Performance

Report

**1800 951 822**

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| Name of service: | Blue Care Labrador Aged Care Facility |
| Service address: | 83 Muir Street LABRADOR QLD 4215 |
| Commission ID: | 5007 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 March 2023 to 8 March 2023 |
| Performance report date: | 30 March 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 Labrador Aged Care Facility (**the service**) has been prepared by G-M. Cain, 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 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 following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 21 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 1(3)(c). Deficiencies related to consumers' dissatisfaction with the level of engagement in decision-making about the consumers' care and services, including not being involved in planning care that considered the consumers' individual preferences.

The Assessment Contact - Site report provided evidence that consumers and representatives felt that consumers are supported to exercise choice and make decisions about the consumers' care and services. For example, a consumer said they preferred a shower before breakfast, and staff ensured this was attended to at the preferred time.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* In partnership with the consumer/representative, the service reviewed all named consumers in the site audit report to ensure consumers' care planning reflected consumers' choices and preferences. A review of consumers' hygiene preferences has been incorporated as part of the services' 3-monthly care plan review process.
* Education and training for staff in person-centred care, dignity of risk, consumer choice, and decision-making. Training records identified this was completed in September 2022.
* Monitoring staff practices through implementing a workplace observation tool, completed by management as part of the services observation schedule.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 2(3)(b). Deficiencies related to assessment and care planning not consistently reflecting consumers’ needs, goals and preferences.

The Assessment Contact - Site report provided evidence that consumers were satisfied that staff involved them in discussions about assessment, planning and review of their care and services. Care documentation evidenced comprehensive assessment and care planning that identified individual consumers’ needs, goals and preferences, and staff interviewed demonstrated awareness of what matters to individual consumers.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* In partnership with the consumer/representative, the service reviewed the assessments of all named consumers in the site audit report and changes reflected in care planning documentation.
* Implementing a scheduled review of the services’ assessment and care planning processes to ensure consumer needs were accurately reflected in care planning documentation. Service documentation identified this was completed in October 2022.
* Refresher training for staff in their roles and responsibilities related to the services’ care planning process.
* The introduction of a dedicated onsite Quality Compliance Support Officer was to be implemented in October 2022.

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| 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 2(3)(c). Deficiencies related to consumers and representatives not consistently being involved in assessment and care planning.

The Assessment Contact - Site report evidenced that consumers provided positive feedback, said they were involved in their care and were confident their care needs were being met. Registered and care staff understood the service’s assessment and care planning processes. For example, clinical staff described how they initiate conversations around care planning with consumers/representatives face-to-face or over the telephone.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* In partnership with the consumer/representative, the service reviewed the assessments of all named consumers in the site audit report and changes reflected in care planning documentation.
* Refresher training for staff in their roles and responsibilities related to the services’ care planning process, including review of the resident of the day process and ensuring that the review of consumers’ care needs is completed in partnership with the consumer and those involved in their care.
* Appointment of a care coordinator in November 2022, whose responsibility includes monitoring scheduled consumer care planning reviews.
* Review of the services’ case conference process in November 2022, establishing consumer case conferences and providing care plans as standard in the assessment and care planning process.
* A consumer survey requesting feedback on satisfaction with involvement in care planning processes was provided to consumers in August 2022 and will be completed by the service every 3 months. The survey for October 2022 reported 100 per cent of consumers surveyed indicated their care reflects their needs, and 93 per cent indicated they are involved in reviewing their care needs.

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| 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 |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 2(3)(d). Deficiencies related to assessment and care planning outcomes were not consistently being communicated to consumers, and most consumers/representatives were unaware they could access a copy of the consumer’s care plan.

The Assessment Contact - Site report provided evidence that consumers/representatives were satisfied that staff discussed consumers’ care needs. Consumers/representatives confirmed they had been provided with a copy of the consumers’ care and services plan. Care planning documents were observed to be readily available to staff delivering consumer care and services.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:·

* The services’ case conference process established that providing care plans is standard in the assessment and care planning process.
* Education for registered staff was completed in October 2022 to ensure care plans are offered to consumers/representatives.

# 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 3(3)(a). Deficiencies related to consumers not receiving safe and effective personal and clinical care in a timely manner, resulting in consumers' experiencing episodes of incontinence and being left sitting in soiled continence aids for extended periods. And consumers who had experienced cumulative weight loss had not been identified by the service.

The Assessment Contact - Site report evidenced that consumers/representatives provided positive feedback about their personal and clinical care. One named consumer raised feedback that, at times, they wait for long periods for staff to attend and to be attended, which has resulted in episodes of incontinence. Management implemented immediate actions due to the feedback, including a review of the consumers' elimination assessment, commencing a 3-hourly toileting chart and toolbox education for staff. The named consumer said they were satisfied with the strategies implemented.

Registered staff described the services' processes for identifying and actioning consumers who experience weight loss, including weight loss greater than 2 per cent (of consumer weight) triggers further consumer assessments, including a weight recheck, food charting and a referral to the dietitian or speech pathologist.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:·

* Review and reassessment of named consumers' continence needs, including the selection of continence aids; and reassessment of named consumers' who had experienced weight loss.
* Implementation of continence champions and training for all staff in continence management in March 2023.
* Toolbox talks for staff in toileting, continence management, weight management, nutrition, hydration and meal assistance.
* Establishment of ongoing clinical monitoring processes, consumer surveys and feedback and monitoring staff practices through implementing a workplace observation tool, completed by management as part of the services observation schedule.
* Daily clinical meetings occur to discuss emerging clinical needs for consumers, including any clinical risk such as weight loss. Staff are allocated to the service areas where the clinical need is greatest. Staff said this assisted with workload and ensured staff levels were adequate.

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| 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 3(3)(g). Deficiencies related to staff inconsistently applying practices to minimise infection related risks to consumers.

The Assessment Contact - Site report provided evidence that processes were in place to minimise infection-related risks, including safe storage of clinical waste and cleaning shared equipment and outdoor areas. The service had an infection prevention and control lead, who oversees the training and monitoring of staff practices in infection control. The service had a cleaning schedule, including outdoor areas of the service, and observations evidenced these areas were regularly cleaned. Waste was stored appropriately across the service; clinical waste bins with closed lids were observed.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* A review of the service’s COVID-19 outbreak management plan, including processes for storing clinical waste and signage to identify rooms in isolation.
* Staff education on infection prevention control, including standard precautions, clinical waste, and disposal.
* Equipment audit resulting in approval for the purchase of additional equipment to reduce shared equipment in the service.

# 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 performance report dated 12 September 2022 found the service non-compliant with requirement 4(3)(f). Deficiencies related to consumers/representatives' dissatisfaction with the meals provided. For example, consumers received a texture-modified diet when they preferred a regular diet, tasteless meals, and evening meals that included soup, mini spring rolls and party pies.

The Assessment Contact - Site report provided evidence that consumers offered positive feedback about the variety, quality and quantity of meals. Consumer dietary preferences and requirements are accommodated, and staff described processes for updating consumers' dietary needs and preferences and offering meal alternatives. Meal alternatives were observed to be offered to consumers, and consumers were treated respectfully during the meal service.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Education was provided to hospitality staff in August 2022 about consumer meal choices, including alternative meals and options being available outside of regular meal times. Hospitality staff confirmed they had received this education, and hospitality meeting minutes evidenced that food delivery, choices and options for consumers were discussed.
* Consumer meeting minutes provided consumers with the opportunity for feedback regarding food and service quality, and minutes identified that all consumer feedback was actioned to the satisfaction of consumers.
* Review and update all consumer eating and drinking assessments and care plans evidencing consumers' meal preferences.
* Review of food supply services to ensure adequate food options are available to meet consumers' requests. The service now utilises local and national food suppliers.
* The service established regular consumer Food Focus Group and Menu meetings to ensure consumer input into the menu and provide feedback on the meal service. A review of the menu evidenced that the service implemented consumer suggestions.
* Consumer satisfaction monitored through audits, meetings, feedback and complaints, and surveys reported increased consumer satisfaction with meals provided.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 5(3)(b). Deficiencies related to consumer dissatisfaction with aspects of the service environment. Hazards in the service environment impacted consumers' ability to move freely, cigarette smoking was not managed safely or in accordance with organisational policies and clinical waste was stored inappropriately.

The Assessment Contact - Site report provided evidence that consumers provided positive feedback about the cleanliness of the service environment, including furniture. A named consumer who smoked expressed feeling safe as the designated smoking area had a fire blanket, and staff regularly ensured ashtrays were emptied. Consumers were observed to be moving freely, accessing outdoor areas of the service with gardens having level pathways to ensure safe mobilisation. Staff described the service's processes for identifying and reporting hazards to the maintenance department.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Staff education on the importance of ensuring the automatic sliding door accessing the secure living environment courtyard is open throughout the day. The staff duties list has been amended, and staff demonstrated an awareness of this requirement.
* Cleaning of all indoor and outdoor areas of the service, including maintaining pathways and the 2 designated smoking areas.
* A monthly maintenance and cleaning schedule now includes the smoking areas, balconies, and outdoor furniture seating areas. A review of the schedule identified that these had been completed and were up to date.
* Review of designated smoking areas to ensure appropriate safety precautions, such as a fire blanket, fire apron and smoking receptacles, with this area monitored through the monthly maintenance schedule.
* Staff education on clinical waste storage requirements, with clinical waste now being stored away from public areas. Key personnel monitor clinical waste management processes, including arranging additional clinical waste collections if required.

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| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 5(3)(c). Deficiencies related to consumer dissatisfaction with the cleanliness of furniture and fittings, including wheelchairs, shower beds, consumers' rooms and outdoor areas. Furniture, fittings and equipment were not maintained.

The Assessment Contact - Site report provided evidence that consumers provided positive feedback about the cleanliness of the service environment, including furniture. Staff described the service's cleaning processes and reported to the maintenance department and furniture, fittings or equipment that needed fixing or replacing.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Audit of all furniture, fittings and equipment at the service, with any defective equipment, identified removed and cleaning undertaken of all furniture and carpeted areas. The service has introduced cleaning staff duties lists monitored by key personnel and audits conducted weekly and monthly.
* Ongoing consumer feedback is included in the service's established monitoring processes, and service documentation evidenced action is taken, for example, meeting minutes dated October 2022 identified that consumers asked about the balconies and were informed that all balcony areas were now to be cleaned monthly to ensure cleanliness and safety for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 6(3)(d). Deficiencies related to the recording of consumer feedback not consistently being recorded. As a result, the service could not demonstrate that action had been taken in response to the consumers’ feedback.

The Assessment Contact - Site report provided evidence that consumers and representatives were aware of avenues to raise complaints and feedback and the service action concerns they raised. The service demonstrated a comments and complaints process whereby all comments and complaints are entered into their electronic incident management system; complaints and feedback are analysed to inform continuous improvement activities. A review of consumer meeting minutes dated January 2023 identified that consumers had raised 7 complaints the previous meeting, and all had been actioned and feedback provided to consumers.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Communication and reminder to consumers/representatives of ways to raise complaints, including advocacy services and other external complaints processes.
* Staff education on the services’ feedback and complaints process. Training included a review of prior consumer complaints that were outstanding with no resolution, and education was provided to ensure staff had the knowledge and understanding of how to support the consumer. For example, themes included expectations of the consumer rounding processes, the importance of management fluid balance charting, and continence training and understanding.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 7(3)(a). Deficiencies related to insufficient staffing resulted in consumers not receiving assistance with hygiene and toileting, and consumers had been left in a soiled state for an extended period of time.

The Assessment Contact - Site report provided evidence that consumers/representatives considered that there is enough staff to support consumers' daily care and service needs in accordance with their needs and preferences. Staff said they generally had enough time to complete tasks, and if required, staff from other areas assist during busy periods. Strategies to ensure a planned workfoce included reallocating staff on the floor, utilising additional staff from different service areas, and ongoing recruitment of new staff.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Engagement with the organisation's workforce strategy team to support the service, which has resulted in the employment of new staff over the past 6 months, the introduction of a coaching program and additional buddy shifts for new starters
* Consumer and staff meetings demonstrate ongoing discussions and feedback about staffing levels. A review of meeting minutes confirmed this occurs.
* Monthly Complexity Audits are completed for all consumers to determine the levels of care each consumer requires, which then determines the level of staffing needed.
* Monitoring call bell response times to ensure timely response to consumers' requests for assistance.
* Consumer satisfaction monitored through consumer surveys reported that consumers felt staff were not rushed and that consumers received care from staff, which reflects consumers' needs.

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| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 7(3)(d). Deficiencies related to the workforce being trained and equipped in aspects of consumers' care and services. The service had not complied with organisational policy relating to staff completion of mandatory training. A significant number of staff still needed to complete mandatory training in hand hygiene, infection control, manual handling and emergency responses.

The Assessment Contact - Site report evidenced feedback from consumers who considered staff were trained and knew what they were doing. Staff described education, training and support received, including reminders from management when mandatory training or other education is due. The service effectively monitors and actions mandatory training and skills training to support staff in delivering effective care and services for consumers.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* The recruitment of a compliance officer whose responsibilities included monitoring mandatory training and reviewing training records identified that the service is actively ensuring staff complete required mandatory training, including many recent starters. The service identified that all mandatory training would be completed within 3 months.
* Education sessions on aspects of care and services have been provided to staff, such as person-centred care, communication and documentation, fall prevention, accountability for all staff and continence management. Staff confirmed receiving education over the past 6 months and that management seeks their input into future education and skills training they may require.
* The service monitors staff's education and training requirements through consumer and staff feedback at meetings, compliments and complaints, audits and consumer surveys.

# Standard 8

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| Organisational governance | |  |
| 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. | Compliant |

Findings

The performance report dated 12 September 2022 found the service non-compliant with requirement 8(3)(c). Deficiencies related to information management processes were not consistently effective, care plans did not reflect the current needs and preferences of consumers, consumers were not aware they could have a copy of their care plan and processes to capture feedback were ineffective. Continuous improvement processes failed to identify widespread non-compliance across all eight quality standards. Workforce processes to ensure a sufficient skilled staff were not effective, and this resulted in negative outcomes for consumers. Processes to develop staff, including mandatory training programs, were not effectively managed.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement.

Concerning information systems, the service reviewed all consumers’ assessments and care plans. The service implemented through the consumer case conference processes providing care plans as a standard practice. My decision considers information under other requirements, which evidenced improvement actions have been taken by the service to ensure effective processes for information sharing.

Concerning continuous improvement, the service demonstrated processes to ensure consumer feedback and complaints were effectively captured, including recording in the electronic incident management system. Consumer complaints and feedback are analysed to inform continuous improvement activities. My decision considers information under other requirements which evidenced the service has taken actions to improve its performance across all 8 quality standards.

For workforce governance, the service demonstrated organisational systems and processes to ensure a sufficient planned workforce, and that training is provided to staff so they are equipped and supported to deliver care and services. The service has recruited new staff, including key positions, including a care coordinator and compliance officer. Members of the workforce confirmed receiving recent education, and the service seeks their input into future education and skills training. My decision considers information under other requirements, which evidenced improvement actions have been taken by the service, including ensuring a sufficient planned workforce and training staff to support them in delivering care and services.

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)