Performance

Report

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| Name: | Blue Care Mackay Homefield Aged Care Facility |
| Commission ID: | 5122 |
| Address: | 87-95 George Street, MACKAY, Queensland, 4740 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 January 2024 |
| Performance report date: | 5 February 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3479 Blue Care Mackay Homefield Aged Care Facility |

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 Kimberley 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 30 January 2024
* 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 fully assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not fully assessed** |
| **Standard 8** Organisational governance | **Not applicable as not fully 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)(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 |

Findings

The service was ensuring consumer care documentation considered risks to consumer’s health and wellbeing to inform the delivery of safe and effective care and services, particularly where risks had been previously identified by the service or other providers of care.

Care documentation included relevant assessment and risk identification for consumers including changed behaviours, weight loss, time sensitive medications and restrictive practices. Consumers and representatives confirmed they were involved in consumer care planning documentation and were informed of risks surrounding consumer care needs.

Representatives confirmed they were involved in case conferences to discuss and develop care plans to ensure risks were mitigated and personalised care was provided to the consumers. Representatives also confirmed effective communication has occurred between them and the service in relation to time sensitive medication and chemical restraint.

Care planning documentation for consumers experiencing unplanned weight loss evidenced strategies to mitigate risk of further decline. Including strategies implemented by allied health professionals such as dietitians and speech pathologists.

The service’s restrictive practices register, psychotropic register and care documentation evidenced consumers subject to restrictive practices have undergone appropriate assessments. Consultation has been undertaken with the consumers’ representatives and medical officer, with consent provided, and each restrictive practice was regularly reviewed. Review of care documentation for a sample of consumers subjected to chemical restraint identified each had an up-to-date behaviour support plan with identified behaviours, triggers and individualised strategies to support their changed behaviours.

Care planning documentation for consumers with a diagnosis of Parkinson’s disease evidenced information to guide staff in caring for the consumers including medication requirements and allied health reviews. Consumers and representatives confirmed they had been involved in relation to consumer assessment and planning including the consideration of risks. Management and registered staff demonstrated knowledge of consumers subject to chemical restraint and explained the process of gaining informed consent with consumers and representatives. Registered staff confirmed assessment and planning occurred every three months and was updated when changes occurred.

Actions have been completed to address the non-compliance identified in this requirement following an Assessment contact completed 24-25 October 2023. Deficits related to the lack of involvement of representatives in the assessment and planning of chemical restraint and time sensitive medication. Risks in assessment and planning were not considered when a consumer deteriorated.

Rectification actions included all consumer care plans were reviewed and updated in conjunction with consumers and representatives to ensure care documentation accurately reflected consumer care needs with consideration to risk. All restrictive practice risk assessment and consent forms were reviewed three months as part of the care plan review or as changes occurred. All chemical and mechanical restraint was reviewed following the appointment of a Clinical manager, with some consumers restrictive practice ceased or reduced as a result of the assessments.

The service initiated training for registered staff on restrictive practices and informed consent as part of a registered nurse ‘upskill’ program. Registered staff confirmed they were aware of restrictive practice and informed consent. The service developed a procedure for care plan case conferences. One month before care plans were due for review, administration staff provided an invitation to consumers and their nominated representative to engage in a case conference for care plans. Representatives confirmed they had been invited to discuss consumer care plans at case conferences.

When a consumer was reviewed by allied health providers, any information relevant to consumer care was transferred directly into consumer care plans and published for staff to view. Information relevant to consumer care, including information provided by allied health providers was captured in care plans and available for staff to view.

Based on the information contained 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

Consumers with high impact risks such as diabetes, swallowing difficulties, pain, wounds, weight loss, catheters, fluid restrictions, and conditions requiring time sensitive medications received the care they needed and felt safe and confident with their care delivery. Staff described how they identified, assessed, and managed consumers’ high impact or high prevalence risks, and how care planning documentation provided guidance to ensure consumers’ personal care and clinical care were delivered safely. Management utilised monitoring tools, the service’s electronic care management system, allied health input, consumer and staff feedback to identify and manage high impact or high prevalence risks.

Actions have been completed to address the non-compliance identified in this requirement following an Assessment contact completed 24-25 October 2023. Deficits related to time sensitive medication not administered as prescribed, consumer weight loss not addressed through referrals to allied health professionals, failure to identify and respond to consumer deterioration, infections and poor swallowing. Documentation did not support effective monitoring of consumers including food and fluid charting and behaviour support plans were ineffective.

Rectification actions have included communication to registered staff in relation to time sensitive medication, and daily monitoring of time sensitive medication by the Care manager. Revised electronic devices were obtained to improve the recording of time sensitive medication. Following discussions with the service’s pharmacy, time sensitive medication will be packaged separately, as an additional reminder to staff. Staff confirmed they were more vigilant with administering time sensitive medication following education and this was supported by medication administration reports which supported time sensitive medication was administered as prescribed.

Weight loss and associated deterioration education was held for care and registered staff in November 2023, training included food intake and notification of weight loss. Behaviour support plans were updated to include individualised behavioural information that included triggers and strategies to guide staff providing support to consumers.

An upskilling program was introduced in November 2023, and two registered staff have completed the course and plans were in place to provide all registered staff accountability training including monitoring and assessing consumers.

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

**Findings**

Requirement 8(3)(c) Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

The service demonstrated it had effective governance systems in place relating to continuous improvement, workforce governance and regulatory compliance, and provided examples of improvements at the service.

Actions have been completed to address the non-compliance identified in this requirement following an Assessment contact completed 24-25 October 2023, deficits related to ineffective governance systems relating to continuous improvement, workforce governance and regulatory compliance.

In relation to continuous improvement, there has been an improved oversight by management including review of monthly clinical indicator data to identify trends and themes in incidents relating to consumers. Incidents are discussed at staff meetings and during handover. Where trends were identified, this was included in the quality register to remedy and monitor issues identified. Management attended consumer meetings to gather feedback on improvement initiatives.

Relating to workforce governance, a Clinical manager was appointed in December 2023, following a handover from the Acting Clinical manager. Responsibilities of the Clinical manager included the monitoring of monthly clinical indicators, and the generation of reports to identify themes and trends in incidents. A contingency plan was put in place for management continuity. This included the provision of an experienced manager from other organisational services in the event of key management absence.

Pertaining to regulatory compliance the service created and implemented a registered nurse upskilling program, which focused on core clinical skills including restrictive practices, identification of incidents and effective communication with consumers and representatives. All restrictive practices were reviewed ensuring valid written consent and accurate behaviour support plans were in place. Incident reporting processes were improved in relation to medication management, to include follow up with individual registered staff.

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

Requirement 8(3)(d) Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

The service improved systems to identify, assess, manage and evaluate high impact and high prevalence risks. Identification of risks was completed by staff and the management team. Documentation and interviews with staff and management evidenced awareness and importance of high impact risks. The management team oversaw trends and themes in high impact and high prevalence risks and used the information to determine specific areas to add to the quality register. Themes or trends in risks of consumer harm resulted in remedial actions, assigned at service level and to regional staff. The management team provided additional training to staff in the use of the incident management system. This resulted in increased reporting of incidents by staff providing personal and clinical care.

Actions have been completed to address the non-compliance identified in this requirement following an Assessment contact completed 24-25 October 2023, deficits related to incidents not being documented, evaluated, or analysed to mitigate risk and decrease the risk of reoccurrence.

To address the previous deficits, the service is now effectively generating reports from the electronic care system and medication management system to identify gaps in reporting clinical incidents. Reports were generated daily or weekly, and identified trends entered into the quality register. The service identified themes and trends in high impact, high prevalence risks via clinical indicators, and ensured action was taken to mitigate risks and prevent harm to consumers.

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