Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Blue Care Caloundra Aged Care Facility |
| Service address: | 10 West Terrace CALOUNDRA QLD 4551 |
| Commission ID: | 5908 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 10 February 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 Caloundra Aged Care Facility (**the service**) has been prepared by James Howard, 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 conducted from 23 November 2022 to 25 November 2022; 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.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 considered staff were kind, treated them with dignity and respect, and made them feel valued. Staff were familiar with consumers’ backgrounds and cultures, and treated consumers in a dignified and respectful manner.

Consumers felt safe at the service and advised staff respected their cultural needs and preferences. Care planning documentation captured information regarding the consumers’ cultural needs and preferences.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumer choices and decisions were supported and captured through the admission process.

Consumers were supported to take risks to life the best possible lives and described how the service supported consumers to engage in their chosen activities which included an element of risk. Management described the process for assessing risk, which included the opportunity for choice and informed decision-making, with assessments of risk-taking activity occurring in consultation with consumers, representatives and health professionals.

The Assessment Team observed menus and weekly activity programs displayed in consumers’ rooms and throughout the service. Consumers described how they received current information about activities, meals and other events occurring in the service.

Staff identified ways in which consumer information was kept private, including locking doors to nurse’s stations, password protection on computers and ensuring personal information was only shared in private spaces. The Assessment Team observed staff knocking on bedroom doors and awaiting a response prior to entering.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation for consumers was individualised, and where risks were identified, they were appropriately assessed and risk mitigation strategies were developed and implemented. Consumers and representatives indicated they received the care and services they needed.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning. Consumers and representatives confirmed the service discussed and documented their preferences for their end-of-life care and all consumers reviewed had advanced care directives in place.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Staff reported they regularly liaised with consumers and their representatives to ensure a partnership throughout the assessment and care planning process.

The service ensured that consumers and representatives were engaged in communication regarding the outcomes of assessment, planning and care. Staff confirmed they had access to consumer care planning information through the service’s electronic care management system and handover processes.

Consumers and representatives confirmed the service communicated with them following any changes or incidents occurred regarding the well-being of consumers. Staff were aware of the incident reporting process and how incidents may trigger a reassessment or review of consumers’ care plans.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 considered consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff reported they could request assistance from senior staff for guidance in relation to best practice care and processes, or if care needs changed.

The service had a range of policies and procedures which supported staff in the management of high impact or high prevalence risks. Consumers and representatives felt the service effectively managed risks in relation to falls, weight loss, skin integrity, restrictive practices and behaviour management.

Management and staff described changes made to the delivery of care for consumers requiring end of life care and the practical ways the consumers’ comfort is maximised and dignity preserved. Care planning documentation showed consumers’ end-of-life needs, goals and preferences were captured.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives provided positive feedback regarding the service’s approach to respond to changes or deterioration in consumers’ condition, health, or ability.

Consumers and representatives were confident consumers’ information was well documented and shared between staff and other services involved in providing care. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via handover meetings.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives provided feedback that the service facilitated the appropriate referrals required by consumers.

Staff demonstrated an understanding of the infection control practices relevant to their duties, and indicated the service further supported them with documented infection control policies. The Assessment Team observed staff adhering to infection control practices throughout the duration of the site audit.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff demonstrated knowledge of consumers’ needs and preferences.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of how the service enabled consumers to maintain social and personal connections that were important to them.

Care planning documentation detailed consistent information regarding the consumers’ condition needs and preferences. Staff outlined how care needs and preferences were shared internally at handover meetings and documented in the service’s electronic care management system.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation the service collaborated with external providers to support the diverse needs of consumers.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Care planning documentation confirmed dietary requirements and preferences were captured and consistent with consumer feedback.

The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained. Management and staff described the process for identifying equipment that required maintenance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team observed consumers’ rooms were personalised with their own pictures and furniture. Management advised that during monthly consumer meetings, consumers were encouraged to provide feedback regarding the service environment.

Consumers advised the service was kept clean and well maintained, and they could move freely both indoors and outdoors. The Assessment Team observed communal dining and lounge areas were clean and well maintained.

The Assessment Team reviewed maintenance documentation which showed regular maintenance of furniture, fittings, and equipment and included planned, periodic, and ad hoc maintenance in response to maintenance requests. Maintenance staff advised there was a call bell system for consumers who required assistance from staff, with a number of alerts indicating different urgencies.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 considered they were encouraged and supported to provide feedback and make complaints, and indicated management were approachable. Staff described the avenues available to consumers and representatives to provide feedback and outlined the process they would follow if a complaint was raised with them directly.

The service demonstrated consumers were made aware of, and had access to, advocacy and language services. Consumers and representatives described different avenues for raising a complaint, including through the Commission, advocacy services and with the assistance of a family member or friend.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff utilised an open disclosure process when dealing with complaints. Management demonstrated an understanding of open disclosure in relation to complaints and advised they would apologise to consumers in response to complaints.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Consumers and staff provided examples of changes implemented within the service resulting from feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated the workforce was planned to enable the delivery of safe and quality care and services. A review of the roster for the previous month confirmed registered nurses were allocated across a 24-hour period and strategies to replace staff on planned and unplanned leave included extension of hours, discussions with existing staff for additional shifts, and the use of regular agency services.

Consumers and representatives provided consistent feedback that staff engaged with consumers in a respectful, kind and caring manner, and were gentle when providing care. Staff were observed by the Assessment Team to engage with consumers and their family members in a respectful and personable manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. Staff indicated they were well supported by management in undertaking the ongoing training provided to them.

Management described the training process for new staff and outlined they must complete orientation training and participate in buddy shifts with established staff members. The Assessment Team reviewed documents which guided management through recruitment orientation and training processes.

Staff reported they had regular conversations in place of an annual appraisal and received feedback frequently in direct response to their work performance. Consumers confirmed they provided feedback to staff and management regarding staff performance or concerns, and the service actions their feedback accordingly.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | |  | | --- | |  | |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers reported the service was well run and were engaged in the development, delivery and evaluation of care and services. A review of consumer meeting minutes, activity calendar and the service’s plan for continuous improvement demonstrated the engagement of consumers.

The service demonstrated the governing body had implemented processes to ensure the service was accountable for the delivery of care, and promoted a culture of safe, inclusive and quality care and services. The governing body regularly communicated with the service to ensure transparency and accountability.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. There were a range of resources to inform staff and management regarding workforce expectations, requirements, roles and responsibilities.

The service had access to effective organisation risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Staff described their reporting responsibilities in the event they became aware of, or had a suspicion of an instance of elder abuse or neglect.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives indicated the service followed open disclosure principles.

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)