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:** 12 July 2022 to 13 July 2022

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

Stewart Brumm, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 11 August 2022.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

As not all requirements were assessed no overall rating of compliance is provided for this Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*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.*

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

The Assessment Team provided information that review of the service’s electronic and hardcopy care documentation identified that care plans do not accurately reflect consumers’ personal and clinical care requirements and/or assessments and care plans have not been updated in accordance with the service’s timeframes for review. Some consumers advised they did not have or were not aware they could access a copy of their care plan. The service has not completed implementing actions to address gaps identified in relation to this Requirement.

Overall, consumers said they considered to be involved in assessment and planning aspects of their care. However, some consumers’ said they were not aware they had access to their care plans

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well supporting documentation including planned continuous improvements, documentation and care processes, and meeting minutes and calendar.

The Approved Provider acknowledged the feedback provided by the Assessment Team and for named consumers clinical records were updated the day to the assessment contact to reflect current care needs and preferences. Additional training has also been provided and continues to be provided to registered staff on the Approved Providers process. Additional strategies to ensure consumers/representatives have access to the care plan have been incorporated into the consumers meeting agenda and will be recorded in progress notes when a care plan has been amended and /or provided to a consumer/representative. A resident of the day process has also been developed and includes discussion with the consumer/representative.

I have considered the Assessments Team report as well as the Approved Providers response and whilst I acknowledge the Approved Provider was not able to demonstrate compliance to the Assessment Team at the time of the assessment contact, I note the actions taken at the time of the assessment contact and post the assessment contact to address the feedback provided by the Assessment Team.

In determining my findings, I was persuaded by the feedback provided by consumers that overall they considered to be involved in assessment and planning aspects of their care, and note the actions taken by the Approved Provider to address consumer access to care plans. I also note the actions taken to address accurate care records and I am satisfied that the appointment of a the permanent registered nurse into the clinical coordinator role, combined with additional training should maintain the accuracy of clinical records.

I find this requirement is compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Approved Provider was not able to demonstrate each consumer gets safe and effective clinical care that is best practice in relation to the management of restrictive practices and chemical restraint.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

The Assessment Team provided information that whilst consumers/representatives sampled considered they receive care and treatment which meets their needs and preferences, the service was unable to demonstrate that personal and clinical care delivery is best practice to optimise each consumers’ health and well-being or is tailored to their needs in relation to wound care treatment documentation and the management of the psychotropic register and restrictive practices.

Overall, consumers/representatives sampled said they receive care and treatment which meets their needs and preferences, is safe and optimises their ability to live the best life they can. Staff could describe sampled consumer’s individual needs and preferences and how these are managed in line with their care and services plan.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well supporting documentation including planned continuous improvements and documentation and care process documents.

The Approved Provider acknowledged the feedback provided by the Assessment Team and for named consumers, clinical records and authorisations for restraint have been updated, including ensuring there is a corresponding diagnosis to support the use of chemical restraint. Additional training has also been provided and continues to be provided to registered staff on the Approved Providers process on wound care charting and maintaining the psychotropic drug register.

I have considered the Assessments Team report as well as the Approved Providers response and whilst I acknowledge the Approved Provider was not able to demonstrate compliance to the Assessment Team at the time of the assessment contact, I note the actions taken at the time of the assessment contact and post the assessment contact to address the feedback provided by the Assessment Team.

In determining my findings, I was persuaded by the feedback provided by consumers that consumers/representatives sampled said they receive care and treatment which meets their needs and preferences, is safe and optimises their ability to live the best life they can. I also note staff could describe sampled consumer’s individual needs and preferences and how these are managed in line with their care and services plan. I note that whilst there were deficits in the documentation to support wound care, that wounds were being managed effectively and processes to ensure wound documentation is best practice have been reinforced to staff through training.

With regard to the chemical restraint and maintaining the psychotropic drug register, I note the medical officers have now included a diagnosis to support the use of the chemical restraint and the registered staff have been provided education on the processes around the use of chemical restraint. However, the sustainability and effectiveness of the improvements to ensure ongoing compliance has not been tested.

I find this requirement is non-compliant.

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

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

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

The Assessment Team provided feedback that the service demonstrated high impact or high prevalence risks for each consumer including falls, skin integrity, behaviours and self-administration of medications are effectively managed. Actions have been taken to improve the service’s performance in this Requirement.

Based on the information provided by the Assessment Team I find this requirement is compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Approved Provider was not able to demonstrate effective organisational wide governance systems in relation to information management and continuous improvement. Governance processes have not been effective in identify deficits in compliance to the Aged Care Quality Standards.

The Approved Provider does not have clinical governance framework that ensures clinical oversight and monitoring processes that effectively guide staff practice in the management of restrictive practices.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

#### The Assessment Team provided information that the Approved Provider was unable to demonstrate effective organisation wide governance systems in relation to information management and continuous improvement. Improvement actions as documented under the service’s plan for continuous improvement in response to deficits identified under the previous Site audit 15 to 18 November 2021 have not been fully implemented.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well supporting documentation including planned continuous improvements and meeting minutes and meeting calendar.

The Approved Provider acknowledge the difficulties they have experienced in implemented the outlined corrective actions to the site audit 15 to 18 November 2021, including changes in key personal, ongoing recruitment and dealing with covid-19. The Approved Provider has implemented additional measures including relocating staff to shared space to improve communication and the introduction or reintroduction of meetings.

I have considered the Assessment Team report and the Approved Provider response, and I am persuaded by the information in the Assessment Team report that identified ongoing deficits in compliance with the Aged Care Quality Standards and that the Approved Providers governance processes to monitor compliance have not been effective.

I find this requirement is non-compliant.

### Requirement 8(3)(d) Compliant

*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.*

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

The Assessment Team provided information that the Approved Provider demonstrated effective risk management systems and practices in place, in relation to the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. Actions have been taken to improve the service’s performance in this Requirement.

Based on the information provided by the Assessment Team I find this requirement is compliant.

### Requirement 8(3)(e) Non-compliant

*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.*

This requirement was previously found non-complaint at a site audit conducted 15 to 18 November 2021.

The Assessment Team provided information that the Approved Provider has not implemented improvement actions to ensure effective clinical governance with regard to establishing and ensuring clinical oversight and monitoring processes in place to guide staff practice in the management of restrictive practices. Clinical monitoring processes established have been inconsistent and regular clinical audits have not occurred.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well supporting documentation including planned continuous improvements, documentation and care processes, and meeting minutes and calendar.

The Approved Provider feel they has a strong Clinical Governance Framework which includes but is not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure. The Approved Provider in their response have implemented actions to ensure the effectiveness of our clinical governance system.

I have considered the Assessment Team report and the Approved Provider response, and I am persuaded by the information in the Assessment Team report that identified ongoing deficits in compliance with the Aged Care Quality Standards and that the Approved Providers governance processes to monitor compliance have not been effective. Whilst I acknowledge that improvements have been made since the assessment contact, the sustainability and effectiveness of the improvements to ensure ongoing compliance has not been tested.

I find this Requirement is non-complaint.

# Areas for improvement

Areas have 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 this performance report.

* Ensure consumers receive clinical care that is best practice in relation to the management of psychotropic medications and chemical restraint.
* Ensure organisational wide governance systems are effectively monitored at the service to ensure ongoing compliance with Aged Care Quality Standards
* Ensure the Clinical Governance Framework is effectively monitored at the service to ensure ongoing compliance with the Framework.