Blue Care Kenmore Aged Care Facility

Performance Report

129 Brookfield Road
BROOKFIELD QLD 4069
Phone number: 07 3859 0900

**Commission ID:** 5893

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 7 July 2022

**Date of Performance Report:** 11 August 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Contact - Site report received 27 July 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all Requirements in this Standard, therefore a summary or compliance rating for the Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers were treated with dignity and respect. Consumers confirmed their identity, culture and diversity was valued by the staff and service. Consumers and representatives provided consistent feedback about how staff treated consumers with dignity and respect. Consumers and representatives provided examples of how staff have attended to their care needs, including assistance with their continence needs. Consumers and representatives confirmed staff were supporting consumers with their sensory aides and ensuring there is no impact to the consumers ability to understand, engage and communicate with others.

Consumers and representatives confirmed staff treated consumers respectfully and expressed satisfaction with the interactions and engagement of staff across all aspects of care and services. Consumers provided examples of specific matters of importance to them and described staff awareness of these matters that supported the consumers’ needs. Consumers and representatives confirmed consumers could express themselves through language, decorating their room, engagement in different activities and involvement in various events important to them.

Staff consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and life journey. Staff demonstrated an understanding of what constitutes disrespectful behaviour and would report this to registered staff or management. Staff demonstrated they were familiar with consumers’ backgrounds and how consumer care preferences influenced the day-to-day delivery of their care.

Care plans demonstrated consultation with consumers about their personal preference for care and services and what was important to them. Staff were observed interacting with consumers in a friendly and respectful manner. Consumers’ rooms were observed to be personalised and items of cultural importance on display.

The service implemented improvements to address the deficiencies identified in the previous Site Audit conducted on 13 December 2021. Review of the service’s meeting minutes, interviews with consumers and representatives, management, staff and observation of the environment identified the following:

Deficits were previously identified in relation to consumer choice and dignity relating to continence management. The service reviewed the organisation’s Continence Care Pathway and all staff completed continence education provided by a continence advisor. This has resulted in improved understanding and knowledge by care staff ensuring continence care was effective and provided in a timely manner and ensuring each consumer was receiving dignified and quality care.

Consumers’ dignity was previously compromised due to incorrect management of independence aides as consumers were not being offered their sensory aides, such as glasses and hearing aids. The service provided training to required staff in sensory aids and updated posters in consumers’ rooms to assist staff in identifying individual consumers sensory aides and key clinical safety requirements. Battery checklist were created for individual consumers to ensure hearing aides were readily available for the consumer.

Based on the information recorded above it is my decision this Requirement is now Compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team did not assess all Requirements in this Standard, therefore a summary or compliance rating for the Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Feedback and complaints were reviewed and used to improve the quality of care and services. Consumers and representatives stated when there was an issue, management responded promptly to address or improve the situation and had various ways of being involved in finding solutions.

The organisation had documented policies and procedures that guided staff in the management of feedback and complaints, and dispute resolution processes. The information outlined in these policies and processes aligned with the complaint management and resolution processes described by management and staff.

Consumers and representatives who had previously raised concerns with management, confirmed they have felt heard and that management acknowledged their concerns, took action to address the issues raised to improve the quality of care and services.

The service trended, and analysed complaints made by consumers and representatives and used this information to inform continuous improvement activities across the service. This process led to improvements in hospitality services including meals and laundry services. The service endeavoured to implement all suggestions made by consumers and representatives to improve the quality of care and services, this included the purchase of new televisions following feedback raised at a consumer meeting. All feedback and complaints captured through the service’s feedback and complaints mechanisms were added to the service’s quality register and those that require further investigation are added to the services plan for continuous improvement.

Consumers and representatives were encouraged to make a complaint or provide feedback at the monthly consumer and representative meetings, family forums, consumer surveys and during care and services plan reviews.

The Quality activity register and complaints register demonstrated continuous improvement actions have been instigated following the making of complaints, feedback and suggestions by consumers, representatives and staff. The Plan for continuous improvement evidenced the service involved consumers and representatives in the evaluation process following implementation of an improvement.

The service implemented improvements to address the deficiencies identified in the previous Site Audit conducted on 13 December 2021, in relation to feedback and complaints not being reviewed to improve the quality of care and services.

The service’s feedback and complaints mechanisms were reviewed, and changes were implemented in relation to how feedback and complaints were documented, analysed, monitored and actioned to improve care and services. To further capture feedback and complaints, administration staff have been given access to record feedback and complaints on the services quality register. The service’s quality register included information about complaints and actions taken to resolve the issue and implement improvements to prevent re-occurrence. Review of the services PCI identified complaints that were escalated to management from the services quality register had been actioned and improvements made to the quality and care of services provided.

Complaints in relation to delayed responses to call bells impacting consumers’ continence needs were actioned with monthly monitoring of call bells, increases in staffing numbers and changes in delegations for the serving of consumers morning and afternoon tea.

Minutes of consumer and representative meetings and family forums evidenced discussions about consumer feedback and complaints as well as actions taken by management in response to complaints.

Consumers and representatives confirmed the communication channels and response from management has improved and they were informed of improvements made as a result of their feedback or complaints.

The service’s open disclosure policy, electronic incident management system, quality register, consumer and representative meeting minutes and plan for continuous improvement were reviewed. These systems and documents evidenced an effective system for managing and resolving consumer and representative complaints, including involving consumers and representatives in finding solutions and using incidents to inform organisational improvement.

Based on the information recorded above it is my decision this Requirement is now Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all Requirements in this Standard, therefore a summary or compliance rating for the Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The workforce was 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. Consumers provided feedback there was sufficient staff available to meet their care needs, however some consumers raised concern regarding the number of agency staff used by the service. Consumers were aware the service was actively trying to reduce agency use and recruit more staff.

The base roster was developed in consideration of the layout of the service, the number of consumers and their individual and cohort care needs. There was a process to replace registered and care staff on leave. Whilst every effort was made to fill vacant shifts with internal staff, agency staff were utilised where required.

Registered and care staff provided positive feedback in relation to staffing levels at the service and confirmed there was enough staff available to meet consumers’ needs and preferences. Staff worked together to ensure consumer care needs are met. The service actively tried to replace shifts and only on rare occasions were shifts not able to be replaced and when this does occurred shifts were extended, and staff rotated within the service to ensure adequate coverage. Staff stated agency staff were effective in their roles, provided quality care and were supported by experienced staff. Staff stated there was a positive workplace culture at the service.

Review of the roster and staff allocation sheets for the two weeks prior to the assessment contact identified the majority of vacant shifts were filled by agency staff. No shifts were unfilled during this period. Call bell data evidenced improvements in response times since January 2022. The complaints log evidenced no concerns relating to call bell response times or number of staff rostered to provide care. Minutes from staff meetings evidenced regular positive discussion with staff on recruitment and rostering.

Monthly consumer meeting minutes evidenced regular discussion and transparency by the service relating to their Plan for Continuous Improvement, compliments and complaints and care issues. Consumers said there was sufficient staff of suitable skills level available to meet their care needs and described care being delivered in line with their preferences.

The service implemented improvements to address the deficiencies identified in the previous Site Audit conducted on 13 December 2021. Review of training documents, meeting minutes, care planning documents, interviews with consumers/representatives, management, staff and observation of the environment identified improvement actions taken to address previous staffing concerns.

The service decreased the ratio of consumers to staff to one care staff for 7 consumers where the previous this ratio was one care staff to 9 consumers. This has been achieved through a roster change with the inclusion of additional staff.

Call bell data which previously was reviewed every 2 months is now reviewed monthly. As a result of the changes made and documented in the Plan for continuous improvement, the service was able to achieve a result of 90% of call bells being answered within 5 minutes.

In response to consumers call bells not being attended to promptly and this impacting consumer’s care needs, management advised the responsibility of serving of consumer’s morning and afternoon tea was allocated to hospitality staff, as this was previously part of the care staff duties. Care staff confirmed this has given them more time to attend to call bell responses and other consumer’s needs such as supporting them to activities at the service.

Based on the information recorded above it is my decision this Requirement is now Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements in this Standard, therefore a summary or compliance rating for the Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The organisation implemented effective systems for the governance of information, continuous improvement, finances, the workforce, regulations and feedback and complaints. Improvements have been made in relation to continuous improvement, workforce governance and feedback and complaints.

#### Information management

The services utilised an Electronic Care Management System which provided staff and management access to consumer care and services plans and clinical documentation. Additional hardcopy consumer information and education and clinical resources were also available for staff in each care unit and specific consumer care needs information were accessible in consumer rooms. The organisation’s information management systems provided management and care and service staff with current and accurate information. Staff were satisfied with the service’s information management and confirmed there have been improvements implemented in February 2022 with the purchase of computer hardware that connects the electronic system and the service’s intranet connections for the Tarry Brae wing of the service.

Staff confirmed handover was conducted at the beginning of each shift to ensure current information relating to consumer care needs and preferences was communicated. Staff confirmed meetings were regularly held across the consumer and staff cohort, management and Board of Directors, and meeting minutes were available. The organisation had a safety and quality management system which included policies and procedures, audits, risk register, risk assessments, dignity of risk processes, care plans and forms. The organisation used a tracking system to inform management and staff about new documents and amendments to existing documents. Regulatory changes, clinical alerts and information from relevant aged care bodies were tracked by the organisation and disseminated to the service as they became available.

#### Continuous improvement

The organisation established processes to identify opportunities for improvement both at the service level and at the organisational level. To increase engagement opportunities for consumers and representatives the service implemented a communication platform to connect consumers to their representatives, families or friends through notes, photographs, video and audio as well as notices, events and newsletters. The application can also be used to give feedback, compliments, complaints and suggestions. A staff member who was highly skilled in the use of the application was appointed and feedback received was entered into the service’s complaints feedback and complaints register.

Opportunities for improvement were identified through ongoing reviews of performance information including clinical indicators, feedback from consumers/representatives, feedback from staff, feedback received from the services communication platform, food surveys, incident and hazard reports and audit reports.

Opportunities for improvement were actioned and relevant information was recorded on the Plan for Continuous Improvement. The Plan included the issue, actions, who was responsible, due date and current status.

The service implemented improvements to address the deficiencies identified during a Site Audit on 13 December 2021, including the service’s Plan for Continuous Improvement not including how information gathered from feedback and complaints mechanisms was being used to improve service outcomes or prevent recurrence of issues.

To improve risk management, an additional care staff member has been allocated to the service’s Memory support unit to cover staff meal breaks after a review of fall incidents. To ensure previous deficiencies in relation to staffing skills sets and staffing numbers, oversight of the service’s rostering system is completed daily by the Residential Service Manager.

To improve consumer comfort 22 new king single beds were purchased as a result of feedback that the size of the beds for some consumers were not suitable or comfortable.

New larger television screens were been purchased following feedback at a consumer meeting in May 2022 that previous televisions were too small for consumers with visual impairment to view movies and television shows.

Review and changes to handover processes were initiated on each wing of the service as a result of complaints of delayed response to consumer call bells during staff handover times. Separate handover processes for the top and bottom wings of Iona wing have been implemented which improved response times as staff do not have to travel between floors to response to call bell requests and an additional care staff member remains on the floor during handover processes.

Review of feedback from staff and consumers, identified serving of morning tea and afternoon tea by care staff was impacting their capacity to respond to consumer call bell requests or attend to personal care needs in a timely manner. These duties are now allocated to hospitality staff.

The commencement of bi-monthly representative forums in response to consumers and representatives stating they were not being informed of actions taken to resolve complaints and what preventative strategies have been put in place to prevent re-occurrence. Consumers and representatives provided positive feedback in relation to actions taken to address complaints including increase in staffing numbers, additional training for staff on continence care, increased monitoring by registered staff in relation to consumers continence care and respect, maintenance and care of hearing aids.

Service improvements was added as a standing agenda item at consumer and representative meetings in response to previous feedback from consumers and representatives no improvements had occurred as a result of feedback or complaints given.

The service reviewed care and hospitality staff duties, staff meal breaks, and provided additional training for care and hospitality staff relating to meal assistance in response to concerns raised relating to meal service. Results from consumer and representative food surveys in February 2022 evidenced improvements in meal time serving of meals and heating devices in all kitchenettes were ensuring meals were kept at a suitable temperature.

#### Financial governance

The service’s management team met on a monthly basis with the organisation’s Group Manager to review the budget and forecasting, which included workforce review, consideration of capital planning and purchases, capability development and quality improvement investments.

The service had an allocated budget and could access additional funds to meet the needs of consumers via further approvals through executive management.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

The organisation adopted national employment standards. The responsibilities and accountabilities of staff were set out in position descriptions. Staff were provided with training in the key tasks required for their role. Interactions between management, staff and consumers/representatives were observed to demonstrate a kind, caring and respectful approach, and call bells were observed to be responded to in a timely manner.

The service implemented improvements to address the deficiencies identified in the previous Site Audit on 13 December 2021 in relation to insufficient skilled and qualified staff to deliver safe and quality care to consumers.

In relation to staff mandatory training and competencies previously not being up to date, direction letters were sent to staff with completion date expectations for any outstanding mandatory training not completed. The service’s Mandatory Training Register identified staff mandatory training is up to date.

In relation to previously insufficient skilled and qualified staff, the service provided additional and refresher training on open disclosure, person centred communication, dignity and respect, continence care, responding to call bells, sensory aids, meal assistance and complaints handling.

Rosters and allocation sheets were re-arranged to ensure agency care staff were always on a shift with a regular staff member. A decrease in care staff to consumers ratios and additional care staff coverage during staff handover processes was implemented to address call bell delays.

The service reviewed registered staff role descriptions and increased monitoring of staff practices, agency staff practices and consumer to staff interactions by the clinical team and the Residential Services Manager.

A review of duty lists for care, registered and hospitality staff roster and allocation sheets provided demonstrate rostered shifts were being filled and planned and unplanned absences were managed to ensure sufficient staff were available to meet the needs of consumers.

#### Regulatory compliance

The organisation had systems to track changes to aged care legislation and regulation and had systems to communicate these changes to staff. Review of records evidenced these systems were effective. The organisation implemented the requirements of the Serious Incident Response Scheme and provided relevant staff training.

The organisation had processes to monitor incident reporting which was monitored for effectiveness by reviewing progress notes daily. The organisation offered the annual influenza and COVID-19 vaccinations to consumers and monitored that all staff are vaccinated.

The organisation had a system to monitor the currency of the criminal history checks for staff.

#### Feedback and complaints

Organisational systems and processes encouraged consumers and representatives to provide feedback and complaints, ensuring appropriate action was taken and improvements were made at the service as a result of feedback, suggestions and complaints. Consumers and representatives confirmed improvements and changes were made at the service in response and complaints and feedback.

The service implemented improvements to address the previous deficiencies identified in the previous Site Audit on 13 December 2021 in relation to consumer and representative dissatisfaction with the management of feedback and complaints and processes to monitor and review feedback and complaints to improve the care and services were ineffective.

The service reviewed its systems and processes for managing feedback and complaints and commenced bi-monthly family forums to engage representatives in the improvement of care and services. Feedback received during consumer and representative family forums and consumer, representative meetings was included in the meeting minutes and included in the service’s Plan for continuous improvement if required for further action or investigation.

Based on the information contained above, it is my decision this Requirement is now compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.