Performance

Report

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| Name of service: | Blue Care Lawnton Pine Woods Aged Care Facility |
| Service address: | 260 Francis Road, Lawnton QLD 4501 |
| Commission ID: | 5195 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 6 October 2022 |

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 Lawnton Pine Woods Aged Care Facility (**the service**) has been prepared by M. Frost, 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 site audit, the site audit 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 21 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff are kind, treat them with dignity and respect, and make them feel valued. Care planning documents evidenced what is important to consumers in maintaining their identity, including consumers’ religious, spiritual, cultural needs and personal preferences. Staff were observed treating all consumers in a dignified, respectful way, using their preferred name, and interacting in a kindly manner.

Consumers said staff respected their individual needs and preferences, and their culture was respected. Overall staff were aware of cultural, religious, and personal preferences for consumers. Some staff speak to consumers in their preferred language. Staff engage consumers in religious services and celebrations regarding their heritage.

Consumers said they are supported to exercise choice and independence in the way care is delivered, and to maintain connections and relationships of choice. Staff were familiar with consumers’ preferences, which are documented in care plans.

Overall consumers said they are supported to take risks which enables them to live their best lives. Risk assessments are conducted in consultation with the consumer, their representative and relevant health professionals and documented in care plans. However, the Assessment Team identified a risk assessment had not been completed for a consumer who was refusing their medications. This evidence is further considered under requirement 3(3)(b).

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Menus, activity calendars and notices were displayed throughout the service.

Consumers reported their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry. Staff were observed closing doors when providing care. Consumers’ confidential information is stored securely.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

The service conducts assessment and planning with consumers and their representatives, which takes into consideration risks such as falls and challenging behaviours. Care planning documents reflected effective processes are in place to identify the needs, goals, and preferences of the consumers, including advance care and end of life planning.

Care planning documents, including progress notes and case conference documentation, evidenced involvement and input from the consumer and their representative, medical officers, and other allied health professionals.

Consumers and their representatives said information is provided to them in a timely manner, they are involved in the care planning process and are offered a copy of the care plan.

Care planning documents showed plans are reviewed every 3 months, or more frequently when there is an incident or changes occur in a consumer’s condition.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Compliant |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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 Assessment Team recommended the following requirement as not met:

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

The Site Audit Report reflected care planning documents identified high impact and high prevalence risks are effectively managed by the service, and strategies are implemented to minimise risks. However, the Assessment Team found the service was unable to demonstrate that risks were well managed for a consumer when refusal of medications occurred.

Although the consumer’s representatives and staff were of the refusal, the Assessment Team considered data was not collated or analysed to ensure risks were identified, assessed, addressed and mitigated. The impact for the consumer was their condition was not managed effectively. The consumer was not referred to a specialist to identify additional strategies to optimise behaviour management.

In their response of 21 September 2022, the Approved Provider supplied evidence the service attempted to meet with the consumer’s nominated representatives on several occasions to discuss the consumer’s behaviour management and refusal of medications. However, suitable times were unable to be coordinated.

The Approved Provider stated refusal of medication was a known behaviour of the consumer upon admission to the service, and strategies were in place with the consumer’s representatives which on occasion, results in the consumer’s co-operation of taking medications. Further agreed strategies were put in place by the service.

The Approved Provider acknowledged deficits regarding staff updating medication charts, and further staff education occurred following the Site Audit. I do not consider this evidence supports non-compliance with this requirement, and consider it represents a deficit in documentation only, as no evidence of consumer harm or impact was brought forward as a result of the documentation.

The Approved Provider said the service discussed referral to a specialist, however this was not agreed by the representatives. Similarly, recommended changes from a medical officer regarding the medication were not initially accepted by the consumer’s representatives.

I agree the Approved Provider did not give evidence the service had analysed or recognised the significance of the volume of medication the consumer refused. Evidence supported the service kept the representatives informed of the consumer’s condition and the consumer’s medication was being reviewed for suitability. Regular review occurred by the consumer’s medical officer. As there was a lack of clarity around the impact to the consumer, and how it was directly attributed to the actions of the service, I have placed weight on the evidence showing the service was taking steps to manage relevant risks for the consumer.

Overall the Approved Provider gave evidence demonstrating ongoing engagement with the consumer, their representatives and relevant health professionals to support management of the high impact and high prevalence risks associated with the consumer’s care. Where there were deficits, these were observed primarily in documentation and not in care delivery, as staff were following the consumer’s choice regarding medication administration.

Therefore, I find requirement 3(3)(b) is compliant.

Regarding the remaining requirements, consumers receive safe and effective personal and clinical care, which is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives considered consumers’ personal and clinical care needs are being met and provided positive feedback about the service.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences are recognised, and their comfort maximised. Staff are guided by policies and procedures that direct end of life care.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff receive information through shift handover, progress notes, scheduled reviews, incident reports, clinical charts, and feedback from the consumers.

Information about consumers’ condition, needs and preferences are documented and communicated, as reflected in care planning documents and feedback from consumers and representatives. Staff notify consumers, their representatives, medical officers, and other services regarding changes as relevant. Although some negative feedback was brought forward for one consumer regarding communication between external services, the Approved Provider gave evidence in their response that action was taken, and outcomes relayed to the consumer’s representative.

Consumers and representatives said timely and appropriate referrals occur and the consumer has access to relevant health supports and services. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

The service has implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control and management of outbreaks. Antibiotic usage is monitored and reviewed monthly as part of the service’s clinical indicator reports.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they are supported to do the things they want to do, have supports available to allow them to be as independent as possible, and participate in activities that promote their well-being and quality of life. Care planning documents reflected consumers’ choices, necessary supports and preferences.

Consumers described services and supports available to promote their emotional, spiritual, and psychological well-being. Staff described supporting consumers by attending one-on-one room visits. Care planning documents reflected individualised strategies for consumers.

Consumers said they are supported to participate in activities within the service and the outside community that aligned with their interests. Staff assist consumers to maintain social and personal connections that are important to them, such as through phone and video calls and sending pictures to their families.

Consumers considered the service is aware of their individual preferences and needs, and when they change, the information is shared within the service. Staff described how communication of consumers’ needs and preferences occurs via care plans, handover and dietary requirements listed in the kitchen.

Care planning documents demonstrated the service collaborates with external providers to support the diverse needs of consumers. To better meet consumers’ interest and engagement, staff said the service accessed volunteers to provide additional one-to-one conversation to those consumers who wish to speak in different languages. Visiting musicians and a market day were observed during the Site Audit.

Consumers considered meals to be of suitable quality and quantity, said they are offered variety and staff are aware of their dietary needs. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Staff described the process for checking and cleaning equipment, and reporting any faults.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was observed to be welcoming, easy to understand and navigate, light-filled, with wide hallways, hand railings and dementia enabling principles of design to optimise consumers’ independence, belonging and interaction. Consumers said they felt at home at the service, and can personalise their rooms.

Consumers said the service is kept clean, is well maintained, and they can move freely both indoors and outdoors, with care staff assistance when required. Cleaning staff described the processes for cleaning consumers’ rooms and communal areas. Maintenance staff said an annual audit is completed for equipment. All areas of the service were observed to be tidy, free of hazards, well maintained and at a comfortable temperature.

Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Call bells and mobility aids were accessible and functional. Preventative maintenance and cleaning occurs, as evidenced by maintenance documents.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and their representatives said they felt supported by the service to provide feedback and make complaints, and were comfortable approaching staff directly. The service has monthly consumer and representative meetings, feedback forms and conducts surveys.

While some consumers were unaware of formal advocacy services, they identified an alternative avenue or support person for making a complaint. Notice boards throughout the service displayed posters for external complaint and advocacy services, and information was available in the consumer handbook.

Consumers and their representatives said the service responds in a timely and appropriate manner to feedback. Feedback forms showed open disclosure is used and complaints are managed in a timely manner, consistent with the service’s policies.

Consumers and their representatives said feedback and complaints are applied to improve care and services. Feedback and complaints are trended and analysed. Improvements are evaluated in consultation with consumers and representatives.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce is planned to enable the delivery of safe and quality care and services. Consumers, representatives, and staff said staff shortages are sometimes experienced, however no substantial impact occurred as a result.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner. Staff were observed to greet consumers by their preferred name and demonstrated they are familiar with consumers’ needs and identity.

Each role has a position description, with minimum requirements and duty statements. Staff competency is monitored against training requirements.

Staff said they are supported to undertake relevant training. Some training was recorded to be overdue, following outbreaks, however this was being addressed at the time of the Site Audit.

Staff performance is reviewed at least once per year in a formal performance appraisal process, and is monitored through observation, consumer and staff feedback, audits, competency assessments and report monitoring. Some appraisals were overdue for care staff, however no negative impact was brought forward.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Compliant |
| 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 |
| 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 |
| 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. | Compliant |

Findings

Consumers and their representatives said the service is run well and they are involved in and engaged with the development and delivery of their care and services. The service conducts satisfaction surveys and uses consumers’ feedback to inform improvements.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation monitors the service’s performance against the Quality Standards through review of regular monthly reporting and internal and external audits, and has oversight of risks and incidents.

The service has effective governance systems relating to financial and workforce governance, and regulatory compliance. Difficulties in accessing the service’s care management system were being addressed at the time of the Site Audit. Continuous improvement occurs, informed by feedback and complaints.

The service has effective risk management systems in place to manage risks, respond to incidents and support consumers to live the best life they can. Staff described how they apply the relevant policies and procedures in their work.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Staff had a shared understanding of the procedures and requirements.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)