Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Blue Hills Manor |
| **RACS ID:** | 0578 |
| **Name of approved provider:** | Blue Hills Village Management (Liverpool) Pty Limited |
| **Address details:** | 25 Tulich Avenue PRESTONS NSW 2170 |
| **Date of site audit:** | 06 August 2019 to 08 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 13 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 02 October 2019 to 01 May 2021 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Not Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Not Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Not Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Not Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Not Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 13 December 2019 | |
| **Revised plan for continuous improvement due:** | By 28 September 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Blue Hills Manor (the Service) conducted from 06 August 2019 to 08 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Care staff | 7 |
| Catering Company Operations Manager | 1 |
| Chef | 1 |
| Clinical staff | 2 |
| Consumers | 15 |
| Executive Care Manager | 1 |
| Facility Manager | 1 |
| Group General Manager | 1 |
| Maintenance Contractor | 1 |
| Physiotherapist | 1 |
| Recreational Activities Officer | 1 |
| Representatives | 4 |
| Village Manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

Of consumers and representatives randomly sampled and asked if the consumer thinks staff treat them with respect, 93% said always or most of the time and 6% said some of the time. One consumer responded by saying that staff don’t always effectively manage their continence in a timely manner which impacts on their dignity. Observations made and interviews with staff show staff practices which uphold consumer dignity and demonstrate respect for consumers. The service does not however adequately address the needs of consumers who cannot speak English. In relation to the storage of consumers’ records and information, confidentiality has not been maintained.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Not Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:  
  
i) make decisions about their own care and the way care and services are delivered; and  
ii) make decisions about when family, friends, carers or others should be involved in their care; and  
iii) communicate their decisions; and  
iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

#### Requirements:

Management and staff described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments and care plans are being completed routinely, they are not consistently identifying and leading to the development of effective care plans. While care plans include some consideration of risks to the consumer’s health and well-being, effective strategies do not always inform the delivery of safe and effective care and services for the consumer. When risks emerge, they are not routinely being investigated and appropriate action taken to prevent reoccurrence, including further meaningful review of the care plan. Management did not demonstrate effective monitoring and review processes.

##### Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:   
  
i) 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   
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

Of consumers and representatives randomly sampled and asked if the consumer thinks they get the care they need, 100% said they do always or most of the time. However, observations, review of consumers’ care and service records, and interviews with management and staff show consumers do not all get safe and effective clinical care that is best practice, is tailored to their needs or that optimises their health and well-being. Management did not demonstrate effective monitoring and review processes.

While the management of high impact and high prevalence risks associated with medication management and restrictive practices are effective, the management of other high impact and high prevalence risks associated with the care of consumers are not.

Consumers and representatives interviewed and asked about palliative and end of life care confirmed they are being consulted regarding the consumer’s wishes. The care needs, goals and preferences of a consumer who is currently palliative care have been identified and are being met to maximise the consumer’s comfort and dignity.

Consumers and representatives interviewed said consumers have access to their medical officer if they deteriorate or their condition changes; and representatives said staff keep them informed when there is a change to the consumer’s health. Clinical staff described processes for identifying and actioning clinical deterioration of a consumer. However, recognition and responsiveness when there is a deterioration or change in mental health, cognitive or physical function was not demonstrated for all consumers. Management did not demonstrate effective monitoring and review processes.

Information about consumers’ condition, needs and preferences are documented and communicated within the organisation and with the external service providers.

The Assessment Team were provided with positive feedback from consumers about the access to their medical officer and allied health professionals, including the onsite physiotherapist. Timely and appropriate referral is being made to providers of care and services for consumers as needed, such as dietitian, podiatry, speech pathologists and audiology. A physiotherapist employed by the organisation provides assessment and treatment five days a week.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
  
i) is best practice and  
ii) is tailored to their needs and  
iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

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

### Standard 4: Services and supports for daily living Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

Consumers advised that staff do assist them to maintain their independence and that they are encouraged to do as much for themselves to maintain this independence. They advised they receive support in their daily living which included being able to maintain links with the community; maintain social and personal relationships if they wish to do so and; undertake activities of interest to them. Consumers also confirmed that equipment provided is well maintained and appropriate for their use.

The organisation however, was not able to clearly demonstrate that consumer’s condition, needs and preferences in relation to services and support for daily living, emotional and psychological well-being are clearly communicated to staff within the service. Information in care plans is general in nature and does not provide staff with clear information on consumer’s cultural needs and wishes as well as emotional and psychological support to enable them to provide an individualised approach.

The organisation was not able to demonstrate, based on feedback from consumers, that meals are sufficiently varied and of suitable quality. Whilst the organisation is actively endeavouring to rectify matters relating to the temperature of the meals several consumers indicated they did not like the meals on offer. Of the consumers and representatives interviewed 20% advised they ‘never’ liked the meals and 20 % indicated they only liked the food ‘some of the time’ with the remaining 60% indicating they liked the food ‘most of the time’. Comments from some consumers indicated they found the food bland or tasteless and several consumers from culturally and linguistically diverse backgrounds indicated they would enjoy more culturally specific meals.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Not Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:   
  
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Not Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

Consumers said they have their own room with an ensuite bathroom. They can bring in items of furniture and memorabilia, such as photographs of family to decorate and personalise their room to make it as homelike as possible. Consumers and representatives spoke very favourably about how the service was maintained including the cleanliness of communal and personal areas. Consumers advised they were able to move freely around the service and had access to both levels of the building via the lift. Consumers have access to their own small verandah on which they can sit or grow plants if they wish to do so.

The organisation has a system in place to manage the routine preventative maintenance of equipment to provide a safe and comfortable environment for consumers. Equipment requiring specialist servicing is referred to specialist tradespeople. The organisation ensures all furniture, fitting and equipment used is safe, clean, well maintained and suitable for the needs and preferences of the consumers.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:   
  
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

Consumers and representatives interviewed confirmed they were satisfied with the complaints system and felt able to raise issues either via filling in a feedback form or by speaking with senior staff. A review of complaints documentation indicated that feedback had been provided to the complainant whenever they had lodged a complaint. The service has a monthly resident and representative meeting which also provides a forum in which consumers and their representatives can be consulted about matters as well as raising any issues or concerns.

The organisation provides information about complaints and how complaints are managed which consumers, their representative, the workforce and others can easily access. It has policies and processes to manage complaints. Feedback is used by the organisation to undertake improvements.

The workforce described how they enable and support consumers to provide feedback and make complaints.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The workforce is planned, and the skill mix and number of staff enable the delivery of safe and quality care and services. The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful. This includes monitoring and reviewing staff performance.

Of consumers/representatives interviewed, 100% agreed they get the care they need always or most of the time; while 93% of consumers reported staff know what they are doing and that staff explain things and follow up when they, the consumer, raise things with staff and management.

The organisation demonstrated the workforce is recruited to specific roles. New staff are satisfied with the orientation and ongoing professional support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing. Staff have been rostered to ensure the provision of care to consumers is reflective of their needs and preferences.

However, the organisation did not demonstrate that it monitors and reviews the training needs of staff to improve and develop staff practices regarding clinical care and consumers social and cultural needs. The service has not developed a learning needs analysis to identify and support staff training.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Not Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and management respect the consumer’s right to make decisions for themselves in a number of different areas. Comments and complaints are standard meeting agenda items and all issues are reported to the board. A variety of information sources are utilised by the general manager to ensure information is relevant and up to date. Staff compliance records are relevant and current.

However, a review of systems identified significant gaps in relation to information management and trend analysis has not been undertaken for the reported medication incidents. The organisation’s continuous quality improvement team has met only once in the last eight months and there is no information indicating any trend analysis is occurring.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

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

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:  
  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

##### Standard 8 Requirement 3(d) Not Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure