Performance

Report

**1800 951 822**

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| Name of service: | Blue Care Bli Bli Aged Care Facility |
| Service address: | 20 Lefoes Road BLI BLI QLD 4560 |
| Commission ID: | 5178 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 February 2023 |
| Performance report date: | 13 March 2023 |

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

**This performance report**

This performance report for Blue Care Bli Bli Aged Care Facility (**the service**) has been prepared by G-M. Cain, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 14 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The performance report dated 8 July 2022 found the service non-compliant in requirement 1(3)(a). Deficiencies related to consumers not always feeling respected due to delays in toileting and hygiene care which resulted in consumers experiencing incontinence and feeling embarrassed.

The Assessment Contact - Site report provided evidence that consumers and representatives felt that staff treated consumers with dignity and respect and that consumers received care in a timely manner. Staff were observed engaging with consumers respectfully, including requesting permission to deliver care, and closing doors before providing care.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Assessment of consumers’ toileting needs and establishment of individual consumers’ toileting schedules.
* Clinical and care staffing training in continence management. Ongoing education about consumer toileting assessments is planned with staff from an external continence aid specialist. The service’s plan for continuous improvement identified this training is scheduled regularly through until April 2023.
* Privacy and dignity training for staff completed in September 2022. Staff orientation and onboarding information for the workforce specifically include information related to consumer dignity in care.

Based on the summarised evidence, this requirement 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 well-being. | Compliant |

Findings

The performance report dated 8 July 2022 found the service non-compliant in requirement 3(3)(a). Deficiencies related to staffing deficiencies which resulted in consumers’ not receiving safe and effective personal and clinical care in a timely manner.

The Assessment Contact - Site report provided evidence that consumers provided positive feedback in relation to their personal and clinical care including consumers requiring management of urinary catheters, diabetes management and wound management. Clinical management review consumer care documentation daily to identify changes in individual consumers’ care needs, preference, or goals. Staff are informed in individual consumers’ care needs and preferences through shift handover and daily clinical monitoring exception reporting. Staff had received training in areas of consumer clinical and personal care, including diabetes management, falls prevention, pain and behaviour charting and wound care. Service management meet daily to discuss issues relating to consumers’ needs, staffing or other service impacts.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Review and reassessment of consumers’ toileting needs, with personalised care strategies documented in care documentation
* Implementation of a consumer care folder in staff workstations containing information relating to individual consumers’ needs, including individualised toileting and hygiene preferences.

Based on the summarised evidence, this requirement 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 |

Findings

The performance report dated 8 July 2022 found the service non-compliant with requirement 7(3)(a). Deficiencies related to inadequate staff, resulting in consumer personal care delays, including hygiene and toileting.

The Assessment Contact - Site report provided evidence that consumers considered there were adequate staff to support the delivery of care and services, and requests for assistance were generally responded to promptly. The service had established processes to ensure the workforce is planned and shifts are consistently filled, including a review of the roster, engagement of agency workforce when needed and ongoing recruitment, resulting in the service recently commencing a total of 4 registered and care staff. Staff had enough time to complete their work and described improvements made at the service with workforce planning, such as adding extra staff to assist with consumers' hygiene care on the morning shift.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Weekly reporting by service management of consumer call bell response times. At the time of the Assessment Contact, additional actions were added to the service plan for continuous improvement to ensure monitoring and sustainability of this improvement action. These included bimonthly analysis of call bell data, staff education to support appropriate response times and efficiencies in work processes by reminding staff to turn call bells off.
* A consumer survey requesting feedback on call bell response times was provided to consumers on 16 February 2022 to understand their satisfaction level.
* Review of care and hospitality staffing models, resulting in the recruitment of 2 hospitality staff and roster redesign by adding 2 care staff on the morning shift.

Based on the summarised evidence, this requirement is Compliant.

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