Performance

Report

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| Name: | Blue Care Alexandra Hills Nandeebie Aged Care Facility |
| Commission ID: | 5197 |
| Address: | 87 Winchester Rd, ALEXANDRA HILLS, Queensland, 4161 |
| Activity type: | Site Audit |
| Activity date: | 22 July 2024 to 24 July 2024 |
| Performance report date: | 30 August 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3554 Blue Care Alexandra Hills Nandeebie Aged Care Facility |

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 Blue Care Alexandra Hills Nandeebie Aged Care Facility (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the site audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission in relation to this service.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were kind, caring and treated consumers with dignity and respect, and made them feel valued. Staff were aware of consumer’s identity, culture, and values, and described how they treated them with dignity and respect. Care planning documents reflected consumers’ consumers’ identity, culture and diversity. Management stated staff were required to complete code of conduct training annually.

Consumers and representatives said the service recognised and respected their culture, values and background, and provided culturally safe care. Staff described how they provided care that was respectful of consumers’ cultural needs and preferences. The service had a diversity, inclusion and culture policy to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make independent decisions about their care, communicate those decisions, and to maintain relationships of choice. Management and staff described how they supported consumers to make choices about their care and services, involve others in decision making, and to maintain relationships. Care planning documents detailed consumers’ choices around their care delivery, who was involved in their care, and their important relationships.

Consumers and representatives said consumers were supported to take risks, if they chose, to live the best life they could. Management and staff described how consumers were supported to take risks, and to understand the possible harm when they made decisions about taking risks. Care planning documents confirmed risks were assessed and discussed with consumers and options considered. The service had documented policies and procedures for risk management which included obtaining informed consent and 3-monthly reassessments.

Consumers and representatives said they received suitable information to make informed decisions about care, lifestyle activities, meals, and events. Staff described various channels they used to communicate information to consumers and representatives such as newsletters, emails, memos, and posters. Care documentation detailed consumers’ communication needs and preferences. Clear and easy to understand information was displayed around the service.

Consumers and representatives said staff always respected consumers’ privacy, such as by knocking and waiting for a response before entering their rooms. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential on password protected computers. Staff were observed knocking on consumers’ doors and waiting for consent before entering. The service had a privacy policy to guide staff practice.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Care planning documents confirmed individualised assessment and care planning, which included the identification and assessment of risks. Consumers and representatives said assessment and care planning addressed risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Management described how the assessment and care planning process ensured risks to consumers were identified, monitored and managed. Management addressed the issue of consumers being able to exit/enter the service after hours. The service had policies and procedures in place to guide staff on the assessment and planning of care.

Consumers and representatives said staff regularly discussed consumers’ current needs, goals, and preferences and their end of life wishes, if they agreed. Management and staff explained how assessment and care planning identified consumers’ current needs, goals and preferences, including their preferences for advance care. Information on advance care planning was included in the admission pack, and advance care directives were recorded for those consumers that had provided them.

Consumers and representatives said they were involved as partners in the assessment and care planning process, along with other health professionals, as required. Staff described how they involved consumers, representatives and other providers of care in assessment and care planning. Care planning documentation showed the involvement of consumers, representatives, and a range of other health service providers.

Consumers and representatives were aware they could access the consumer’s care plan however, most said they did not need it as they were regularly consulted. Management and staff described how they regularly communicated with consumers and representatives about the consumer’s care, and routinely offered copies of the care plan. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed when circumstances, or their needs, goals or preferences changed. Management and staff explained how care plans were reviewed regularly, and if there was a change in circumstances or an incident occurred. Consumers’ care plans showed they had been reviewed regularly, and if there was an incident or change in circumstances. The organisation had policies and procedures to guide staff in reviewing the effectiveness of consumers’ care.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives stated consumers received personal and clinical care, which was safe, effective, tailored to their needs, and which optimised their health and well-being. Staff described how the personal and clinical care met consumer’s individual needs, goals and preferences, in line with their care plan. The Assessment Team identified the service’s after-hours security arrangements for the main doors as being potential environmental restrictive practice however, management addressed this concern by ensuring the doors allowed consumers to exit after hours. Care planning documents confirmed staff followed documented clinical plans and policies to deliver safe and effective individualised care, consistent with best practice.

Consumers and representatives stated the service identified and effectively managed high-impact or high-prevalence risks to consumers health. Management and staff described the high prevalence and high impact risks to consumers at the service, and the assessment and mitigation strategies in place. Care planning documents and reports on performance indicators showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Consumers and representatives confirmed consumers’ advance care directive, including their end of life wishes, had been discussed with them. Care planning documents included individualised advanced care plans. Management and staff were aware of consumers’ needs, goals and preferences, and described how they maximised the comfort and preserved the dignity of consumers nearing the end of life.

Consumers and representatives said the service was responsive to a deterioration or change in consumers’ condition or health. Staff and management described how they recognised and responded promptly to a deterioration or change in consumers’ condition. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. The service had a policy to guide staff in recognising and managing clinical deterioration.

Consumers and representatives said staff communicated effectively and were aware of consumers’ current condition, needs and preferences. Staff described how current information about each consumer’s current condition and needs was documented in the electronic care management system and communicated effectively through shift handovers and by accessing electronic records. Care planning documents confirmed the input of other health services. Staff were observed sharing current information about consumers’ needs and preferences at shift handover.

Consumers and representatives said they had access to a range of appropriate other health care services, and referrals were timely. Management and clinical staff described effective processes for referring consumers to other health professionals and explained how this informed the care and services provided. Referral documents confirmed timely referrals to other health service providers, such as dietitians, dementia care consultants, physiotherapists, and medical officers.

Consumers and representatives expressed satisfaction with the infection prevention and control practices, and said staff wore personal protective equipment and practiced good hygiene. Management and staff were knowledgeable in infection prevention and control practices and antimicrobial stewardship, and confirmed they minimised the use of antibiotics. The service had an infection prevention and control lead on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the service provided safe and effective services and supports for daily living which met their individual needs, goals and preferences. Management and staff explained how they identified consumers’ lifestyle needs, goals and preferences and the services and supports they needed. Care planning documents detailed the services and supports needed for each consumer to optimise their quality of life, health, well-being and independence.

Consumers explained how the service promoted their emotional, spiritual and psychological well-being. Staff articulated how they supported consumers’ emotional, social and psychological needs with regular check-ins and personalised conversations. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and how staff supported them.

Consumers and representatives said consumers were supported to participate in activities and event, both within and outside the service, pursue their interests, and maintain relationships. Staff described how they actively supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ interests and important relationships.

Consumers and representatives felt current information about consumers’ condition, needs and preferences was effectively communicated between staff, and those providing services and supports for daily living. Staff and management described how changes in consumers’ care and services were communicated to representatives and those involved in providing care. Staff described how they referred to care planning documentation and were kept informed through handover processes. Care planning documents confirmed the service partnered with other individuals and organisations to support consumers’ lifestyle needs and preferences.

Consumers and representatives confirmed referrals to other services and supports were timely and they could access other organisations, as needed. Staff described how they worked with other individuals and organisations to provide consumers with services and supports for daily living. Care planning documents and observations confirmed consumers were supported with appropriate referrals to external services and supports.

Consumers and representatives said they were happy with the variety, quality, and quantity of the food provided. Staff and management explained consumers could always request a different meal, and there were various ways consumer feedback influenced the menu. Consumers’ dietary information displayed in the kitchen reflected their current dietary needs and preferences. The kitchen was clean and tidy, and staff were adhering to food safety and work health and safety protocols. The food served looked appealing and smelled appetising and was consistent with consumers’ dietary requirements and preferences.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff could describe the processes for keeping equipment clean and well maintained. Maintenance records confirmed maintenance was consistently completed as required. Equipment was observed to be safe, clean, and in good condition.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumer and representatives confirmed the service environment was welcoming, easy to navigate and optimised consumers’ independence, interaction, and function. There was clear signage throughout the service, and consumers’ rooms were decorated with personal effects which consumers said made the service feel like their home. Consumers and representatives were using various areas around the service to socialise.

Consumers and representatives said the service was safe, clean, well-maintained, comfortable and they could move around freely, both indoors and outdoors. Management addressed the issue of consumers being able to exit/enter the service after hours. Staff could explain the processes in place for keeping the service clean and well maintained. Records showed maintenance was up to date with no outstanding jobs. Consumers were observed moving freely around the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Management and staff described the processes in place for assessing, cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for use by consumers.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt encouraged and supported to provide feedback and make complaints, and described making complaints by speaking with staff and management, completing feedback forms, emailing and attending resident/representative meetings. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints through various channels. Feedback forms, envelopes and secure lodgement boxes were available around the service.

Consumers and representatives were aware of other avenues for raising complaints, such as the Commission, and for accessing advocacy and language services. Consumers and representatives said they preferred to provide feedback in person to staff or management. Management and staff described how consumers and representatives were informed about external advocacy, language and complaints services, and knew how to access the relevant information. Information about advocacy, interpreter, and complaint services was observed around the service.

Consumers and representatives confirmed staff and management resolved their complaints in a timely manner, and apologised when things went wrong. Staff confirmed they received training in handling complaints and open disclosure. Management and staff explained how they resolved complaints and used open disclosure. Complaint records confirmed the service resolved complaints promptly using open disclosure. The service had a documented policy and procedure to guide staff in managing feedback and complaints.

Consumers and representatives believed their feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how complaints were reviewed and used to make improvements at the service. The complaints register, Plan of Continuous Improvement and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of care and services.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said although staff were busy, there were enough staff to deliver safe and effective care and services, and they did not have to wait long to receive care. call bells were answered in a timely manner. Most staff said there was enough staff to deliver care in a timely manner. Two staff had suggested the need for additional staff in the memory support unit and this was being addressed by management. Management advised rosters and staffing numbers were based on the care needs of consumers, and vacant shifts were backfilled. Rosters and other documents demonstrated the workforce was planned and sufficient to meet the needs of consumers. The service met the care minute and registered nursing requirements, and average call bell response times were below the benchmark time.

Consumers and representatives said staff were kind, caring, and respectful of consumers’ identity, culture and diversity. Staff were familiar with each consumer's culture, needs and identity, and were observed to always interact with consumers in a kind, caring, and respectful manner. The service had a suite of documented policies and procedures to guide staff in providing respectful, kind, and person-centred care.

Consumers and representatives said staff had the skills and knowledge to meet the care needs of consumers. Staff felt they were competent to provide safe and quality care to consumers. Management described the recruitment and onboarding processes which ensured staff had the necessary competencies, qualifications and registrations set out in the position descriptions for each role. Documentation showed the service checked and monitored qualifications, professional registrations, and security checks.

Consumers and representatives said the service trained and supported staff to deliver the care and services required. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records confirmed staff were routinely trained and supported to perform their roles.

Consumers and representatives said they felt encouraged to provide feedback on staff performance. Management described how staff performance was monitored, assessed and reviewed through informal processes and formal probationary and annual performance appraisals. Management advised performance reviews were conducted during probation at 3 and 6 months, and annually thereafter. Staff confirmed their performance was monitored through ongoing supervision and annual performance appraisals. Records showed performance appraisals were up to date. The service had policies to guide the management of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives stated the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Management and staff described ways consumers and representatives were engaged in the development, delivery and evaluation of care and services, such as through resident/representative meetings, feedback processes, surveys, case conferences and discussions. The organisation had a Consumer Advisory Group (CAG) and a Quality Care Advisory Body (QCAB). No consumers from the service chose to be on the CAG. Feedback from consumers and representatives was reflected in documented improvement actions.

Consumers and representatives said the service provided a safe, inclusive environment providing quality care and services. Management described how the governing body (the Board) was composed of suitable members who promoted a culture of safe, inclusive and quality care and services, and were accountable for their delivery. Management described effective organisational governance and reporting arrangements and documents confirmed the Board received regular performance reports and ensured the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services. The Board ensured the governance systems and processes were effective in the service meeting the Quality Standards.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Consumers and representatives said the service supported consumers to take risks to live the best life they could. Management described how the service managed risks and incidents in line with best practice.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives confirmed the use of open disclosure when things went wrong. Management explained how these policies and procedures were applied in practice and addressed the Assessment Team’s concern about potential undocumented environmental restraint in relation to the after-hours operation of the main doors.

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