Blue Care Bundaberg Millbank Aged Care Facility

Performance Report

O'Connell St  
BUNDABERG QLD 4670  
Phone number: 07 3253 4389

**Commission ID:** 5159

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

**Site Audit date:** 13 October 2020 to 15 October 2020

**Date of Performance Report:** 26 November 2020

# Publication of report

This Performance Report **may 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 Commission’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
* the Infection Control Monitoring Checklist.

# 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 said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Staff know them and what is important to them, and support and encourage them to maintain their independence.

Care plans and associated information included information on the consumer’s background including places lived, occupations, details of extended family members and leisure activities enjoyed. Care documentation provided guidance regarding who and what are important to the consumers and their individual preferences in relation to care and services.

On entry to the service consumers receive an information package which includes the Charter of Aged Care Rights and other information to support them to make choices on how they want to live their lives. Additionally, consumers receive information through calendars, a regular newsletter, meetings and meeting minutes, handbooks and noticeboards.

Staff have access to information to support them to understand the consumer’s needs and preferences and to initiate meaningful conversations with consumers. Feedback from staff interviews demonstrated that staff know what is important to consumers and they described how they ensure that consumers’ preferences are known and respected.

Personal information about each consumer is stored confidentially and access to information on electronic systems is password protected. Staff demonstrated an understanding of how to ensure each consumer’s privacy was respected.

Staff have received education and training on a range of topics to support consumer dignity and choice including consumer protection and diversity training which includes topics on cultural diversity and lesbian, gay, bi-sexual, transgender and intersex (LGBTI).

Staff have received code of conduct training as part of their orientation process. This process also includes education on person centred care highlighting the importance of using a socially and culturally inclusive manner and supports the organisation’s values which include compassion, respect, justice, working together and leading through learning.

Staff are guided by organisational policies and procedures that support the delivery of care and services specific to this Standard.

Staff were observed interacting with consumers respectfully throughout the three days of the site audit.

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 considered that they feel like partners in the ongoing assessment and planning of their care and services. They provided examples of how consultation occurs with them and with the people who are important to them. Consumers said they can access a copy of their care plans if they choose to and are provided with relevant information about their assessed care needs.

The Assessment Team reviewed clinical documentation and found consultation occurs when there is a change in care needs and care plans are reviewed regularly to ensure care is individualised to reflect consumer’s current needs, goals and preferences. Advance care planning and end of life planning information is discussed with consumers and/or representatives on entry to the service if the consumer wishes and when the consumer’s care needs change.

Staff could describe what is important to individual consumers and provided examples of how consumers, representatives and health professionals contribute to care planning information. Mechanisms are in place to ensure that current information about consumers’ care needs is effectively communicated to staff and other providers of care and services.

Policies, procedures and work instructions are available to guide staff in relation to assessment and care planning. Monitoring processes such as checklists and audits ensure assessment and care planning is completed as required.

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

Consumers said they receive personal care and clinical care that is safe and right for them. They provided examples of how staff deliver personalised care and support them in relation to their needs and preferences including pain management, wound care and accessing allied health specialists.

Staff provided examples of the individual care they provide to consumers and could describe the way care delivery changes for consumers nearing end of life. Strategies in which consumers’ comfort is maximised were described and included regular mouth care, repositioning and skin care, pain management and bowel management.

Staff are provided with targeted education to support clinical care in line with best practice processes. For example, registered and clinical staff received training in various topics including management of skin integrity, pain management, open disclosure and infection control.

The service has links to external health advisory services such as allied health, wound specialists and palliative care advisory services to provide support and directives to manage consumer’s complex clinical care requirements.

Equipment is available to support the delivery of clinical care and the Assessment Team observed pressure relieving devices such as air mattresses and cushions were in use for consumers at high risk of skin injuries.

The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies and work instructions are available to all staff on risks associated with care of consumers.

A risk assessment and authorisation process for restraint is in place and in those instances where restrictive practices are applied, an authorisation for the restraint was documented which demonstrated evidence of informed consent and three-monthly review.

Clinical indicator data is collated monthly and is reported at a local and organisational level. This information is included in continuous improvement planning.

Infection control guidelines are available for staff to follow in the event of an outbreak. The use of antimicrobials is monitored at an organisational and service level and data related to infections and antibiotic use is collected and discussed at quality and medication advisory meetings. Management advised they have discussions with medical officers to review the use of antibiotics.

Policies and processes are reviewed and monitored at an organisational level to guide staff in the delivery of personal and clinical care. Policies provide guidance in relation to assessment, reassessment, escalation of care, infection control and other aspects of personal and clinical care.

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 support 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 said they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and representatives gave examples of how the service supports consumers to do the things they want to do and to undertake lifestyle activities of interest to them within the service and outside in the community. They said consumers are supported to maintain contact with people who are important to them.

Consumers advised they enjoy the food offered and it is varied and of suitable quality and quantity. Alternative meals are available if consumers do not like the meals on the menu. The Assessment Team observed the dining service and found that consumers appeared to enjoy meals offered and staff were available to provide assistance as necessary.

Consumers were observed to be engaged in a variety of activities during the audit. This included musical activities, outdoor activities and pastoral care visits.

Staff demonstrated an understanding of the activities that consumers like to do and could describe the resources that are available to support consumers who may have a degree of sensory impairment.

Staff are alert to changes in consumers’ emotional and psychological well-being and know when to provide additional support to consumers. They said this has been of concern during the recent pandemic when there has been restricted visitation and outings. Consumers spoke positively about how staff engage with them and said that if they are feeling sad they can talk with staff or other personnel such as the Chaplain.

Information about consumers can be accessed by staff through care plans, handover and communication books. The Assessment Team found care plans included information that is specific to the individual and reflects their preferences and those things that have importance or are of interest to them.

Policies and procedures guide staff practice and monitoring mechanisms are in place to ensure consumers’ health, well-being and quality of life is 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 said they feel ‘at home’ in the service and that the service’s environment is safe and comfortable. They reported that furnishings are appropriate and they have access to a range of equipment which supports their mobility and enables them to maintain their independence.

Staff described how they minimise risks and hazards at the service and how they promote a comfortable environment. For example, a preventative maintenance program is scheduled, and staff prioritise requests for maintenance which are addressed on a daily basis. The Assessment Team found that scheduled work had been completed and maintenance requests had been attended promptly.

The Assessment Team observed the environment to be secure, clean and tidy. Consumers’ rooms were personalised and were decorated with items of significance to them. The temperature within the service was comfortable and there was easy access to outdoor areas. Outdoor areas were well maintained, pathways were level and free from hazards. Equipment, such as mobility aids was located within easy reach of consumers and staff were available to support consumers with their mobility requirements.

The organisation allocates an annual capital expenditure budget to the service to purchase furniture, fittings and equipment. Furniture, fittings and equipment are assessed for suitability prior to purchase.

Organisational policies and procedures, specific to this standard, guide staff practice. The service monitors its performance in this requirement through feedback from consumers and consumer representatives, through regular audits and by analysing incident data.

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 were aware of the various ways to provide feedback or make a complaint and said they are encouraged and supported to do so. They said they felt comfortable raising complaints, staff were approachable and they were confident that appropriate action is taken and could provide examples of this. Consumers said that when things have gone wrong, staff have apologised to them.

Staff could describe the mechanisms available to consumers to provide feedback or make a complaint and explained how they supported consumers to access these. Staff demonstrated an understanding of the external agencies available including interpreters and advocacy services.

The Assessment Team observed posters and brochures advising consumers, their representatives and staff of advocacy services, external complaints agencies and interpreter services. These were also available translated in languages other than English.

The organisation has policies and procedures that relate to feedback, complaints and resolution processes. All feedback, suggestions and complaints are entered into an organisational database and this information is then analysed to identify themes and trends. Improvements arising from complaints are reflected in the service’s plan for continuous improvement.

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

Consumers said they get quality care and services when they need them and from people who are knowledgeable, capable, kind and caring. Consumers and representatives provided examples of how staff are respectful, spend time with consumers and support their independence.

Staff advised they generally have sufficient time to undertake their duties and deliver care and services to consumers. Management said all staff are screened prior to appointment to ensure they have the appropriate qualifications, skills and registrations appropriate for the role in which they have applied. Position descriptions are in place for each role and provide guidance for staff

An induction and orientation program supports staff to transition into the workplace. This is supported on an ongoing basis through mentoring, the allocation of a ‘buddy’, online education, mandatory training and performance appraisals. The Assessment Team identified that recent education has included additional training in infection control including hand hygiene and COVID 19.

Mechanisms are in place to monitor staff performance, for example, consumer feedback and performance appraisals; where improvement opportunities are identified these are actioned.

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 said that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives provided various examples of how they are involved in the development, delivery and evaluation of care and services. This occurs through bi-monthly consumer meetings, case conferences and care plan reviews and one on one discussions with management staff.

The organisation has recently introduced a new initiative known as the voice of the consumer and in June 2020 a survey was sent to all consumers and representatives to gather feedback on how the service and organisation has responded to the challenges of COVID-19.

There are organisational wide governance systems to support effective information management, the workforce, compliance with regulations and clinical care. A strategic plan outlines the organisation’s strategic priorities and aligns with the Board’s newly developed 2030 vision and strategy. The organisation’s governance framework outlines individual’s accountability for decisions, transparency of roles and responsibilities, integrity and financial responsibilities. Organisational policies promote a culture that values diversity and encourages inclusive practices and behaviours which recognises and celebrates difference. The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Management and staff interviewed understood these concepts and could describe how these were applied in practice.

Opportunities for continuous improvement are identified and critical incidents are used to drive continuous improvement. Management described the continuous improvement process is informed by feedback mechanisms including suggestions and complaints, consumer and staff meetings**,** care reviews and case conferences, internal and external audits, consumer, representatives and staff surveys.

The organisation has a documented risk management framework, including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to, and
* how consumers are supported to live the best life they can.

Staff were familiar with these policies and understood how they were to be implemented in a practical way.

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.*

### 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.