Performance

Report

**1800 951 822**

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| Name: | Blue Care Bli Bli Aged Care Facility |
| Commission ID: | 5178 |
| Address: | 20 Lefoes Road, BLI BLI, Queensland, 4560 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
| Performance report date: | 9 October 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3535 Blue Care Bli Bli 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 Bli Bli Aged Care Facility (**the service**) has been prepared by Jodie Earnshaw, 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, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 12 September 2024,
* other information known to the Commission.

# 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 advised consumers are valued and treated with dignity and respect. Staff were observed engaging with consumers in a dignified and respectful manner and demonstrated knowledge of consumers’ identity, backgrounds and cultural practises.

Care documentation reflected the history and background of consumers and what was important to them. Staff described how they treat consumers with respect and dignity. The Service has policies relevant to this Quality Standard which guides staff practise. Staff described specific examples of how culturally appropriate care is provided to consumers in line with their cultural preferences.

Consumers are supported to exercise choice and maintain their independence by making decisions about their care and services, and their choice of involvement of others. Consumers are able to communicate their decisions, make connections with others, and maintain their relationships of choice. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers were supported by staff to take risks and engage in activities which are important or meaningful to them. The service demonstrated processes of how risks were identified, potential outcomes discussed, and risk management planning completed. Planning was completed in consultation with consumers and their representatives. Consumers and representatives are provided with information enabling them to make informed decisions about care and services and exercise choice in how consumer’s needs, goals and preferences were met.

Consumers felt their privacy and dignity was respected by staff and the organisation’s information management systems ensured their information was kept confidential. Staff described how they maintained consumers’ privacy when providing care. Staff are guided by policies on the collection, use, sharing and storing of confidential information.

# 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

Consumers and representatives expressed satisfaction with the delivery of effective care and services that meets consumer’s needs, goals and preferences. Care documentation demonstrated comprehensive assessments and effective care planning processes that considered potential risks to consumers’ health and wellbeing. Care documentation demonstrated the involvement of other health care professionals in the assessment and planning processes with consumers.

Staff were able to describe assessment and care planning processes and how consultation occurs with the consumers and representatives. Consumers and representatives consider consumers to be partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers' wishes for end-of-life care.

Consumers said staff have discussed their care planning needs with them, and consider their needs, goals and preferences are met. Care documentation evidenced the consumer’s involvement, those the consumer wish to be involved, and the outcomes of assessments were documented within the care planning documentation.

The service uses an electronic care management system. Staff said they have access to care planning information through the electronic care management system. The service demonstrated care plans are reviewed 3 monthly, when circumstances change, or when incidents occur. The organisation had policies and procedures related to assessment and planning to guide staff practice.

# 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

Consumers and representatives reported consumers received safe and effective personal and clinical care. Staff were aware of the personal and clinical needs of consumers and how to meet those needs.

Consumer care documentation demonstrated individualised, effective assessment, management and evaluation of clinical care needs including wound management, falls prevention and intervention, diabetes management, and environmental, chemical and mechanical restraint.

The Assessment Team report provided specific examples of how the service demonstrated effective processes and provision of clinical care including skin integrity management through risk assessments, care management plans and wound care management is completed as prescribed. Restrictive practices are informed and managed via assessments, informed consent, monitoring, individualised behaviour support plans and review by a Medical Officer.

The service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Care documentation identified risks for each consumer, including falls management, pressure area care, administration of time sensitive medication and weight management is monitored and effectively managed. Staff were able to describe individualised consumer care implemented to manage risk of falls, developing pressure injuries, and the detection, monitoring, and management of unplanned weight loss.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions, including in relation to the provision of palliative and end of life care. Care documentation recorded consumers’ end-of-life care needs, and preferences.

Consumers and representatives said consumers receive the care they need and that the service is responsive to changes identified to consumers’ health and wellbeing.

Consumers and representatives were confident that consumers’ needs, and preferences are effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including within the electronic care management system, through handover and staff meetings.

Consumers have access to relevant health professionals, such as allied health practitioners and other medical specialists. The service has established referral pathways to various support and specialist services. Staff were knowledgeable about available services and how to arrange referral of consumers to meet their care needs. Care documentation demonstrated the referral to and support provided by external health care professionals in the broader management of consumer care needs.

The service has documented policies and procedures to guide staff practise in relation to antimicrobial stewardship, and infection control. The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection.

The Assessment Team report described the actions observed to be taken by the Service to ensure the minimisation of infection related risks in response to symptomatic respiratory illness such as the use of personal protective equipment, isolation and rapid antigen screening.

# 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

Consumers and representatives said the service supports consumers to maintain their independence, personal interests and the service’s lifestyle program was supportive of consumers’ lifestyle needs.

Staff demonstrated knowledge of consumers’ needs, goals and preferences and the strategies used to support consumers to optimise their quality of life and remain safe. Care documentation reflected consumer interests and lifestyle preferences. Staff support consumers to attend activities, provide assistance with meals or specialised equipment for independent mealtimes.

Consumers said the services, supports, and activities provided promote their emotional, spiritual and psychological wellbeing. Consumers were supported to take part in community activities outside the service, and to engage in social relationships within the service.

Consumers and representatives expressed confidence that consumer information is recorded and shared with others as required. Staff described how consumer information was shared by staff and accessed within the electronic care management system. Staff knew consumers’ individual preferences and others involved in their care. Care documentation for consumers provided adequate information to support safe and effective care and supports for daily living.

Timely and appropriate referrals occurred to other individuals, organisation, or other service providers in collaboration to meet the diverse needs of consumers, including services such as psychological services.

Consumers and representatives said meals were varied and of suitable quality and quantity, with options and alternatives readily available. Staff were able to explain the rotating menu and how menu options are offered in line with consumer specific diet requirements. The service utilises an electronic device to record consumer daily meal choices. The service has processes and systems to monitor consumer satisfaction with menu items and responds to feedback and requests.

Consumers expressed satisfaction with the equipment used by the service, said they felt safe using equipment, provided positive feedback regarding maintenance of equipment and advised they know how to report maintenance issues.

Equipment was observed to clean, well maintained and fit for purpose. Staff described how maintenance issues are identified and rectified, both preventative and reactively. The service has access to a vehicle to support consumers to attend outings and staff follow relevant safety checks prior to use.

# 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 reported feeling at home at the service. Staff described ways the service make consumers feel welcome including how consumers are orientated to the service. The service environment supported consumers to be engaged in activities in communal areas, to welcome visitors and to easily navigate around the service.

Consumers were observed to be moving freely throughout the service which was observed to be presented in a clean and well-maintained condition. Consumers reported the service was cleaned regularly and maintenance attended to in a timely manner. Cleaning and maintenance staff described the process to ensure a safe environment for consumers and that all tasks were completed and monitored.

Consumers reported furniture and equipment is regularly maintained by the service. The service uses an electronic maintenance system and demonstrated effective processes and scheduling to ensure that furniture, fixtures and equipment were safe, 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

Consumers and representatives reported being encouraged and supported to provide feedback or make a complaint through various avenues. Staff described processes in place to encourage and support feedback and complaints. Feedback is sought during consumer meetings, feedback forms and newsletters and recorded within the service's electronic care management system.

Consumers and representatives said they are aware of advocacy services and how to access these services. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy services available for consumers and representatives. Information related to external support mechanisms is displayed throughout the Service, and provided to consumers and representatives.

Consumers and representatives were confident management address and resolve concerns raised and reported that appropriate action is taken in response to feedback and complaints. Staff demonstrated an understanding of the principles of open disclosure, and how it is applied within their role.

Consumers and representatives reported the service responds to their feedback and complaints by implementing changes based on their input. The service demonstrated feedback and complaints are recorded and utilised to enhance the quality of care and services provided to consumers.

# 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 reported there were sufficient staff available to provide care and services that consumers require. The service demonstrated the workforce is planned to meet the needs of consumers. The service has systems and processes in place to ensure there is sufficient staff rostered across all shifts.

Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Consumers and representatives said staff respond to calls for assistance in a timely manner. The service has an electronic rostering program and processes to ensure staff allocations are in accordance with consumer needs and occupancy levels.

Consumers and representatives consider consumer’s received quality care and services when they need them from people who were knowledgeable, capable, kind and respectful.

Staff interactions with consumers was observed to be respectful. Management said they use various methods, including consumer and representative feedback to monitor staff behaviour. Staff had a shared understanding of consumers and what was important to them.

Staff said they are provided with the support and training needed to perform their roles, including through onboarding processes for new staff and ongoing professional development opportunities. Consumers and representatives expressed satisfaction in the competence of staff.

Management described how they determine whether staff are competent and capable in their role, which included assessments, consumer and representative feedback, peer feedback, audits, surveys and review of care documentation and delivery.

Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, and monitor 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

The service was able to demonstrate it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Consumers and representatives expressed confidence in how the service is run, said they partner in improving the delivery of care and services and expressed satisfaction with the care and services provided to them.

Staff described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback forms, focus groups, surveys, audits and by providing direct feedback to management. The service demonstrated how improvements have been implemented as a result of consumer feedback.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The Board is informed by various meetings and reports by the service. The organisation provides updated information to consumers, representatives, and staff regarding changes to policies, procedures, and legislation. The service has established governance frameworks, policies and procedures that support the provision of care of consumers.

Staff advised they were able to access the information they needed to perform their roles and demonstrated an understanding of consumers with high-impact or high-prevalence risks. Consumers and representatives said they were satisfied with the management and provision of information regarding care and services.

Continuous improvement was demonstrated at a service level and by the board's oversight and integration of quality improvement principles identified by feedback, audit and survey results, and the analysis of clinical indicators. The service maintains a continuous improvement plan which identifies planned and completed improvement actions in relation to various areas of care and service delivery.

Management was able to demonstrate financial governance systems and processes and how additional expenditure approval is sought as required. The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care. The organisation has a range of documentation, policies and procedures with clearly established roles, responsibilities and accountability for the monitoring of staff conduct and performance. The organisation screens staff, management and Board members for suitability of employment including via the banning orders register.

The organisation monitored changes to legislative requirements through correspondence received from national peak bodies, external agencies and regulatory bodies. Changes to legislative requirements are disseminated to staff through electronic methods.

The service has systems in place to manage feedback and complaints and to ensure appropriate and proportionate action is taken. The service is guided by policies and procedures relating to feedback and complaints. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service demonstrated how established governance frameworks, policies and procedures support the management of risk associated with the care of consumers. The service has implemented new risk management software where risks and incidents are recorded, monitored, provide up to date information and inform various registers, and staff briefings. The incident management system identified the Service had reported incidents falling within the scope of the Serious Incident Response Scheme appropriately and in line with legislated timeframes.

The organisation has a clinical governance framework with policies, procedures and activities relating to antimicrobial stewardship, open disclosure and minimising the use of restraint to guide staff practices. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)