Performance

Report

**1800 951 822**

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| Name: | Churches of Christ Bribie Aged Care Service |
| Commission ID: | 5057 |
| Address: | 12-40 Foley Street, BONGAREE, Queensland, 4507 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 January 2024 |
| Performance report date: | 19 February 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 3414 Churches of Christ Bribie Aged Care Service |

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 Churches of Christ Bribie Aged Care Service (**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 3 Personal care and clinical care | Not applicable as not all Requirements were 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 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 |
| 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**

**Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.**

Consumers and representatives confirmed they were satisfied with the care consumers received, specifically in relation to wound care, and pain management. Staff were aware of the new policies around wound care and associated pain and explained where to find them and how they applied. Staff were aware of wound care and pain management requirements for specific consumers and the service had a plan for continuous improvement which included ongoing actions related to wound care and pain management.

The service was deemed noncompliant in this Requirement following an Assessment contact -site on 15 August 2023. Deficits related to consumers with high impact needs including complex wounds and associated pain were not effectively managed.

Actions have been taken by the service to rectify these deficits. The service conducted a root cause analysis into the non-compliance to develop relevant strategies and solutions. It was identified there was a lack of knowledge in using the electronic care management system. Additional training and guides for using the system were developed and implemented, particularly for agency staff. Agency staff orientation was updated to include paid time to review all relevant policies and processes associated with complex care, as well as guidance to navigate the electronic care management system and appropriately follow care plans for wound management. Training records supported an ongoing training schedule relating to the electronic care management system.

Previously there was a lack of oversight and monitoring of staff practice in wound care. Accountability is now placed on all levels of management. For example, management read progress notes and conducted audits on wound care documentation on a daily, weekly, or monthly basis, depending on their level of management. Registered staff accountability was increased through auditing and more thorough documentation. Staff confirmed they made time to ensure documentation was accurate and up to date.

Updated pain assessments using validated assessment tools were completed in partnership with the consumer and their families to ensure they were more personalised. Staff describe which assessment tools were appropriate depending on a consumer’s conditions.

The service reviewed and updated policies and work instructions including wound management, medication management, duties lists and role descriptions at all levels. Staff were aware of the new processes and integrated them into their daily work. Agency staff were given additional buddy shifts and competency training to reduce errors, particularly in wound care and medication administration. Staff provided evidence of an understanding of their roles and responsibilities in care delivery. Wound care documentation provided evidence of registered staff adherence to wound management plans, as well as care staff conducting skin integrity checks and the provision of other wound prevention strategies such as repositioning.

Monthly audits on wound care were completed to ensure wounds were classified correctly and managed in accordance with the wound management plan. The audit showed an improvement in documentation and the weekly wound review process. Of 100% of chronic wounds reviewed, 96.1% of wound assessments were completed in accordance with the wound management policy. Deficits were investigated and staff were provided one on one follow up and education.

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

**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.**

Consumers confirmed staff knew them and they were confident staff could identify a change in their health status. Consumer documentation reflected the identification of, and response to, deterioration or changes in their condition and registered staff explained the assessment process following changes to a consumer’s condition. The service demonstrated it responded in a timely manner to identified changes in a consumer’s condition.

The service was deemed noncompliant in this Requirement following an Assessment contact -site on 15 August 2023. Deficits related to deterioration in consumers’ skin integrity were not recognised, identified or actioned in a timely manner.

Actions have been taken by the service to address these deficits. The service developed an electronic dashboard which provided management a snapshot of wound care compliance, due to a lack of oversight, monitoring and escalation of wound deterioration. The dashboard included the ability to review wound classifications including chronic, acute, or incontinence associated dermatitis.

Changes to the monitoring process occurred including checking appropriate referrals had been made to the multidisciplinary wound team where wounds were classified as complex, slow healing, or deteriorating. The multidisciplinary wound team included the Care manager, the relevant medical officer, an external wound care product representative, physiotherapist, dietitian, and wound specialist.

Pain charts were reviewed monthly to ensure use of ‘as required’ pain medications were appropriately documented and evaluated for effectiveness when used. Any consumers with ongoing pain not being effectively managed were referred to the medical officer or specialist clinics at the local hospital.

Staff confirmed they reported changes to registered staff or members of the clinical management team. If a consumer deteriorated after business hours, registered staff could telephone a medical officer or transfer the consumer to hospital. Care documentation indicated consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive, or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified. Consumers and representatives confirmed they were included in pain and wound management where appropriate and kept informed of progress or changes.

The daily review of the electronic dashboard highlighted any areas which required attention in wound and pain management and responsible staff were notified to ensure appropriate action was taken to improve compliance. Staff described ongoing training in the form of toolbox and face to face training was provided by clinical staff and external providers in identification of clinical deterioration and wound management. Staff confirmed they had access to recently reviewed and updated policies and work instructions in relation to these areas.

Clinical and general staff meeting minutes evidenced discussions were held about identifying deteriorating wounds and clinical indicators for the previous month. Improvements in wound and pain management were recorded for the previous three months. Clinical indicators were also discussed at consumer meetings to keep consumers informed of the management of their care.

Based on the information recorded 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)