Blue Care Alexandra Hills Nandeebie Aged Care Facility

Performance Report

87 Winchester Rd
ALEXANDRA HILLS QLD 4161
Phone number: 07 3820 0200

**Commission ID:** 5197

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

**Site Audit date:** 23 November 2021 to 25 November 2021

**Date of Performance Report:** 21 December 2021

# Performance report prepared by

Gai-Maree Cain, 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said their culture and diversity is valued and they receive information that is timely, accurate and easily understood. Consumers personal privacy is respected by staff at the service when delivering care and services.

Staff demonstrated an understanding of individual consumers’ backgrounds and described ways consumers’ lifestyle choices and preferences are supported on a day to day basis. Staff had received education and training on the Aged Care Quality Standards including treating consumers with dignity and respect and valuing consumers’ diversity and choice.

Consumers care documentation was individualised, and reflected the individual consumer’s choices, needs and preferences; including information regarding their cultural background, identity, preferred dietary choices, spirituality, and relationships.

The organisation has a ‘*Dignity of risk’* policy to guide staff in supporting consumers to make choices that may involve risk. Staff had been trained in risk assessment and management, and care documentation evidence that consumers are supported to take risks to live the life they wish including completion of risk assessments and discussions to support consumers in undertaking activities of choice.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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

Consumers and representatives considered they are partners in the initial and ongoing assessment and planning of consumers’ care and services. Consumers and representatives are informed about the outcomes of assessment and planning and had access to the consumer’s care and services plan if they wished.

Consumers’ care planning documentation reflected consumers, representatives and other providers of care and services are involved in assessment and planning process. Assessments are completed by Registered staff upon the consumers’ entry to the service and include consideration of risk for consumers and end of life planning. Care and services are reviewed periodically including when there are changes in the consumers’ health and/or wellbeing.

Staff demonstrated an understanding of the service’s assessment and care planning processes which guided them in the delivery of safe and effective consumer care and services. Including processes for referral to the Medical Officer and other health care professionals, three-monthly review of consumers’ care and service plans, and consultation with consumers and/or representatives via telephone calls and face to face discussions.

The service had clinical guidelines, policies and procedures to guide staff in their practice, including the use of evidence-based assessment tools in the assessment and care planning process.

Care and services plans were observed to be available in consumer’s rooms.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### 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.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

Overall, consumers and representatives considered that consumers received personal care and clinical care that is safe and right for them. They confirmed consumers had access to a Medical Officer and other health professionals; and consumer care documentation reflected referrals and input from a range of health care providers. Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff and consumers received the care they need.

Consumers and representatives expressed confidence that when the consumer needed end of life care, the service would support the consumer to be as free as possible from pain and have persons/s of importance to the consumer present.

Staff described the individual needs, preferences and clinical and/or personal care risks for individual consumers and how these are being managed or monitored. For example, staff demonstrated an understanding of restrictive practice as a last resort intervention and could provide examples of non-pharmacological strategies specific to individual consumers that are implemented to support consumers when they are exhibiting behaviours. Staff described the high impact and high prevalence risks for consumers at the service, including falls and provided examples the monitoring and management of a named consumer in relation to their falls risk. Review of care documentation identified individual consumers risks and strategies to guide staff in care and service delivery including minimising these risk/s. Registered staff described actions that would be taken if a consumer showed signs of deterioration, including notifying the Medical Officer and representative, and support from the service’s on-call clinical management.

Changes in consumers’ needs and preferences is communicated at shift handover (and documented handover information) and via the service’s electronic care documentation system.

The Assessment Team reviewed care documentation for consumers subject to a restrictive practice and identified the service complied with current legislative requirements including demonstrating that each consumer that has a restrictive practice has a behaviour support plan in place. Consumers behaviour support plans included alternatives to be used prior to the implementation of the restrictive practice and consumers had been assessed by a medical professional with day to day knowledge of the consumer. The behaviour support plans contained information including the Medical Officer’s prescription with the reason why the restrictive practice was required, consumer’s or substitute decision makers informed consent/authorisation and regular restraint usage monitoring and evaluation by Registered Nurses.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restrictive practices, wound management, pain management and end of life care. The service had implemented policies and processes related to antimicrobial stewardship, infection control and outbreak management to guide staff, including a nominated Infection Prevention and Control Lead who had completed training as required by the Department of Health. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers had choices in relation to meals, sleeping and rising times, and whether consumers wished to attend scheduled activities. Consumers were supported to attend and participate in outings within the service and remain in contact with people who are important to them.

Consumers’ emotional, spiritual and psychological needs were met by the service, and care documentation supported individual emotional support directives were in place for each consumer. Consumers’ information regarding their daily living, choices and preferences was effectively communicated, and staff who provided daily lifestyle support understood the consumers’ needs and preferences.

Consumers provided positive feedback in relation to the food and had input into the menu at consumer meetings. Care planning documents reflected consumers’ individual dietary needs and preferences. The kitchen was observed to be clean and tidy and staff were observed to be implementing food safety and work health and safety protocols.

Consumers’ care documentation reflected involvement of others in provision of lifestyle supports, including information about external services who support consumers to maintain their interests and participate in the community outside the service.

The Site Audit report identified observations made at the time of the Site Audit including equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives considered that consumers felt safe and comfortable at the service and expressed satisfaction with the service environment. Consumers and representatives confirmed that the service is generally clean and well maintained and consumers are supported to personalise their rooms to their liking.

Staff described the process of reporting maintenance requests, including when a hazard or risk to staff or consumers that had been identified and confirmed maintenance issues are documented in the maintenance logs.

Maintenance staff described how they ensured the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance schedules; and advised an on call maintenance officer for after hours if required.

The service environment was observed to be generally clean and consumers rooms were observed to be decorated with personal items reflecting their individuality. Communal areas included lounge and dining areas, outdoor gardens and an on-site hairdresser. There were multiple gardens and outdoor areas with interconnecting pathways to assist consumers who access these areas with mobility aids and sheltered areas for consumers use during adverse weather conditions.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives confirmed that they were aware of avenues available for providing feedback and raising complaints. They considered the service encouraged and supported them to provide feedback and raise complaint and expressed satisfaction that appropriate action is taken as a result of feedback provided. Consumers and representatives advised whilst they had not used advocacy service or interpreter services to raise a complaint, they felt confident they would be supported by the service to do so.

Management encourages and supports consumers to provide feedback or make a complaint through a variety of avenues including through meetings and daily interactions with staff and management. Management takes action in response to complaints and demonstrated an understanding of the organisation’s open disclosure process. Feedback and complaints are logged on a register, used to improve the quality of care and services, are reviewed weekly at the service’s clinical meetings and reported to the organisation’s governing body. The service demonstrated action has been taken in response to complaints; review of the service’s plan for continuous improvements evidence feedback and complaints which had resulted in actions by the service to improve the quality of care and services.

The organisation had complaints management and open disclosure policies to guide staff practice.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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

Overall consumers and representatives considered consumers receive quality care and services from people who are knowledgeable, capable and caring. Consumers described staff as kind, caring and respectful and staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers considered that staff are well trained, and consumers said generally there was enough staff at the service to provide care when consumers needed including timely response to requests for assistance.

Workforce planning enabled the deployment of an appropriate number and type of care and service staff to deliver and manage safe and quality care and services. Management provided examples of how the workforce is planned and deployed to meet the care and service needs of consumers, for example additional staff are rostered to support individual consumers with the behavioural and psychological symptoms of dementia. The Site Audit report provided information which evidenced that a minimum of one registered nurse is available on all shifts; and review of the service roster confirmed replacement strategies for the workforce on planned and unplanned leave included extension of hours, approaches to existing staff for additional shifts and the engagement of agency staff.

Workforce members are competent and have the qualifications and knowledge to effectively perform their role. They are recruited and then trained, equipped and supported to deliver safe and quality care and services that meets the quality standards. Training records confirmed staff have received training in areas relevant to their role, including but not limited to, the Serious Incident Response Scheme, infection control and antimicrobial stewardship, feedback and complaints, care assessment and dementia support.

The organisation had process for Human Resource management supported by policies and procedures, position descriptions, minimum qualifications and responsibilities for roles, performance planning and monitoring, and mandatory education.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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

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

### 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.*

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

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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

Consumers and representatives considered that the organisations is run well and that they are involved in the development, delivery and evaluation of care and services.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body exercised accountability for the delivery of safe and quality care and services through regular reporting on the service’s performance in relation to human resources, incidents and clinical indicators.

Governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

The organisation has a documented Clinical Governance framework which is supported by policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) 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.*

### 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.*

### Requirement 8(3)(e) 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.*

# 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.