 to manage meal temperatures.
* Improve the frequency, level of detail and methods of communication with consumers and representatives about the status of the kitchen build project.

In considering evidence in the Assessment Contact Report and approved provider’s response, I have placed weight on the consistent consumer feedback related to dissatisfaction with the variety and quality of meals. I note the service’s ongoing processes to monitor meal satisfaction, and planned actions to improve meals and the overall dining experience for consumers, however, several actions have not yet been implemented. Therefore, I am satisfied this requirement is non-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. | Compliant |

Findings

The Performance Report dated 20 September 2023 found the service non-compliant with requirement 7(3)(b) following an assessment contact conducted on 29 and 30 August 2023. Non-compliance was based on evidence that workforce interactions with consumers were not kind, caring and respectful and systems to monitor interactions between staff and consumers were not effective.

The Assessment Contact Report for the assessment contact conducted on 7 February 2024 identified evidence that the service had implemented processes to improve workforce interactions with consumers, including:

* Established a process to monitor interactions between staff and consumers weekly utilising a workplace observation tool. This process led to improved staff interactions, including through the implementation of two-way staff radios.
* The Quality and Improvement Officer increased their presence at the service and spends time weekly with consumers to provide an opportunity for consumers to discuss how they are treated by staff, and to encourage participation in consumer experience surveys.
* Staff training to be delivered between January and April 2024 on dignity and respect-focused topics, such as emotional intelligence and compassionate conversations. The Assessment Team received positive feedback from staff who had completed training.

The Assessment Contact Report also included the following relevant findings.

Consumers spoke positively about staff and described staff in various ways, including kind, caring, gentle, friendly and respectful. They said staff do not rush them and take time to talk with them. They were comfortable reporting any concerns to management.

Staff demonstrated knowledge of consumers’ backgrounds, cultures, identities, and individual care preferences. Staff reported the service has several Italian consumers and explained how they take a little extra time when there is cultural or language barriers.

The service has policies and procedures that outline the expectations and responsibilities of staff interactions with consumers. Staff interactions with consumers are monitored through surveys, feedback and complaints, and the newly implemented workplace observation tool.

The Assessment Team observed care staff assisting consumers patiently and speaking kindly and gently. Staff knocked on doors before entering a room, explained what they were there to do, and asked how the consumer was feeling.

The approved provider’s response to the Assessment Contact Report did not address this requirement.

Therefore, based on the available evidence in the Assessment Contact Report summarised above, I am satisfied the provider has made improvements to monitor and address issues with workforce interactions and that workforce interactions with consumers are kind, caring and respectful. For these reasons, this requirement is 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)