Blue Care Redland Bay Yarrabee Aged Care Facility

Performance Report

61-71 Peel Street   
REDLAND BAY QLD 4165  
Phone number: 07 3829 4400

**Commission ID:** 5356

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

**Assessment Contact - Desk date:** 19 July 2022

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

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received 11 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team did not assess all Requirements therefore a compliance rating or summary is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The desk-based Assessment Contact was conducted on 19 July 2022 to determine the actions undertaken by the Blue Care Redland Bay Yarrabee Aged Care Facility (the service) in response to the decision of non-compliance in relation to Requirement 7(3)(b) made on 11 May 2022 following the Site Audit conducted on 21to 23 March 2022.

Actions were taken to address deficiencies in this Requirement to ensure workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Individual discussions were held with all staff to discuss the organisational values and practices to ensure alignment of staff behaviour. Following these discussions three staff chose to leave the service. Following the Site Audit the Clinical Coordinator followed up with one consumer who provided negative feedback regarding staff conduct, who chose not to make a formal complaint. All consumers noted in the site audit report were seen and supported by the Clinical Coordinator.

The Residential service manager commenced employment on 28 March 2022, with responsibility for the service and a sister site. Following employment, the Residential service manager held a compulsory staff meeting with a focus on individual staff members accountability and responsibility, including workshop and group work on demonstrating respect and privacy for consumers, use of appropriate language and responding to individual feedback.

The organisational Code of Conduct was sent to all staff via a memorandum. The service continues to recruit staff based on skill mix and attitude. The organisation has implemented a new program of audits following pilot testing in April 2022. The services involve a minimum of 10% of consumers with 97.9% of consumers stating they feel respected and safe, the audit program captured extensive feedback from consumers. The service also captured feedback from representatives.

The service identified three manual handling champions who have completed training, who supported staff on site, with manual handling training being completed electronically with specialist manual handling safety specialists. Any identified increase in skin tears or bruises resulted in observation of manual handling practices including by the physiotherapist.

To support a culture of kindness, caring and respect the management team demonstrated kind and respectful interactions with each other, all staff and consumers and representatives. Management and clinical staff role modelled appropriate behaviour to staff. Visibility of management has increased to include being present in the workplace of staff.

Consultation occurred with staff in relation to decisions that may impact them for example changes to rosters and consideration to staff well-being, including an acknowledgement to staff of their efforts. Informal meetings with consumers and representatives were held in the service’s coffee shop as a welcoming exercise and as a means of identifying potential issues.

Management had an open-door policy; their offices were located at the entry to the service and they were available for consumers and representatives. During care plan reviews the Clinical coordinator spoke with consumers and representatives to identify any concerns in relation to care or interactions with staff. The service was focussing on a customer service culture with discussion at staff meetings relating to staff attitude and how they approach and interact with consumers. Clinical indicators including skin tears and bruising were monitored to identify any potential concerns or issues. The service was in the process of recruiting a Quality officer to support the service in completing audits as per the organisational schedule including spot audits, to monitor and investigate incidents and interview consumers to determine satisfaction with the services provided.

Documentation was provided to the Assessment Team to corroborate actions taken to address previous deficits in this Requirement. A memorandum was sent to staff dated 14 March 2022 attaching the Code of conduct for staff to review, the use of inappropriate language, staff to wear the organisational uniform with minimal jewellery to reduce the risk of skin tears and advising any queries from representatives in relation to care be referred to the Registered nurse.

A memorandum was sent to consumers and representative advising of the new Residential service manager commencing and a welcome morning tea to meet with consumers and representatives on 28 March 2022. A mandatory meeting was held for all staff on 7 June 2022, 29 staff attended. Minutes from the meeting confirmed discussion about the organisational values and how staff were able to demonstrate these values in their day to day work. Accountability training was provided, including the meaning of accountability and how it related to individual roles within the service. The session closed with an open discussion on what staff understood to be their roles and responsibilities.

Manual handling training records confirmed staff have completed or are scheduled to complete the training. Training records demonstrated staff have either completed or are scheduled to complete ‘treating people fairly in the workplace’. A summary of case conferences confirmed discussion with consumers and representatives and no issues were identified in relation to interactions of staff with consumers. Complaint information demonstrated no complaints in relation to staff interaction with consumers in relation to this Requirement.

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.