Performance

Report

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| Name of service: | Blakehurst Aged Care Centre |
| Service address: | 20 - 24 Cheddar Street BLAKEHURST NSW 2221 |
| Commission ID: | 2060 |
| Approved provider: | Blakehurst Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 May 2023 to 31 May 2023 |
| Performance report date: | 14 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Blakehurst Aged Care Centre (**the service**) has been prepared by J Miaris, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the 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 provider’s response to the assessment team’s report received on 13 June 2023, clarifying information contained in the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and staff displayed knowledge of their individual life stories. Care planning documentation reflected the diversity, cultural background and personal preferences of consumers and the service adhered to a diversity and inclusion policy, which outlined staff responsibilities and expectations. Staff were observed interacting and speaking with consumers in a respectful manner.

Consumers and representatives confirmed the service recognised and respected the consumers’ cultural backgrounds and provided care consistent with their cultural traditions and preferences. Staff identified culturally and linguistically diverse consumers and provided information relevant to ensure each consumer received the care required, in line with their care plan. Staff said they incorporated culturally specific dates and celebrations into activities planning.

Staff said they fostered consumer connections and relationships, and supported consumers to identify and communicate their choices and decisions. Consumers and representatives confirmed they were supported to decide how and when care is provided and maintain the relationships they wished. Care planning documentation identified consumers’ individual choices regarding when care was delivered, who was involved and how the service supported consumer relationships.

Consumers confirmed they were supported in taking risks which contributed to their sense of wellbeing and fulfilment. Care planning documentation included risk assessments to promote consumers in living the life they chose. Staff were aware of consumer choice and their right to make decisions which may involve elements of risk in order to experience quality of life. Documentation included detailed risk assessments, identified risks and mitigation strategies to manage potential harm.

The service had menu boards with daily meal options displayed in dining areas, a weekly lifestyle activity sheet on each dining table and a monthly activity schedule displayed in the lounge area of each wing. A monthly newsletter contained information on upcoming notifications, new consumers, and other information in relation to the service. Staff described how information was delivered in newsletters, activity sheets and a morning communication routine where every consumer was informed of upcoming activities of the day, with the option of dedicated one-on-one sessions with consumers. Consumers and representatives confirmed they were kept informed verbally, through printed information and emailed correspondence allowing for informed decision making.

Consumers said staff were respectful when providing care and maintained their privacy. Staff described practical methods to protect consumer privacy. The service had locked nursing stations, password protected electronic systems and staff were observed knocking on doors prior to entering consumer rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives said they were consulted in assessment and planning during admission and confirmed they received the care and services they needed. Care plans detailed goals and preferences, strategies, interventions, and identified existing and potential risks to consumers. Management and staff described initial assessment and care planning on consumer admission with comprehensive and regular assessment reviews thereafter.

Consumers confirmed they were involved in care planning, staff were aware of their preferences and needs, and they were consulted in advanced care planning on admission to the service. Care planning and assessment documentation reflected individualised, preference-based care considerations and advanced care plans. Management and clinical staff described how they ensured assessments and care planning were reflective of consumers current needs and described the service's approach to end of life discussions and planning.

Care planning documentation evidenced integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers. Consumers and staff identified who was involved in care planning and consumers said they were confident their care needs were being met. Management and staff described consumer and representative involvement in assessment and care planning during care plan reviews, case conferences and when a change in consumer care needs had been identified or an incident had occurred. Staff detailed partnering with other services and organisations with the service’s policy corroborating an inclusive provision of care.

Consumers and representatives said they were informed of consumer care needs, were provided regular updates, and had access to a copy of the consumers care plan. Management and staff described how outcomes of assessment and planning were communicated to consumers and their representatives and the systems in place to ensure regular communication updates. Documentation reflected care plans were available to the consumer, and with others where care and services provided was shared.

Care plans reflected evidence of routine reviews, updates, and evaluations, when circumstances changed, or incidents occurred. Staff described the process for documenting changes in care to support the consumer’s needs, goals, or preferences and the monthly review process. Consumers and representatives confirmed the regular review of care and services when circumstances changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Staff detailed tailored strategies and interventions to effectively manage consumer health conditions and behaviours, with appropriate consultation and care in line with best practice. Consumers confirmed they received safe care, which was right for them, and representatives verified regular reviews were utilised to evaluate effectiveness of practices. Documentation included detailed care assessments and monitoring, regular reviews and charting, and policies and procedures in place to guide staff in personal and clinical care.

Consumers and representatives said the service adequately managed risks to consumers health. Management advised clinical indicator data was used to identify risks and prevention strategies were implemented to minimise these risks. Staff were aware of individualised care supports for consumers and strategies to use in the provision of care. Documentation reflected prevention plans, recommendations and monitoring, and reviews by health professionals. The service had documented meeting minutes to support risk was analysed on an individual consumer basis and prevention strategies were discussed during these meetings.

Consumers and representatives confirmed they were confident advance care planning and end of life preferences would be recognised and addressed, with comfort maximised and dignity preserved. Staff described care adjustments to the delivery of care for consumers requiring end of life care and practical ways to maximise consumer comfort and dignity. The service had a palliative and end of life practice policy in place, which described key principles, responsibilities, and goals for staff in the provision of palliative care to consumers.

Staff identification and response to changes or deterioration in consumer health, included increased monitoring, charting, referrals, interventions, and assessment reviews were reflected in care planning documents. Handovers were used to inform staff of actions, and representatives were included in timely consumer discussions.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated with those responsible for their care, and consumers received the care they needed. Staff described how information regarding consumers’ needs, conditions, and preferences were documented and communicated within the organisation and with others where care was shared. Care planning documentation reflected adequate information to support effective and safe sharing of the consumer’s information to support their care needs.

Care planning documentation and progress notes confirmed consumer access to health professionals with appropriate and timely referrals in place. Staff described the referral and monitoring process, and documentation reflected input from a variety of care and service providers. Management and staff explained care was supplemented by external providers of care.

The service had policies and procedures in place to guide staff practices on antimicrobial stewardship and infection control management, with an outbreak management plan in place, and mandatory education for staff. Staff explained key infection control practices and the management of and preventative measures to minimise the use of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers confirmed they were supported to participate in activities they liked, and they were provided with appropriate support to optimise their independence and quality of life. Staff were aware of individual consumer preferences and described tailored activities to support consumer’s own goals and needs. The lifestyle activities calendar corroborated services provided for consumers were in line with their personal preferences and were appropriate to their needs and capabilities.

Staff described how they provide one-on-one support with consumers to optimise consumers well-being. Consumers and staff described services and supports to promote emotional, spiritual, and psychological wellbeing through staff interactions, religious services, and prayer groups. Care planning documentation included information on consumers' emotional, spiritual, and psychological well-being needs, goals, and preferences.

Consumers and representatives said they were supported to maintain connections with their community and engage in activities important to them. Care planning documentation included information about important relationships, activities of interest and how they were supported to participate in the activities they enjoyed within the service environment and maintaining community connections. Staff provided examples of how they supported consumers to maintain connections with their community and engage in activities important to them, both within and outside of the service.

Consumers and representatives said consumer's preferences, needs, and condition were effectively communicated within the service and with others who shared responsibility for care. Staff described how they shared timely information and communicated consumer needs and preferences, with consumer information stored in the electronic care management system, during handovers and verbal updates. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Documentation detailed timely referral information for external services to optimise consumer independence, health, well-being, and quality of life. Staff advised the service had engaged in a range of external services to broaden the lifestyle services and supports delivered to consumers.

Consumers and representatives said meals were varied and of good quality and quantity. Management and staff described seasonal menu formation and updates based on consumer engagement and feedback. Menu options were observed to be varied and noted alternate meals options available for consumers.

Staff described the maintenance and cleaning processes for equipment, their reporting responsibilities, and said they had access to appropriate equipment required to meet the care needs for consumers. The preventative maintenance schedule detailed regular servicing of equipment. Consumers confirmed the availability of clean and safe equipment required to meet their care needs. Equipment was observed to be safe, suitable, clean and in working order.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and representatives said the service is welcoming and creates a sense of belonging. Consumers said they felt at home at the service and described how they could customise their rooms with personal items. Management and staff could describe aspects of the service environment that make consumers feel welcome and optimises their independence, interaction, and function. The service was observed to be clean, with a home-like environment with gardens, courtyards, and balconies accessible in each section of the service, with garden beds, seating and shaded areas for consumers and their visitors.

Consumers said the service was clean and well maintained, with unobstructed access throughout, including outside areas. Consumers were observed moving freely, both indoors and outdoors engaging with consumers and visitors. Staff described cleaning and maintenance schedules and services provided. Staff detailed the process for logging maintenance requests, with a preventative maintenance schedule in place. The service’s maintenance logbook was up to date with all maintenance jobs completed.

Consumers and staff said that they felt safe using equipment and the services living environment is maintained regularly. Staff described regular servicing of equipment and cleaning processes after each use and documentation detailed effective cleaning and maintenance management. Furniture, fittings, and equipment were observed to be clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Management and staff said they supported consumers to provide feedback via feedback forms, in meetings or directly to management or staff, with concerns documented. Consumers and representatives said they understood how to provide feedback or make a complaint and were comfortable doing so. The service had information in various languages displayed at the service reception and on noticeboards throughout the service on how to make complaints, the service's feedback form located strategically in common areas and a secured letterbox for the forms to be submitted anonymously if required.

Consumers said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Management described advocacy services available to consumers and information brochures available at the service. The service actively promoted advocacy services with information available in various languages displayed throughout the service that were easily accessible to consumers and representatives.

Documentation evidenced appropriate and prompt actions were taken in response to complaints with appropriate open disclosure processes applied. Staff demonstrated an understanding of open disclosure, explained the communication and response if something were to go wrong. Consumers and representatives said management addressed their concerns in a timely manner.

Consumers and representatives confirmed the service responded to complaints, and feedback was used to improve quality of care and services. Management described how complaints and feedback were used to inform continuous improvement across the service and the service demonstrated they had a system and procedure in place for receiving, monitoring, and actioning feedback from consumers and their representatives. Documentation evidenced that investigations and strategies for complaint resolution were actioned.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers said staff had adequate skills to support their care requirements said there is sufficient staff at the service. Consumers and representatives said there is sufficient staff at the service to provide care and services to consumers and staff respond promptly whenever they activate the call bell. Management and staff described how the service ensured there was enough staff to provide safe and quality care. The staff rostering documentation and staff confirmed staffing levels were appropriate and consumer care needs were met.

Consumers and representatives confirmed staff were kind, caring, and gentle, and were familiar with consumers backgrounds. Documentation evidenced all staff had completed training in relation to culture and diversity. Staff interactions with consumers appeared to be friendly, caring, and respectful.

Consumers and representatives said staff were capable, knowledgeable with appropriate skills to effectively perform their roles. Position descriptions included key competencies and qualifications for each role. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent, for example through observations, annual reviews, feedback from staff and consumers and analysis of clinical data to help monitor the clinical outcomes and competencies of registered staff.

Management described induction and orientation processes in place for new staff, mandatory training requirements and ongoing competency checks for all staff. Staff said the service provides mandatory and supplementary training to support them to provide quality care and services for consumers. Documentation confirmed training had been completed, with training schedules in place.

The service demonstrated how the performance of staff is regularly reviewed, goals are set by staff and action is taken in response to staff performance. Staff outlined how their performance is monitored through annual performance appraisals and described outcomes of their last performance appraisal. Management said performance reviews are conducted 3 and 6 monthly for new staff members and annually thereafter.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives were confident that the service is run well and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them. Documentation reflected consumers are engaged via meetings, care planning review processes, consumer feedback and consumer surveys.

The service demonstrated that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality driven culture. The organisation had systems and processes in place to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. The governing body receives various consolidated reports, generated by the service on a monthly basis, which outlines information relating to internal audits, feedback and complaints data, continuous improvement initiatives, reported hazards and risks, and clinical/incident data analysis. The governing body gathers quality indicator data to ensure the service is meeting the Quality Standards and to initiate improvement actions, enhance performance and to monitor care and service delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described processes and mechanisms in place for effective organisation wide governance systems, in relation to information management, staff confirmed ease of access to information allowing them to perform in their roles.

The service’s risk management framework outlined its commitment to managing risk efficiently and effectively. Management described processes, risk mitigation and management, including weekly clinical indicator meetings to monitor risks, the prevention of, and reporting of abuse, harm, and neglect to consumers. The service had a number of policies and procedures related to high-impact and high-prevalence risks including elder abuse and neglect, restrictive practices and an incident management and reporting policy. Staff demonstrated a shared understanding of practical applications of these policies.

The service had a documented clinical governance framework in place which included policies, procedures, service delivery practices, and staff training requirements across antimicrobial stewardship, restrictive practice minimisation, and open disclosure. Staff were aware of and understood indicators and protocols in line with policies and described specific examples. Management said the service had policies and work practices in place to minimise antibiotic use and restrictive practices, with education provided to staff. The service had an open disclosure policy and staff described the conduct of a transparent investigation, informing those involved, and the apology process.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)