**Performance**

**Report**

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| Name of service: | Blue Care Caloundra Community Care CACP |
| Service address: | 8 West Terrace CALOUNDRA QLD 4551 |
| Commission ID: | 700085 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Quality Audit |
| Activity date: | 9 December 2022 to 13 December 2022 |
| Performance report date: | 19 January 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 Community Care CACP (**the service**) has been prepared by M Balukovska, 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.

# Services included in this assessment

**Home Care:**

* Blue Care Caloundra Community Care CACP, 18040, 8 West Terrace, CALOUNDRA QLD 4551

**CHSP:**

* Care Relationships and Carer Support, 26131, 8 West Terrace, CALOUNDRA QLD 4551
* Community and Home Support, 26130, 8 West Terrace, CALOUNDRA QLD 4551

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality 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 30 December 2022
* the following information given to the Commission, or to the assessment team for the Quality Audit of the service:

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

At the time of the performance report decision the service is:

• Ensuring consumers are treated with dignity and respect, are provided culturally safe care and services

• Documenting information regarding consumers’ identity, culture and personal preferences in line with their values.

• Providing information which enables the consumer to make decisions, including who is to be involved in their care, their participation in activities and selection of meals.

• Supporting consumers to live the life they choose.

• Ensuring consumers’ personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality.

Management and staff evidenced knowledge, awareness and understanding of consumer choices and preferences. Documentation evidenced consumer involvement in decisions about the activities they attend.

The service has documented policies and procedures regarding consumer choice and decision making which guides staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

The service has documented policies and procedures regarding consumer dignity and risk which guides staff in supporting consumers to take risks to enable them to live their best lives.

Documentation demonstrated that privacy and confidentiality are a key priority for the service with staff records showing training on consumer privacy and confidentiality being completed.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/ | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of the performance report decision the service is:

• Partnering with consumers/representatives to ensure that assessment and planning are effective in assessing individual consumers’ needs, goals and preferences.

• Supporting consumers to live their lives independently and with dignity.

• Documenting and communicating consumers care and service plans, including regular reviews, updates and risk assessments.

The service demonstrated that assessment and planning, including consideration of risks to the consumer’s health and wellbeing, informs the delivery of safe, effective care and services. Consumers/representatives confirmed being involved in the assessment process and reported staff took the time to listen to them to acknowledge and understand their needs.

Management and staff said personal care workers are able to understand consumers needs via an application on their mobile phones prior to a visit. This is supported by also reviewing care plans in the consumer’s homes, discussing care and service needs with the consumers and contacting care coordinators for any additional information is required.

Care plans reviewed included sufficient detail about assessed needs and risks to the consumer to guide staff in managing the risks for consumers. A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes or incidents occur. Care coordinators and personal care workers could describe the process and under what circumstances a review or reassessment may be required.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

At the time of the performance report decision the service is:

• Delivering personal and clinical care that is best practice and meets the needs of each consumer.

• Safely managing high-impact or high-prevalence risks related to the care and services of each consumer.

• Effectively communicating and documenting consumers needs and preferences.

• Making timely and appropriate referrals to meet consumes changing care needs.

• Effectively minimising the risk of infection and taking precautions to prevent and control infection related outbreaks.

The service demonstrates the personal and clinical care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services.

Management said the service identifies consumers individual care goals and tries to balance these needs with their preferences and budgets. Documentation is then developed to align with the ACAT framework and also includes additional assessment tools such as social and cultural tools. Reviews and reassessments indicate how consumers are tracking whilst also ensuring that any risks are identified. Risk assessments are undertaken for high-impact or high-prevalence risks to find ways to minimise these risks. Risks identified include medication errors, falls, pressure injuries, skin tears, wound management, social isolation and cognitive decline. Staff interviewed were able to describe risks for individual consumers. Interviews with staff and management, and a review of care documentation identified the service has processes in place to support staff to identify and notify others of changes in consumer’s conditions.

Staff and management said that referrals are completed in consultation with the consumer and or their representative. Care planning documents demonstrate referrals to other health professionals and other service providers occurs when appropriate and in a timely manner.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of the performance report decision the service is:

• Providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.

• Promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce.

• Ensuring timely and appropriate referrals to individuals, other organisations and providers of other services.

Staff interviewed had a good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference. Care planning documents are individualised, include the consumers services and supports required, and specific instructions for how they are to be provided, reflecting the involvement of the consumer. Staff demonstrated an understanding of what is important to consumers and gave examples of how they have supported the wellbeing of consumers when they have been feeling low. Staff were able to discuss the services and supports they deliver to assist consumers to stay connected with the community and do the things they enjoy.

Care documentation provides information on each consumer’s background and their social activity preferences, where they have provided this information. Most consumers reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they need. Staff reported information about consumers is available on care planning documents which they have access to and described how they are informed of any changes to the consumer’s condition prior to a scheduled visit. Consumers/representatives say they are satisfied with the services and supports delivered by those the consumer has been referred to. Staff could describe the process for referrals to others, including ensuring any referrals are completed in consultation with the consumer. Equipment provided for the consumers to use in their own home are done so through service partners. Documentation showed assessments are completed, the equipment meets their needs, and regular or urgent maintenance of their equipment is provided where appropriate. Staff receive equipment related training and were able to describe the process for identifying and reporting risks relating to the use of the equipment by consumers. Management described referral pathways and the required assessments necessary for consumers to request equipment to be used in their own home.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

At the time of the performance report decision the service is:

• Creating a welcoming environment that is easy to understand.

• Optimises each consumer’s sense of belonging, independence, interaction and function.

• Allowing consumers to move freely and easily outdoors, including with the use of walking aids, there is seating and shade.

• Supporting consumers to participate in individual and shared activities.

The service environment is well designed and welcoming for all consumers who visit, optimising each consumer’s sense of belonging, independence, interaction and function. Consumers said they feel comfortable to do the things they choose to do, and they have areas to sit if they do not want to participate in activities. The Assessment Team observed the service environment to be welcoming, with a layout that enables consumers to move around freely, with comfortable, well-maintained furniture, fittings and signage to assist consumers and visitors to access and navigate throughout the day centre. The service demonstrated that the day centre service environment is safe, clean, well maintained and comfortable. Furniture was carefully moved in and around the facility to align with the activities scheduled. The service was able to demonstrate furniture, fittings and equipment are suitable and safe for consumers. The Assessment Team observed equipment and furniture used with, and by consumers, is clean and well-maintained.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

At the time of the performance report decision the service is:

• Encouraging consumers/representatives to provide feedback.

• Using feedback to inform improvements to care and services.

• Providing consumers with accurate and complete information regarding how to access advocacy and language services and make a complaint to the Commission.

Consumers/representatives reported they are encouraged and supported to provide feedback and make complaints. Consumers/representatives stated that if they wished to raise a complaint, they would feel comfortable first contacting the service to seek an early resolution. Those who had previously made a complaint in the past also stated they would feel comfortable doing so again. Management and staff described ways the service encourages consumers to provide feedback, including regular ongoing conversations. When signing up for the service, consumers are provided with details about how to raise complaints if the services do not meet their expectations, including appropriate contact information. The Assessment Team observed the ‘Blue Care Welcome Booklet’, which provides consumers with the necessary information to access advocates, language services, and additional avenues for raising and resolving complaints. Management and staff described how the service uses data to monitor and use feedback to improve the quality of care and services. When questioned by the Assessment Team on what the current trends in the feedback were, management and staff had an understanding of the current issues that needed addressing and the feedback consumers were currently providing. Furthermore, management and staff provided the Assessment Team with evidence the service regularly seeks feedback through various channels and acts upon it when appropriate.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

At the time of the performance report decision the service is:

• Monitoring and reviewing the performance of the workforce.

• Providing the workforce with the resources and training required to deliver quality care and services.

• Respecting each consumer’s identity, culture and diversity.

• Ensuring workforce members are competent, have the qualifications and knowledge to perform their roles effectively.

• Ensuring the number and mix of the workforce enables the delivery and management of quality care and services.

Consumers/representatives stated that the workforce is kind, caring and respectful of each consumer’s identity, culture and diversity. When speaking with the Assessment Team, management and staff spoke about consumers in a kind and caring way and knew each consumer’s background well. Staff were able to describe strategies to make the consumer feel welcome and respected in the service. The Assessment Team observed management and staff interacting with consumers in person throughout the visit in a respectful manner. The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the services required. Management and staff described the service's orientation and recruitment process, including a mandatory training course. Staff confirmed they receive training specific to the roles they are undertaking. The Assessment Team observed the service’s training records, which evidenced appropriate staff have completed training.

The Assessment team received feedback from consumers and representatives raising a common issue that impacted consumers was the disruption and changes to their service schedules. Consumers and representatives expressed frustration with regular interruptions to the scheduled services, particularly domestic assistance. Management described the methods the service uses to manage workforce shortages. These methods are adopted to have the most negligible impact on consumers' services. Services are ranked based on their priority, with the lowest priority services being the first to be cancelled if necessary. The service’s scheduling team maintains awareness of which consumers have most recently had services cancelled to ensure the same consumer is not disproportionately affected by staff shortages.

In response to the Assessment Team report the service has responded evidencing the efforts made to undertake recruitment to address the above concerns raise. The service is demonstrating in their response that a significant number of new staff have been recruited ranging from personal carers, personal carers domestic and registered nurses. Whilst the Assessment Team found requirement 7(3)(a) to be non-compliant, I am satisfied the provider has undertaken significant recruitment action and has additionally set up fortnightly meetings with internal leaders to ensure recruitment and staffing levels are addressed. I as the decision maker overturn the decision of the Assessment Team and now find this requirement compliant, I therefore find this standard compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

At the time of the performance report decision the service is:

• Engaging consumers in the development, delivery and evaluation of care and services.

• Promoting a culture of safe, inclusive and quality care and services.

• Ensuring effective organisation-wide governance systems.

• Utilising effective risk management systems and practices to support consumers to live the best life they can.

• Implementing a clinical governance framework.

The service demonstrated that consumers/representatives are engaged in the development, delivery, and evaluation of the services they receive and are supported in that engagement. The service conducts regular surveys to gauge whether consumers are satisfied with its services and provides consumers with the opportunity to make suggestions about how services can be improved. Management provided the Assessment Team with examples that evidenced consumer involvement in the development of services. The governing body promotes a culture of safe, inclusive and quality care and is accountable for its delivery. The governing body remains informed of the service’s operations through regular meetings and data driven and Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the care of consumers. Vulnerable consumers are identified, including consumers who may be living with dementia or those who are at risk of falls. Changes to the condition of consumers are appropriately recognised and responded to in a timely manner.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)