**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Blue Care Ipswich Community Care |
| Service address: | 15 Robertson Road EASTERN HEIGHTS QLD 4305 |
| Commission ID: | 700766 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 14 December 2022 |
| Performance report date: | 9 January 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 Ipswich Community Care (**the service**) has been prepared by M Cooper, 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.

# Services included in this assessment

**Home Care:**

* Ipswich Community Care, 18023, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Ipswich Community Care, 18069, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Ipswich Community Care, 18070, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* Fassifern Community Care, 18054, 10A Macquarie Street, BOONAH QLD 4310

**CHSP:**

* CHSP - Nursing, 4-7ZSOX21, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Allied Health and Therapy Services, 4-2517PJE, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Domestic Assistance, 4-251CE7J, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Personal Care, 4-25258DR, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Specialised Support Services, 4-253WGRZ, 15 Robertson Road, EASTERN HEIGHTS QLD 4305
* CHSP - Nursing, 4-7ZSOX21, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Allied Health and Therapy Services, 4-2517PJE, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Personal Care, 4-25258DR, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Social Support Group, 4-252593P, 10A Macquarie Street, BOONAH QLD 4310
* CHSP - Social Support Individual, 4-253WGQT, 10A Macquarie Street, BOONAH QLD 4310

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report dated 30 December 2022
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers September 2021

# Assessment summary for Home Care Packages (HCP

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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 | Compliant |

Findings

The Assessment Team reports that the Approved Provider has improved its system to the point where the previous non-compliant requirements are now compliant.

**Requirement 2(3)(a)**

The Provider was able to demonstrate assessment and planning including the consideration of risk to the consumers health and well-being, informs the delivery of safe and effective services. Consumers sampled confirmed the services they receive are well planned and meet their current needs. Care planning documentation evidenced assessment and planning is undertaken for all consumers and relevant risks to consumers’ safety, health and wellbeing are identified and considered when planning services. The Assessment Team viewed care planning documentation and confirmed assessment and planning is completed with the home care package partner nurse, consumer and/or their representatives to inform the delivery of safe and effective services. Home care package partner and clinical nurse demonstrated a detailed knowledge of individual consumers and their needs and described their involvement in initial and ongoing assessment and planning to mitigate risks for consumers.

Management informed, and documentation confirmed, the implementation and use of validated assessment tools that are used to inform the delivery of safe and effective care for consumers. Documents viewed demonstrated the service has policies and procedures to support the workforce when undertaking assessment and planning and clear guidelines on each role’s accountability

**Requirement 2(3)(d)**

Consumers/representatives interviewed confirmed that they participate in assessments and ongoing reviews and were involved in development of their care plan. They felt they were well informed by the office staff and nurses of the services they could access through their home care package. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers said the services they receive are in accordance with their needs and preferences and agreed upon by them. Persons interviewed confirmed they were provided with a copy of their current care plan. Consumers and representatives interviewed provided examples regarding their involvement. The initial assessment is conducted and further referral to the internal clinical team and allied health to conduct an assessment for consumers where clinical needs are identified. Care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment. Once developed a copy is provided to the consumer/representative. Care plans were sighted in all sampled consumer files. Updated care plans were also sighted based on reviews and changes in consumers’ care needs. Personal carer interviewed said they have access to consumers’ care plans through the mobile apps also from the folder in each consumers’ home. Those interviewed felt they get enough information on the needs of the consumers and how to deliver care.

**Requirement 2(3(e)**

The Assessment Team reports that policies and procedures guide staff in relation to review and reassessment. Managers said they review the individual care plan with each consumer every year or as needed. Personal carers said they tend to see the same consumers on a regular basis and are able to identify deterioration in their physical and mental wellbeing, and relay this to the nurses or their supervisor who follows-up and keeps them informed of any changes. Detailed personal carer notes were also sighted in the database that reflecting changes in needs based on reviews, upgrading to a higher-level package and discussions with personal carer. Consumers confirmed their services are reviewed. Care plans that were viewed were current and reviews were undertaken at least yearly or when there was a change in circumstances

The Quality Standard for the Home Care Packages for the previously non-compliant requirements 2(3)(a), 2(3)(d) and 2(3)(e) have been assessed and now found to be compliant

The Quality Standard for Commonwealth Home Care Support Package for the previously non-compliant requirements 2(3)(a), 2(3)(d) and 2(3)(e) have been assessed and now found to be compliant

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |

Findings

The Assessment Team reports that the Approved Provider has improved its system to the point where the previous non-compliant requirement is now compliant.

**Requirement 3(3)(b)**

High impact and high prevalence risks associated with the care of each consumer is documented and where consumers /representatives make conscious decision to exercise choice in managing aspects of their own care or engage in activities to keep their independence, there is a dignity of risk arrangement in place. The Assessment Team received positive feedback from consumers and representatives with regards to individual risks identified regarding consumers.

Nurse and staff interviewed advised the service is good at following up on any incidents or hazards they report. They also have a process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Nurse and staff interviewed were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. The clinical team provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing.

The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers and plans in place to improve systems. The incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. Policies and procedures were sighted relating to risk management that includes how to manage consumer risks such as illnesses, when they fall (or other incidents), and where consumer responsive behaviours are present that may pose a risk.

All sampled consumer files contained home safety assessment, with follow up where issues were noted. Processes are also in place for managing consumers’ non-responses to scheduled visits and these are reflected in consumer care plans sighted. Consumers file review showed consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented in their assessments and their care plans containing strategies to manage the risks noted. These are identified at initial assessment and through regular care reviews. All consumers’ files reviewed had detailed information on any risks for the consumers and services to be provided to manage these risks. The service has demonstrated it has systems and process in place to balance risk and incidents whilst promoting the consumer/representation choice to maintain independence.

The Quality Standard for the Home Care Packages for the previously non-compliant requirement 3(3)(b) has been assessed and now found to be compliant

The Quality Standard for Commonwealth Home Care Support Package for the previously non-compliant requirement 3(3)(b) has been assessed and now found to be compliant

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable | Not applicable |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable | Not applicable |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not applicable | Not applicable |

Findings

The Assessment Team reports that the Approved Provider has improved its system to the point where the previous non-compliant requirement is now compliant.

**Requirement 7(3)(d)**

Recruitment processes in place to assess workforce credentials and suitability. Performance management tests the competence and skills through capability assessments, which are completed at induction, and again annually. Training documentation was sighted and management monitor and record training (online and face to face) information sessions attended by staff, these include initial induction, annual mandatory training and specific professional development sessions. Induction and online training provided, including both mandatory modules and specific modules, identified by home care employees that would assist their ongoing development. The Assessment Team reviewed the results of the service’s “workforce education, training and development” audit report. It received a score of 93.6% against the industry bench mark. The service demonstrated its Aged Care and Community Services learning requirements matrix which applied to domestic support, care support, allied health, nursing, disability services, care planning, administration and leadership staff through their learning management system - SABA was comprehensive and saw evidence of these training begin recorded and monitored by leadership at various levels. Staff interviewed confirmed they are required to complete mandatory annual training. They access training through learning and communication portal. Staff said they were supported to perform their role and that the clinical nurses, senior care workers and care coordinators were always available to provide information and assistance.

Management advise induction of all staff is undertaken, including the provision of a code of conduct, access to policies and procedures and participation in a buddy system that allows the new staff to familiarise themselves with the consumers and the procedures in place. Assessment Team noted clinical staff orientation program runs for one week which includes learning in clinical topics like medication, continence, wound care, palliative care, infection control and pathways. There was evidence of team/staff meetings at various levels which demonstrated staff discussion on consumer and service related issues within a learning context including complex case reviews managed by the clinical care coordinator for complex need consumers and those consumers assessed as high risk. Staff interviewed relayed their initial induction, handbooks and resources accessed, knowledge of policies and procedures that guide their practices, equipment supplied such as PPEs and access to mentoring from care coordinators and more experienced staff at commencement of the employment. Customers interviewed confirmed that staff possess the necessary skills to provide their services. One consumer stated that she “is well looked after and gets information and support from the staff who are all very professional and caring

The Quality Standard for the Home Care Packages for the previously non-compliant requirement 7(3)(d) has been assessed and now found to be compliant

The Quality Standard for Commonwealth Home Care Support Package for the previously non-compliant requirement 7(3)(d) has been assessed and now found to be compliant

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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. | Not applicable | Not applicable |

Findings

The Assessment Team reports that the Approved Provider has improved its system to the point where the previous non-compliant requirement are now compliant.

**Requirement 8(3)(d)**

Management outlined their clinical governance and risk management framework and policy underpins their operational and strategic planning process. Risks are identified in a timely manner through numerous channels. Strategies and controls are implemented to mitigate and manage the risks. These strategies are monitored and evaluated to ensure effectiveness. An example of a high-risk situation was provided, and a plan was put in place to address the issue discussed. The clinical care coordinator and care manager advised consumers who have complex clinical needs and have care and support plans which clearly identify risks and strategies to mitigate those risks. This plan is discussed with consumers, their representative and GP for example for medication or wound care. This information is available to nurse and personal carers on their mobile phone app through Procura. The service demonstrated it has quality and governance and reporting structure in place. Incident are captured through RiskMan by staff and through consumer feedback register. These are reviewed at the Quality Council Meeting. In its response to the Assessment Teams report the Approved Provider clarified that the mobile phone app used by staff does not allow them to lodge incidents or feedback directly into the electronic incident reporting program. If a support worker does identify that a consumer as suffered an incident or wishes to give a compliment or lodge a complaint, then they can inform their team leader/supervisor who will enter the information into the RiskMan program. If allied health or nursing staff detect an issue, then the RiskMan program is updated upon their return to the office. Support staff can also complete a paper based form for the information to be uploaded.

Management advised that incidents are investigated by the program leads to identify the root cause, which leads to a review of care plans, staff training and process improvements. The Assessment Team reviewed care plans of consumers who had incidents recorded and noted care plan reviews, training and prompt card guidance given to staff providing care and support. Staff said they are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Case studies are developed to increase learning. Staff are aware of aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Staff received training on SIRS. Management and staff were able to identify vulnerable consumers, including those with living alone, have special needs, cognitive and functional difficulties and limited supports. Consumers/representatives provided examples of how the service helped them live the best life they can, by stating their appreciation for having regular staff who understand them and know of their needs.

The Quality Standard for the Home Care Packages for the previously non-compliant requirement 8(3)(d) has been assessed and now found to be compliant

The Quality Standard for Commonwealth Home Care Support Package for the previously non-compliant requirement 8(3)(d) has been assessed and now found to be compliant

1. The preparation of the performance report is in accordance with section, s68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)