Performance

Report

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| Name of service: | Blue Care Mackay Homefield Aged Care Facility |
| Service address: | 87-95 George Street MACKAY QLD 4740 |
| Commission ID: | 5122 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 October 2022 to 12 October 2022 |
| Performance report date: | 01 November 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 Mackay Homefield Aged Care Facility (**the service**) has been prepared by K. Reed, 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 request for information received 18 October 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Regularly reviews have occurred relating to consumer care and services, including assessments and undertaking scheduled activities to ensure consumer care documentation is up to date and contributing to the delivery of safe and effective care and services and meeting the needs, goals and preferences of consumers.

Actions were taken to address Non-compliance in this Requirement following an Assessment contact 02-03 March 2022.

The service demonstrated it regularly reviewed consumer care and services for effectiveness, when circumstances changed, or when incidents impacted on the needs, goals or preferences of consumers. Assessment and planning were undertaken in partnership with consumers and included consideration of risks to consumers’ health and wellbeing.

Consumers and representatives confirmed the organisation regularly communicated with them about consumers’ needs, goals or preferences and discussed and reviewed the effectiveness of consumers’ care and services. Consumers and representatives reported staff were prompt in responding to changes in consumer health and wellbeing.

Consumer care documentation evidenced appropriately skilled and qualified members of the workforce conducted regular reviews, including risk assessments and referrals to ensure consumer care was safe and effective.

Policies and procedures are in place to support assessment and planning processes and the service monitored reports to improve outcomes for consumers through effective assessment and planning.

A review was undertaken across the service in response to the identified non-compliance, this process acknowledged existing challenges, encouraged ownership of the state of the service and identified several improvement actions that became action items and captured on the service’s plan for continuous improvement.

A Clinical care coordinator was appointed to the service, their role included organising case conferences in line with three monthly care reviews. The Clinical care coordinator monitored progress notes and completed daily checks to ensure changes to consumer needs, goals and preferences, or consumer incidents, prompted reviews and met identified requirements. Representatives confirmed their participation in case conferencing both in person and over the phone.

Clinical pathway guidelines were developed and included documented duties lists for registered, enrolled and care staff in relation to daily tasks pertaining to each role and obligations relating to consumer care and service reviews, assessment practices and incident management. Hard copies of duties lists were available in high staff traffic areas. Care plans, assessments and reviews were discussed at monthly registered staff meetings. Internal audits were conducted to ensure staff were completing mandated duties. Audit results evidenced compliance.

Education was provided including Acute Change in Health Status Pathways in Practice, staff provided feedback this led to improvements in review of care documents. Nurse practitioners were onsite two days per week to support and educate registered staff and to contribute to the review of consumer care and services and respond to incidents.

The service established an after-hours consultation pathway with the Geriatric Emergency Department Intervention team located within the regional hospital to support after hours review and assessment processes.

A schedule for care documentation reviews was established to ensure timeframes are adhered to. The schedule assigns mandatory tasks and documentation activities for morning, afternoon and evening shifts. A report was available indicating when care documentation was due for review. Case conferences were scheduled in advance of these being due.

Staff are advocating for consumers through review and assessment processes and using these as an opportunity to ensure consumers’ changing needs, goals and preferences are met and encourage discussion. A ‘resident of the day’ program was re-introduced. Recent resident of the day activity facilitated the review of all consumer Advance Care Plans to ensure consumer preferences were current or had not changed. A review of handover practices was undertaken to ensure timely and appropriate sharing of clinical information as it pertains to the review of consumer care and services. Staff described improvements in handover practices and end of shift communication processes.

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

High impact and high prevalence risks to consumers were managed effectively via assessment and clinical review, which included involvement of other health professionals when required. The service liaised with the hospital in the home service from the local health district to support complex care for consumers and minimise admissions, and time spent in hospital for consumers. Strategies to mitigate risks were implemented and management reviewed, trended and analysed clinical incident and clinical indicator data which was reported both within the organisation and externally.

Ten consumers were assessed as subject to chemical restraint, four consumers to mechanical restraint in the form of bed rails and eight consumers within the Memory support unit were subject to environmental restraint. The service’s psychotropic register identified consumers subject to chemical restraint and all other consumers had a supporting diagnosis for use of psychotropic medication. Restrictive practice authorisations for consumers subject to restrictive practices identified all had a current signed risk assessment and authorisation in place and there was evidence of discussion with representatives relating to the risks and benefits of the restrictive practice.

Actions were taken to address Non-compliance in this Requirement following an Assessment contact 02-03 March 2022.

The service appointed a Clinical care coordinator and a Quality care coordinator to oversee clinical care delivery and outcomes. In addition, the Quality care coordinator is a nurse practitioner who facilitated discussions related to restrictive practice assessments and authorisations with consumers and representatives. Review of incident reports and progress notes reports confirmed, Clinical management staff oversaw clinical care delivery and identified risks and emerging concerns for consumers by reviewing incident reports and daily review of progress notes. Staff were provided with education in relation to challenging behaviours, escalation of concerns and incident reporting and described the processes for these.

Incidents prompted appropriate assessment and review of a consumer’s care, the representative was advised, and they were included in discussions to mitigate risks. Review of the Plan for continuous improvement identified confirmed, staff with an interest in caring for consumers with dementia were identified and rostered to work regularly in the Memory support unit. This has improved care delivery for consumers in the Memory support unit and led to consumers being more settled as staff are familiar to them. Staff were observed interacting and participating in activities with consumers in a kind, caring, patient and calm manner.

Care documentation confirmed, when a clinical concern arose for a consumer, a case conference was conducted with the consumer and representative. The Clinical care coordinator oversaw referrals made to allied health providers when required and that consumers were reviewed by them in a timely manner. Education records confirmed, registered staff received training in management of consumers with swallowing difficulties and use of modified diets.

Management monitored the completion of assessments for consumers and risk assessments for all consumers were reviewed and are current. This process was evidenced in assessments for ten consumers with high risks.

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

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| 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 |

Findings

Consumers and representatives confirmed staff discussed matters of advance care planning with them and documented their choices and end of life preferences and wishes.

Consumer care documentation evidenced the needs, choices and preferences of consumers nearing end of life were identified and recognised. Staff described the importance of knowing these preferences and how they respected and supported the comfort and dignity of consumers and their families during the palliation phase. Where consumers made their end of life needs and preferences known, these were reflected in consumer care documentation via advanced care plans and statement of choices.

All consumer advanced care plans were reviewed and updated during a recent ‘resident of the day’ activity to ensure any changes to consumer preferences were reflected in their care documentation and or their statement of choice. This review occurred at agreed intervals with the consumer, and spontaneous review also occurred when a consumer approached end of life to ensure the consumer and their family remained comfortable and required no changes.

The service established a formal consultation pathway for staff to access assistance from the Special Palliative Care in Aged Care team operating within the regional hospital. The team supported consumers with life-limiting illnesses and complex care needs by providing direct consumer care and supporting registered and care staff to maximise consumer comfort and preserve dignity when consumers were nearing end of life. Registered and care staff described how they supported consumers nearing end of life and gave examples of interventions such as mouth and eye care, repositioning and pain management to maximise comfort and dignity.

Care documentation of two recently deceased consumers evidenced review of consumer preferences, and recorded discussions with consumers and representatives in relation to pain management, dignity and comfort, and demonstrated care and service delivery met individual consumer’s needs. Hard copies of completed consumer statement of choices and advance care plans were accessible to all staff in folders located at the nurse’s workstations. Staff had access to policies relating to end of life care and access to information they can provide to representatives.

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| 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 |

Findings

Changes in consumers’ health or well-being were recognised and responded to in a timely manner.

Consumers and representatives confirmed staff managed any change in consumers’ condition appropriately. Care documentation for consumers identified that staff recognised, reported and responded to changes in consumers condition. Actions taken included assessment of the consumer by the registered nurse, referral to the Medical officer or other allied health professionals and transfer to hospital if necessary. Care staff advised they notified registered staff if they had concerns about a consumer and described what they may observe, including loss of appetite and changes in mood or behaviours.

Staff were observed discussing changes in consumer health care status and monitoring any action required. Handover documentation reported changes in consumer health care status and records in a communication book identified monitoring requirements and or actions required., for example the collection of pathology samples. Clinical pathways were available to staff in the nurse’s workstation to guide the delivery of care including for consumer’s who experienced deterioration of their condition.

# 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 delivery of safe and effective care was provided by a workforce which was sufficient. Consumers and representatives provided positive feedback in relation to the sufficiency of staffing, they stated staff were knowledgeable, trained and available when needed and attended quickly in response to call bells.

Staff confirmed they were busy at times and although they had staffing challenges through COVID-19 lock downs which required staff to work double shifts, this is no longer occurring. There was sufficient staff to provide care and services in accordance with consumers’ needs and preferences and staff generally had sufficient time to undertake their allocated tasks and responsibilities. Staff confirmed they received training in restrictive practices, the Aged Care Quality Standards, Serious Incident Response Scheme, incident management, infection control and manual handling.

The service employed a mix of registered and care staff including a Clinical care coordinator for oversight of clinical services and a Quality care coordinator who along with the Residential Services Manager provided oversight in management of day to day tasks, training and improvements. The service had a substantial casual pool of staff to draw from and provided strategies to replace staff on planned and unplanned leave, including extending and offering additional shifts, and accessing agency staff. A spreadsheet of staff numbers and roles identified registered staff were rostered 24 hours a day seven days a week and during the last fortnight the roster had no unfilled shifts. The service demonstrated a working call bell system and management advised reports are generated weekly and monitored for excessive response times of over 10 minutes. Delays in response times and busy periods are discussed as part of daily staff meetings and investigated by management.

Actions were taken to address Non-compliance in this Requirement following an Assessment contact 02-03 March 2022.

The service made weekly contact with the organisation’s recruitment team that managed staff numbers and positions at the service. Staffing numbers including a casual pool of staff increased resulting in a steady workforce and regular succession planning. The service accessed a government worker scheme resulting in six care staff and a registered staff member joining the workforce. A real-time digital workload planner was utilised to provide a planned mix and number of positions and is accessible to all staff, allowing for vacant shifts to be filled promptly. A team leader role has been introduced in the Memory support unit. One vacant role and two new staff members have joined the hospitality team. A dedicated consumer safety officer assisted management with serious investigations. Contract cleaning staff were engaged to assist regular cleaning staff. Volunteers and temporary staff filled the lifestyle officer position until the role is permanently filled.

Consumers who required individual supervision were assigned a personal care worker. The consumers in the Memory support were reviewed and consumers moved from the unit who no longer required a secure environment, this eased the workload in the unit. Multiple electronic management systems were used regularly for staff, rosters, education, training, policies and procedures.

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

# 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 service, management and staff demonstrated that systems and processes were in place providing organisational wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

**Information Management**

Staff could readily access the information they needed to deliver safe and quality care and services, and to support them to undertake their respective roles. The service maintained an electronic care management system which provided staff access to consumer care planning and clinical documentation, an organisation intranet stored documented policies and procedures and an electronic training system enabled staff to complete online training modules. Registered staff provided verbal and in person handovers to registered and care staff at the beginning of each shift and handover notes were available for staff to refer to. End of shift sign off was required on critical tasks which was monitored by management. The management team conducted regular staff meetings and minutes of those meetings were completed. Most consumers and representatives were satisfied with the way information was managed and how information was provided to them.

**Continuous Improvement**

The service’s Plan for continuous improvement demonstrated, continuous improvement processes occurred and were monitored to improve the quality and safety of the care and services provided to consumers. Continuous improvement initiatives were drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, regular analysis of clinical and incident data, internal audits and identification and review of staff knowledge and skills.

Management described the process for implementing and reviewing the improvement initiatives outlined in the service’s Plan for continuous improvement. The service’s Plan for continuous improvement identified the planned and completed improvement actions in relation to various areas of care and service delivery. All staff within the Memory support unit received education and training on serious incident response scheme, behaviour support plans, escalation of concerns and incident reporting.

**Financial Governance**

Management were responsible for managing the service’s budget and additional expenditure in excess of the annual budget or changes to the budget, were referred to organisational management for approval, depending on the amount of the purchase. Any urgent requests could be immediately considered by the General manager. The organisation was responsive to requests for budgetary changes to support the needs of consumers, including the purchase of new bath chairs for mobility impaired consumers which helped with personal hygiene and made for a more comfortable experience for consumers.

**Workforce governance, including the assignment of clear responsibilities and accountabilities:**

The service demonstrated systems were in place to monitor workforce competency to ensure the workforce was appropriately planned to facilitate the delivery of safe and effective consumer care. Policies and procedures clearly articulated role responsibilities and accountability.

**Regulatory compliance:**

The organisation had a clinical governance team that monitored changes to legislative requirements through correspondence received from national peak bodies, external agencies and regulatory bodies, such as the Commission and the Public Health Unit. Staff stated, and review of training records demonstrated, staff received training on the Quality Standards, psychotropic use, restrictive practices, incident management and the Serious incident response scheme. Incident reports demonstrated compliance with legislation relevant to the Serious incident response scheme and incident management processes and followed open disclosure protocols.

**Feedback and complaints:**

The service demonstrated systems were in place to encourage the provision of consumer feedback and complaints to ensure appropriate and proportionate action was taken. There was evidence of open disclosure within incident examples reviewed by the Assessment Team and registered staff and care staff described a shared understanding of open disclosure. Complaints, compliments and avenues for consumers and or their representatives to make complaints and provide feedback were reviewed by the Assessment Team and positive conclusions and outcomes were identified.

Actions were taken to address Non-compliance in this Requirement following an Assessment contact 02-03 March 2022.

Staff mandatory training and competency completion was discussed at weekly management meetings to discuss any deficiencies and improvements. Ongoing training for staff and management was provided in the Quality Standards including online training and toolbox talks. Records supported this had occurred. Electronic training and educational systems were provided, and staff were able to access these with mobile devices. The Quality care coordinator monitored and reviewed the completion of mandatory training. Training of staff and management in the electronic care management system and policy and procedures relating to restrictive practices, psychotropic medication and incident management was been provided. Staff received online training every month and this was confirmed through review of records.

The workforce was planned, and the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. Monitoring of the staff roster occurred through an electronic system managed by the management team. Overall consumers and representatives confirmed staff were knowledgeable, trained and available when needed and attended quickly when required. Fortnightly and monthly meetings were held which confirmed the senior management team reported on and reviewed clinical indicators, incidents and complaints and reports were escalated to the organisation’s General manager and Board. A dedicated consumer safety officer was employed by the organisation to assist management with serious incidents.

Management met every morning to discuss any arising issues or incidents. The service monitored, evaluated and reduced psychotropic medication use when able. All bed rails not used and approved as mechanical restraints were zip tied to remind staff not to use them unless authorised. The Memory support unit was reduced in size with regard to the number of consumers moved into other areas of the service. Positive feedback from representatives was provided in relation to consumers moved out of the Memory support unit.

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

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)