

**Performance Report**

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| Name: | Blue Care Arundel Woodlands Lodge Aged Care Facility |
| Commission ID: | 5226 |
| Address: | 29 Melbourne Road, ARUNDEL, Queensland, 4214 |
| Activity type: | Site Audit |
| Activity date: | 3 December 2024 to 6 December 2024 |
| Performance report date: | 13 January 2025 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3583 Blue Care Arundel Woodlands Lodge 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 Arundel Woodlands Lodge Aged Care Facility (**the service**) has been prepared by V Stephens, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others

# 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

Consumers and representatives confirmed the service treats consumers with dignity and respect and provides consumers with culturally safe care and services. Consumers are supported to exercise choice and independence, including to maintain personal relationships, make choices about their lives, and take risks to enable them to live the best life they can. Consumers and representatives confirmed information is provided in a timely manner and communicated clearly to enable them to exercise choice. Consumers confirmed the care and services are undertaken in a way which protects their privacy, and felt the service handles their confidential information appropriately.

Staff demonstrated knowledge of individual consumers’ identities and what is important to consumers, including care worker gender preferences. Staff described how they support consumers to make decisions about their own care and make connections with others and maintain relationship of choice.

Staff demonstrated an understanding of dignity of risk and identified consumers for whom risk assessments have been undertaken. Staff described risk minimisation strategies for individual consumers. Care documentation reflected dignity of risk discussions with consumers and their representatives and contained risk mitigation strategies.

Care documentation detailed the specific cultural, spiritual and social needs of consumers and reflected what culturally safe care means for individual consumers. Care documents identified relationships of importance for each consumer which aligned with strategies to support them to maintain these relationships. Staff stated they share information using a range of methods and assist consumers to access this information as needed.

Staff were observed treating consumers with dignity and respect. Staff were also observed taking the time to communicate respectfully and clearly with consumers with sensory deficits and cognitive impairments. There was information in consumers’ rooms and at key points around the service for access to enable consumers to exercise choice.

The delivery of care and services was observed to be respectful of consumer privacy, with staff respecting consumers’ personal space and privacy when their partners or significant others visit, and staff use private spaces when discussing consumer information. This practice is supported by the organisation’s policies and procedures in relation to ensuring privacy and confidentiality are maintained and respected.

Based on the assessment team’s report, I find all requirements in Standard 1 are compliant, therefore Standard 1 is compliant.

# 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 wellbeing, 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

Consumers and representatives confirmed the service considers risks to the health and wellbeing of consumers, and the care they received is well planned. Consumers and representatives confirmed they are involved in assessment and care planning, including end of life care. Additionally, consumers and representatives confirmed regular case conferencing and discussions are facilitated by clinical staff in response to changes in consumer care needs, goals and preferences. The service also offers a copy of the care plan.

Staff demonstrated knowledge of assessment processes and validated assessment tools used to identify risks and implement mitigation strategies. The service has resources to guide staff holding discussion with families regarding end of life care. Staff demonstrated an understanding of the strategies in place to support consumers in planning their end of life care inclusive of advanced care planning.

Care documentation evidenced validated assessment tools have been used to assess risk, and associated mitigation strategies were documented. The consumer’s current needs, goals and preferences were assessed and documented, which included advance care planning or end of life care. Additionally, care documentation evidenced that where care planning arrangements are shared, input from medical officers, palliative care services and allied health professionals are recorded. Care documentation demonstrated the service conducts regular reviews in line with the service’s schedule for review and where required in response to changes in circumstances and incidents.

Clinical staff conduct clinical handovers across shift changes. Service documentation evidenced the service facilitates a written handover to ensure effective communication and continuity of care is maintained.

Based on the assessment team’s report, I find all requirements in Standard 2 are compliant, therefore Standard 2 is compliant.

# 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 wellbeing. | 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

Consumers and representatives confirmed the service provides consumers with individualised personal and clinical care. Consumers and representatives confirmed the service implements effective care that mitigates consumer risks which optimises their wellbeing. Specifically, they conveyed satisfaction with key healthcare services, highlighting effective wound management and pressure area care, competent diabetes management, proactive falls risk management, and appropriate behaviour support and use of restrictive practices.

Consumers and representatives confirmed the service respects the wishes of consumers nearing end of life and that consumer’s dignity and comfort is maintained. Additionally, consumers and representatives confirmed the service recognises and responds to deterioration and changes in the health and wellbeing of consumers in a timely manner, and they are referred to other health care services as needed.

Care documentation demonstrated that high impact or high prevalence risks are systematically addressed through targeted interventions, reducing the likelihood of harm and enhancing consumer safety. Care documentation demonstrated when a consumer deteriorates or changes in their condition occurs, the service recognises and responds in a timely manner, with internal and external referrals undertaken promptly.

Staff demonstrated familiarity with the individual needs, goals, preferences and risks associated with the care of consumers and described the mitigation strategies implemented and how they tailor care to meet the consumers’ preferences. Clinical staff demonstrated shared understandings of care provided to consumers requiring complex care as well as familiarity with processes to monitor and manage high impact and high prevalence risks. Staff demonstrated shared understanding of consumer end-of-life planning by articulating individualised strategies to address the needs and preferences of consumers. Staff demonstrated familiarity with processes to recognise and respond to changes in consumer condition, and confirmed changes to care were communicated and documented.

Staff are familiar with infection prevention and control practices and confirmed undertaking training. Clinical staff demonstrated knowledge of antimicrobial stewardship, and care documentation corroborated monitoring consumer infections and staff practices to promote antimicrobial stewardship.

Based on the assessment team’s report, I find all requirements in Standard 3 are compliant, therefore Standard 3 is compliant.

# 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, wellbeing and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. | 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

Consumers expressed satisfaction the services and supports provided align closely with their individual needs and preferences. Consumers described how the service is meeting their emotional, spiritual and psychological wellbeing needs. Additionally, they confirmed they can observe cultural and religious practices that are important to them. Consumers feel connected and engaged in meaningful activities and feel supported to have social engagements both inside and outside the service. Consumers expressed satisfaction with the activities on offer and group outings. Consumers appreciated the presence of volunteers onsite, as they provide companionship and support, engage in conversations or go for walks together, which enhances their wellbeing.

Consumers expressed satisfaction with the meals provided, which are varied and of suitable quality and quantity. Consumers confirmed there is always food available if consumers would like something outside of regular mealtimes. Consumers confirmed they have access to equipment, which is fit for purpose, well maintained and clean, and assists them with their daily living activities.

Staff demonstrated familiarity with the individual needs of consumers and described how they support consumers’ spiritual, emotional and psychological wellbeing. Staff also described how consumers are supported to participate in activities of interest to them, and the service’s lifestyle calendar informed by feedback from consumers to ensure it meets their needs.

Staff demonstrated knowledge of referral processes to other providers and described how they collaborate to meet the diverse needs of consumers. Lifestyle staff described how they identify consumers who are not engaging in group activities so that one-on-one visits with volunteers can be arranged. Staff and contractors described how they access information about consumers and are updated regarding changes in consumer care needs. Staff were familiar with service processes in relation to cleaning and maintaining equipment.

Staff demonstrated an awareness of consumers’ dietary requirements and described how they support consumers with meals in line with their needs and preferences, and confirmed a seasonal rotating menu is planned around regular feedback from consumers and includes dietary review.

Care documentation identified consumer needs, goals and individual strategies to support a range of activities and interests for each consumer. Additionally, care documentation identified consumer beliefs and individual strategies on how the consumer prefers to practice these beliefs. Documentation demonstrated the dietary needs and preferences of consumers as well as the level of assistance required at mealtimes are documented and communicated. Observations of a lunch meal indicated the food presentation was visually appealing, enhancing the overall dining experience, while the portion sizes were suitable. Referrals and recommendations for internal and external service providers were reflected in care documentation and communicated to staff.

Service documentation included a lifestyle program which demonstrated various activities are available to consumers, and consumers were observed to be participating in a variety of individual and group activities. Staff were observed to be encouraging and supporting consumers in participating in activities of interest.

Based on the assessment team’s report, I find all requirements in Standard 4 are compliant, therefore Standard 4 is compliant.

# 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

Consumers and representatives confirmed the environment is welcoming and easy to understand, and encourages a sense of belonging. Consumers confirmed they can move freely around the service, both indoors and outdoors, and feel safe residing in the service. Consumers and representatives said the furniture and equipment at the service meets consumer needs.

Staff confirmed they support consumers to have personal effects in their rooms to promote a sense of belonging. Staff and management confirmed arrangements to maintain the internal and external service environment for comfort, safety and security are in place. Equipment, furniture and fittings are safe for use, and well maintained. Service records demonstrated staff and consumers report maintenance issues and these are resolved in a timely manner.

The service environment was observed to be welcoming and optimises consumers’ sense of belonging, independence, interaction and function. There were several areas for consumers to relax, socialise and participate in activities. Additionally, the service environment was observed to be clean and well-maintained, and enables consumers to move freely, both indoors and outdoors.

Based on the assessment team’s report, I find all requirements in Standard 5 are compliant, therefore Standard 5 is compliant.

# 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

Consumers indicated they feel comfortable providing feedback and making complaints, and the service is open and transparent when things go wrong. Consumers and their representatives expressed satisfaction with how feedback and complaints are handled, noting specific instances where their input has led to improvements in care and services.

The service provides consumers and their representatives with information on advocacy services, interpreter services and internal and external complaint mechanisms.

Management and staff described processes are in place to encourage and support feedback and complaints, which aligns with the service’s policies and procedures. Management described how they make sure complaints are followed up and addressed appropriately, and how they conduct reviews to assess the situation and improve service delivery based on the feedback received.

Service documentation demonstrated feedback and complaints are recorded, with actions undertaken in response, and open disclosure is used where appropriate. Feedback and complaint information is analysed and trended with opportunities for improvement identified and reflected in the service’s plan for continuous improvement.

Based on the assessment team’s report, I find all requirements in Standard 6 are compliant, therefore Standard 6 is compliant.

# 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

Consumers and representatives expressed satisfaction regarding the quality of care and services provided, highlighting staff possess the skills required to meet their preferences and needs. Additionally, consumers and representatives indicated staff are kind, caring and respectful. Consumers confirmed they receive care in a timely manner, and feel the clinical care and support teams are competent and effective in their roles.

Staff confirmed there are sufficient staff and the right mix of staff to plan and deliver care and services, and described how the service allocates staff to support continuity of care and increased workloads. Staff demonstrated strong knowledge of the requirements of their role, and confirmed they receive the training, support, professional development required to perform their role. Additionally, staff confirmed they receive education and training on person-centred care and provided examples from their day-to-day practice of respectful care and services.

Management described the processes to monitor and review the staff skills mix and the number of staff rostered, including benchmarking and feedback from staff and consumers, to ensure levels support consumer needs. Rostering records showed how the service makes sure there are enough staff to provide safe and quality care and services every day.

Management described processes, both formal and informal, to monitor the performance of staff, with additional processes in place to support or manage staff with performance issues. Documentation demonstrated qualifications, mandatory training and upskilling of staff are regularly monitored by both the organisation and management at site level.

Based on the assessment team’s report, I find all requirements in Standard 7 are compliant, therefore Standard 7 is compliant.

# 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**

The involvement of an established consumer advisory body demonstrates the organisation actively engages with consumers to better understand their needs and expectations, leading to improved quality of care and enhanced outcomes. Consumers confirmed the organisation asks for their opinions about care and services, listens to them and makes improvements as a result. Consumers expressed satisfaction with the delivery of care and services by the organisation and felt they are supported to participate in risk taking activities of their choice, to enable them to live the best life they can and maintain independence.

The governing body demonstrated it promotes a culture of safe, inclusive and quality care and services through its philosophy, policies and procedures, staff training and monitoring and evaluation processes. The assessment highlighted the governing body is actively engaged in monitoring the organisation’s performance through systematic reporting on quality indicators and consumer satisfaction.

The organisation demonstrated effective organisation-wide governance systems overseen by the governing body, executive leadership team and sub-committees, with a documented quality framework that enables the service to deliver quality care and services. The service manages consumer information electronically, addresses feedback and complaints and uses them to drive continuous improvement processes within the organisation. Appropriate delegations are in place for expenditure for service items, maintaining and managing the workforce, and complying with and implementing legislative and regulatory changes as they occur.

The organisation demonstrated effective risk management systems and practices including a risk management policy and framework, management of high impact risks associated with the care of consumers, the use of an incident management system and supporting consumers to live the best life they can. The assessment found the service escalates consumer risks to the Care Governance and Quality team which provides oversight and additional support. Management described how the organisation uses incident data and information to identify and analyse trends and common incidents, and that quality improvements are made as a result. Management and staff demonstrated their knowledge and roles in reporting incidents, including recognising and responding to abuse and neglect as per the organisation’s serious incident response scheme policy and procedure.

The assessment found the organisation has a clinical governance framework which provides a systematic approach for maintaining and improving the quality of consumer care. The framework encompasses policies and procedures relating to all governance including antimicrobial stewardship, restraint minimisation and open disclosure. Management described how they work with the organisation’s medical advisory group, medical officers and pharmacists to ensure antibiotics are prescribed according to best practice guidelines.

The service demonstrated it effectively minimises the use of restrictive practices in alignment with organisational policy, ensuring that restraint is only applied when alternative measures have proven ineffective. Appropriate authorisations and consents for restraint are obtained in accordance with legal requirements, and behaviour support plans are in place and ongoing monitoring of the consumer's safety and wellbeing occurs.

The service demonstrated through interview with staff and supportive documentation, the use of open disclosure when dealing with incidents that caused harm.

Based on the assessment team’s report, I find all requirements in Standard 8 are compliant, therefore Standard 8 is compliant.

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)