Performance

Report

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| Name of service: | Blue Care Kallangur Pilgrim Aged Care Facility |
| Service address: | 40 Narangba Rd KALLANGUR QLD 4503 |
| Commission ID: | 5233 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 May 2023 to 25 May 2023 |
| Performance report date: | 27 June 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 Kallangur Pilgrim 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 14 June 2023, and
* other information and intelligence held by the Commission, including:
  + two complaints received by the Commission on 3 and 15 May 2023 relating to the service’s management of a named consumer’s wound and clinical deterioration and
  + information provided by the service in the SIRS report (NF23/028185).

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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.

* Ensure clinical care is best practice, specifically in relation to the clinical monitoring of consumers following a fall.
* Ensure incidents are effectively identified and reported, including where required under the Serious Incident Response Scheme (SIRS).
* Ensure staff are trained and have knowledge of incident management and the SIRS.

# Other relevant matters:

Following complaints lodged with the Commission on 3 and 15 May 2023 and a SIRS report (NF23/028185) submitted on 26 January 2023, on 24 and 25 May 2023, Commission representatives visited the service for the following purposes:

* Obtain evidence relating to the service’s response and assessment of a SIRS incident, management and prevention of incidents, and the incident management system (IMS).
* Monitor the care and services provided at the service in relation to:
  + management of wound care and clinical deterioration
  + use of open disclosure when things go wrong or incidents occur, and
  + management and reporting of incidents under the SIRS.
* During the visit, potential deficiencies were identified in clinical care and incident reporting. The activity changed to an assessment of performance against requirements 3(3)(a), 6(3)(c) and 8(3)(d) of the Quality Standards. This performance report relates to the assessment of performance.

# Standard 3

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

Findings

Consumers and representatives said consumers receive care that is safe and right for the consumer. Staff knowledge of consumers’ needs and preferences was consistent with care plan information. The service’s management of wound care, pain and restrictive practices was safe and effective.

However, the service’s clinical monitoring practices following a fall were not best practice or aligned with the service’s policies and procedures.

Wound management

The Assessment Team reviewed improvement actions undertaken by the service in response to their SIRS report (NF23/028185) for a serious incident that occurred on 18 January 2023. The service had implemented an action plan to address deficiencies in wound care. The Assessment Team identified improvements which included:

* The service has contracted an external wound specialist service that reviews consumers’ wounds every 3 to 4 weeks. Clinical staff update consumers’ wound care treatment plan following the reviews.
* Staff completed wound care training in February and March 2023.
* Clinical monitoring processes by management, senior clinical staff and the Quality Compliance Support Officer, including:
  + daily review of consumers’ progress notes and wound care, and monthly clinical monitoring of consumers, and
  + various daily meetings to discuss consumers’ care needs, and any concerns identified during staff handover or the daily review of consumers’ progress notes.
* Registered staff review daily consumers’ wound dressings to ensure they are clean and intact, and if not, they complete wound care. Consumers’ wound care is completed within 24 hours of prescribed time.
* The service had changed the moisturising product used to promote consumers’ skin integrity. Consumers’ skin is moisturised twice daily. The service’s clinical indicator data identified a downward trend in skin tears.
* An additional wound trolley had been purchased to support registered staff to complete consumers’ wound care during the day shift.

The Assessment Contact Report included evidence that consumers with current wounds were satisfied their wounds were well managed and staff monitored their skin regularly. Wound care documentation for those consumers demonstrated wound care was completed as prescribed and regular review by a registered nurse was occurring. The healing status of the wound was documented. One consumer’s care documentation recorded the involvement of a wound care specialist in the treatment of their wound, which healed. Ongoing pressure injury management strategies were documented for the consumer.

Based on the evidence in the Assessment Contact Report, I am satisfied the service is effectively managing wound care.

Pain management

Consumers were satisfied that staff attend to their pain needs when required and that pain management strategies were effective. Care documentation reflected effective pain monitoring and management strategies.

Restrictive practices

The Assessment Contact Report identified restrictive practices were generally managed effectively. Deficiencies related to the documentation for one consumer prescribed psychotropic medication were rectified by the service during the Assessment Contact visit. The prescribed medication had not been administered to the consumer.

The approved provider’s response to the Assessment Contact Report also described various actions to improve the service’s management and monitoring of chemical restrictive practices.

I am satisfied that, overall, the service effectively manages restrictive practices.

Falls management

The Assessment Contact Report identified three consumers for whom clinical monitoring following a fall was not completed in line with best practice or the service’s fall management policy. Neurological and vital sign observations, and the effectiveness of pain management strategies were not consistently completed. Management advised there were gaps in registered staffs’ knowledge of post-fall management. The approved provider’s response acknowledged the findings in the Assessment Contact Report and identified improvement actions to address the deficiencies, which included:

* Provided staff information and education on the service’s falls management pathways.
* Commenced refresher training on clinical pathways for falls prevention and management and recognition of clinical deterioration.
* Completed a post-falls audit in June 2023 which found improvement in falls management processes, however gaps remained in relation to completion of neurological observations post unwitnessed falls. The post-falls audit was planned to be repeated in July 2023.
* Planned education on Falls Prevention and Harm Minimisation Framework scheduled for July 2023.
* Clinical monitoring and oversight process to monitor that post falls management is occurring.

Based on the Assessment Contact Report and the approved provider’s response, I am of the view that consumers were satisfied with the clinical and personal care they receive, and wound care, pain and restrictive practices are managed effectively.

However, there is sufficient evidence (outlined above) to demonstrate the clinical monitoring practices following a fall were not best practice or aligned with the service’s policy, and registered staff did not have adequate knowledge of how to manage consumers following a fall.

Whilst the approved provider’s response to the Assessment Contact Report identified actions to address the deficiencies and improve clinical monitoring, actions have either not been fully implemented and/or not been tested for effectiveness and sustainability. For this reason, I have decided requirement 3(3)(a) is non-compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Assessment Contact Report identified that consumers and their representatives were satisfied with the service’s management of complaints and felt that the service takes appropriate and timely actions to address their complaints. They spoke about how the service investigates their concerns, maintains regular contact with the consumer/representative, and offers an apology where appropriate. They referred to management being open and transparent during complaint processes and provided examples of where the service has used open disclosure in response to complaints.

Therefore, I have decided this requirement is compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Contact Report identified that the organisation has systems and practices to manage risk, abuse and neglect of consumers, and to support consumers to live their best life. However, whilst the service has an incident management system:

* incidents were not consistently reported under the Serious Incident Response Scheme (SIRS) in line with legislative requirements, and
* staff did not have a shared understanding of incident management or SIRS, and had not received training in these areas.

The service failed to report two incidents to the SIRS in line with legislative requirements. Management was unsure why these incidents had not been accurately reported.

Whilst care staff described their role in reporting incidents directly to registered nurses, the service manager, registered nurses and care staff did not have a shared understanding of the SIRS. Registered and enrolled nurses had completed training on the service’s incident management system, however, the service had not provided training to staff on incident management and SIRS reporting.

The approved provider’s response acknowledged the findings in the Assessment Contact Report and provided an action plan to address deficiencies, which included:

* reported the two incidents identified by the Assessment Team to SIRS, and retrospectively reviewed incidents from 1 March 2023 to ensure relevant incidents had been reported to the SIRS
* staff resources, education and training on incident management and SIRS reporting, and establishing a clinical education team to support staff, and
* various clinical monitoring processes, including daily monitoring of incidents.

Based on the Assessment Contact Report and the approved provider’s response, I am satisfied the approved provider has commenced actions to address deficiencies identified in SIRS reporting, and staff knowledge and training in incident management and SIRS. However, those improvement actions have either not been fully implemented and/or tested for effectiveness and sustainability. For this reason, I have decided requirement 8(3)(d) is non-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)