Blue Care Warana Beachwood Aged Care Facility

Performance Report

124 Nicklin Way   
WARANA QLD 4575  
Phone number: 07 5490 2100

**Commission ID:** 5185

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

**Assessment Contact - Site date:** 7 April 2022

**Date of Performance Report:** 19 May 2022

# Performance report prepared by

Nicole Grey, 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

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| --- | --- |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | 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 - 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 Assessment Contact - Site report received 16 May 2022.
* other relevant information and intelligence held by the Commission.

# STANDARD 7 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 and therefore a standard summary and overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent* *and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service was able to adequately demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Most consumers and representatives sampled, considered staff to be competent and to possess the qualifications and knowledge to effectively perform their roles.

Management advised recruitment and orientation processes were completed for all staff new to the service. Recruitment processes included relevant probity checks into the references, qualifications, professional and regulatory registrations of staff. Monitoring processes were employed by the service to ensure all aspects of recruitment processes were completed.

Position descriptions outlined the roles and responsibilities for staff. The competency of the workforce was monitored through the service’s orientation processes, observation of staff practice, individual performance discussions and through the service’s newly developed orientation workbook.

Staff were provided education and training through the service’s electronic care system and in person. Staff advised orientation checklists were completed by registered staff for all agency staff commencing at the service.

The Assessment Team brought forward information in relation to continuous improvement activities planned to address previous deficiencies identified in the previous site audit undertaken 15 to 18 November 2021. While the Assessment Team’s report indicates some activities remained ongoing, most action items regarding mandatory training, orientation, training and education had been completed. Management provided feedback to the Assessment Team during the Assessment Contact and advised that some of the actions remain open until a permanent Clinical coordinator is appointed.

The approved provider submitted a response which included clarifying information and evidence that the workforce was competent and had the qualifications and knowledge to effectively perform their roles. This included a continuous improvement action plan, orientation documentation and a reflective practice tool.

I note in the service’s plan for continuous improvement, that actions have been implemented to address previous deficiencies in relation to mandatory education, training and support for staff and orientation processes. While I acknowledge some actions remain ongoing, I am satisfied actions implemented have been effective.

The Assessment Team received negative feedback from a named consumer and two representatives during the Assessment Contact in relation to staff development and medication management processes. Management and staff informed the Assessment Team that medication competencies were completed at the same time each year or when errors were identified in the medication administration practices of registered staff.

In its response, the approved provider described the service’s medication competency processes which was consistent with the Assessment Team’s findings and has committed to implementing actions to improve the service’s medication competency practices. These actions include ensuring all clinical staff have completed a medication competency, revising the service’s orientation processes and associated documentation and the development of a reflective practice tool.

The approved provider states in its response that no consumers have required medical attention due to medication errors which I have noted to be consistent with the Assessment Team’s findings.

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The service has implemented improvements to address deficiencies identified in the previous site audit in relation to mandatory education, orientation processes and training and staff development. These included revised and improved orientation documentation and processes, improved mandatory training compliance, monitoring processes and access to internal and external training opportunities for staff.

Staff demonstrated a shared understanding in relation to the requirements of their role which included the completion of mandatory education modules. Staff were provided with opportunities to access additional training opportunities and felt supported to perform their roles.

The Assessment Team brought forward information in relation to the service’s record keeping processes which did not evidence staff attendance had been recorded for toolbox training and education sessions delivered by external providers.

The approved provider in its response describes the service’s record keeping processes which include hardcopy attendance records, electronic modules, a social network platform and orientation booklets. The approved provider acknowledges that during the Assessment Contact the service was unable to provide the Assessment Team with staff attendance records for two education sessions delivered by an external provider. In response, the approved provider has implemented a process to ensure staff attendance is recorded for all training and education delivered to staff.

While I acknowledge the deficiencies brought forward by the Assessment Team in relation to staff training records, medication competencies and continuous improvement actions, I am confident the service has implemented actions to improve processes which have addressed the deficiencies identified in the previous site audit in relation to mandatory training, orientation processes and training and staff development. The Assessment Team’s report reflects improved satisfaction from consumers and representatives sampled, positive feedback from staff in relation to the service’s orientation, education and training processes.

Therefore, I am satisfied the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

It is my decision this Requirement is Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Overall consumers and representatives sampled, considered staff to be well trained, equipped and supported to perform their role and deliver the outcomes required by these standards.

The service’s induction and ongoing training program provided staff with adequate skills and knowledge to perform their roles. Care staff confirmed buddy shifts were provided during their orientation period and training regarding the delivery of personal care and providing consumers with assistance during meal service was also completed during this period.

Training resources including online modules and educational videos were accessible by staff through the service’s electronic care management system. Staff were alerted through reminders when they were imminently due or overdue for the annual completion of training.

Educational videos were accessed by staff in relation to delirium, face masks and Standard one of the Aged Care Quality Standards in the two months preceding the Assessment Contact.

The service has implemented actions to address previous non-compliance for this Requirement identified during the previous site audit which included:

* Registered staff have received training in relation to the Serious Incident Response Scheme reporting requirements, palliative care, wound management and texture modified fluids.
* Revised orientation documentation.
* Improved induction and orientation processes including additional buddy shifts.
* Mandatory training including, but not limited to, manual handling, infection control and personal protective equipment, food handling, fire evacuation and workplace health and safety were completed annually and monitored for completion each month.
* The completion of manual handling competencies for staff who operated mobility lifting devices.
* Staff training was delivered through electronic modules, during meetings and in person.

I am satisfied action implemented by the service to address the deficiencies in the previous site audit have been effective and the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Therefore, it is my decision this Requirement is Compliant.

# Areas for improvement

In relation to the two requirements assessed during the Assessment Contact conducted on 7 April 2022, 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 in relation to those requirements.

Areas have previously been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in the performance report dated 24 December 2021 in relation to the site audit conducted on 15 to 18 November 2021.

Non-compliant requirements from the site audit conducted on 15 to 18 November 2021 that were not assessed at this visit and therefore not addressed in this performance report are:

* Requirement 2(3)(d)
* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)