Performance

Report

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| Name of service: | Blue Care Gladstone Edenvale Aged Care Facility |
| Service address: | 41 Glen Eden Drive GLADSTONE QLD 4680 |
| Commission ID: | 5516 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 27 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 Gladstone Edenvale Aged Care Facility (**the service**) has been prepared by G. Hope-Simpson, 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; 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

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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 said they were treated with dignity and respect and staff understood their needs and preferences and ensured they felt respected, valued and safe. Staff described what treating consumers with dignity and respect means in practice and how they adapt care and services to be culturally safe. Policies, procedures, and guidelines have an inclusive, consumer-centred approach to care and service delivery.

Consumers said they have as much control over the planning and delivery of care and services as they want. Staff gave examples and were observed to help consumers make day-to-day choices and help with access to support the consumer needs. The service provides information to consumers and representatives that includes consideration of their ability to understand the choices available to them.

Consumers said the service understands what is important to them, were not judgemental about choices they make, and they were supported to understand benefits and possible harm when they make decisions about taking risks. Staff gave examples of how the organisation supported consumers to have choice and control, including when that choice involves risk, such as smoking and the use of mobility aids. The service conducts risk assessments with consumers who wish to take risks. Decisions regarding risk were documented in the consumers’ care file.

Consumers were involved in meetings and were encouraged to ask questions about their care and services and get information in a way they can understand. Staff were able to describe different ways information is communicated including to consumers with poor cognition or those who need visual aids or hearing assistance. Consumers receive meal information via an electronic ordering system, in advance of the meal.

Consumers said the service respects their personal space and privacy. Staff described how they respect privacy and dignity of consumers and were observed doing so. Consumer information is kept in the electronic care planning system that requires a password to access. A privacy policy was sighted that outlines how the service maintains privacy.

# 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 said they were included in care planning and were involved in working out how to minimise risks and ensure the service met their needs, goals and preferences. Staff demonstrated knowledge of consumers’ preferences and could describe individual consumers’ needs and strategies to support them. Clinical and personal care was consistently documented including assessments, charting, monitoring of outcomes, and risk assessments had been completed with risks explained to the consumer. Following the assessment and planning processes, leisure care plans were developed for each consumer to inform staff.

Consumers and representatives said the service supports and provides opportunities to discuss care needs, goals and preferences, including Advance Health Directives (AHDs) and end of life planning. Staff described the process to track AHDs and Statements of Choice. Consumer care plans indicated a proactive approach to facilitating consumer choice including completing care plans and associated documentation.

Consumers explained their care needs and the involvement of specialist services. The service carried out ongoing assessments and care planning with consumers, representatives and others consumers want to involve. Members of the workforce conveyed to the Assessment Team how they work with consumers and representatives in the assessment and review process. Documents reviewed showed individualised care plans that were frequently updated to ensure they continue to meet consumers’ needs and preferences and include other organisations, and individuals and providers of other care.

Consumers and representatives said the workforce communicate with them regularly and provide updates which help them understand the different aspects of their care. Consumers said they were included in the care planning process. Care planning documentation provided evidence consumers, and representatives where consumers wish, were included in care planning, were informed of outcomes and provided a copy of the care plan.

Consumers reported care is reviewed when their needs change and reassessed with appropriate input to ensure their goals and needs were being met. Clinical staff could provide examples of when they review care plans such as following hospitalisation, deterioration or illness. This was evidenced in care files reviewed by the Assessment Team.

# 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

Most consumers said their care and clinical needs and preferences were being met. Staff said they can access care plans and were supported and trained to complete assessments, chart outcomes, and deliver care according to their designation to meet consumer needs. Clinical and personal care was noted to be consistently documented including assessments, charting, monitoring of outcomes, and progress notes, and care is delivered according to the care plan.

Consumers said care provided for them is safe and right, they said risks to their wellbeing are assessed and well managed. Staff could identify and assess and manage high impact and high prevalence risks to the safety health and wellbeing of each consumer. There was evidence of input from Medical Officers and other allied health professionals to effectively manage risks to consumers. Care planning documentation showed consumers’ relevant high impact and high prevalence risks were managed and reviewed.

Consumers were satisfied care is personalised to their needs, goals and preferences and confirmed staff had discussed end of life preferences and care planning. Staff reported they were well supported by the clinical team to care for consumers during end of life care. The service uses palliative care services and Medical Officers to support the clinical care team in providing palliative care.

Consumers said staff know them and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. All staff interviewed could explain their responsibility and the process to elevate noted changes in consumers to the clinical team. Care plans evidenced review following changes in their condition.

Consumers say their personal or clinical care is consistent, they do not have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others. Staff interviewed described how information about consumers is shared through staff meetings and during handovers. Consumer falls show referrals from medical officers, allied health and external specialists were involved as required.

Consumers expressed satisfaction that infection control is well managed. Staff demonstrated an understanding of infection minimisation strategies; hand hygiene and the appropriate use of personal protective equipment. Care planning documentation was observed to follow clinical protocols that included antimicrobial stewardship principles and monitoring for signs of infection.

# 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 said they felt supported to engage in activities that were of interest to them, and are provided with relevant supports to promote their well-being, independence and quality of life. Staff interviewed explained what is important to consumers. Care plans demonstrated the assessment processes and planning capture what and who is important to each consumer to promote their wellbeing and quality of life. Consumers were observed engaging in a variety of group and independent activities during the Site Audit, interacting with each other, staff, family members and visitors.

Consumers stated the service supports their emotional, spiritual and psychological wellbeing. Staff discussed various ways they work in partnership with consumers and representatives to support emotional and psychological well-being, such as individual activities and one on one time with consumers. A review of care planning documentation demonstrated care plans included interventions and strategies to support the emotional, spiritual, and psychological well-being of consumers.

Consumers said the service assists them to participate in their community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them. Lifestyle staff advised that consumers were consulted in groups and individually to decide on the activities that consumers would like to do. Family members were seen visiting consumers in various lounge rooms throughout the service. Consumers were observed leaving for and returning from trips outside the service with their family or friends.

Consumers and representatives confirmed consumers feel confident staff and other persons delivering their care and services are aware of the consumers’ needs and preferences. Staff said changes in particular consumers were discussed during handover. Care planning and lifestyle documentation for consumers identified adequate information to support effective and safe care with respect to services and supports for daily living.

Consumers said the service assists them with referrals to individuals, other organisations and providers of other care and services. Lifestyle staff described how they work with the representatives and use volunteers to supplement the lifestyle activities offered within the service. Staff have access to a range of service providers and established relationships to ensure consumer needs were met.

Consumers were happy with the quality and quantity of food and noted that their dietary requirements were catered for. Staff described the specific dietary needs and preferences of the sampled consumers, and all had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. Care planning documentation reflected dietary needs and preferences and aligned with the feedback provided to the Assessment Team.

Consumers and representatives provided positive feedback about the equipment provided by the service and were aware of the process to report issues to maintenance. The Assessment Team observed where equipment is provided, it is safe, suitable, clean and well maintained and that staff and maintenance undertake ongoing monitoring that equipment is fit for purpose. The maintenance log indicated any issues with equipment were actioned promptly.

# 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

The service environment was welcoming, and consumers said that it was easy to understand. Consumers said that they felt they comfortable living in the service and they were able to personalise their rooms with their belongings. The Assessment Team observed each area had suitable furniture and was neat and tidy and care staff regularly monitoring consumers.

Consumers said staff ensure the service and their rooms were clean, and they felt comfortable moving about the indoor and outdoor environments. Review of the cleaning schedules demonstrates that cleaning of communal areas and consumer rooms is completed in accordance with these schedules. The Assessment Team observed the grounds were well maintained with spacious courtyard areas, wide pathways and several sitting areas throughout the gardens.

All consumers and representatives interviewed said they were satisfied that the furniture and equipment they use were safe, clean, and well maintained. The service environment was safe, clean, and well maintained. Staff said that they knew how to request maintenance and consumers said that if they have any items that need to be repaired staff will forward the request to maintenance.

# 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 said they were encouraged and supported to make complaints and provide feedback and had no concerns raising complaints with staff or management. Staff said they support consumers and representatives to provide feedback by providing forms and would escalate any issues. Documentation showed information about complaints and feedback processes were provided to consumers and representatives.

Consumers and representatives said they were comfortable raising concerns, staff and will escalate their complaint if it is not resolved to their satisfaction and were aware of external complaints pathways available. Staff demonstrated they understood the internal and external complaints and feedback mechanisms and were aware of the advocacy and interpreting services available. The Assessment Team observed information available in the service supporting consumers and visitors to utilise external complaints and advocacy agencies.

Consumers and representatives said management respond promptly and seek to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and described the process followed when complaints or feedback is received. Reviewed care records and complaints data showed complaints were investigated and followed up in a timely way, with communication provided to the complainant about investigation progress and outcomes.

Consumers provided examples of improvements following their feedback. Staff provided examples where complaints and feedback were used to improve care and service provision. The Assessment Team reviewed the continuous improvement plan and found evidence of recent improvements made that resulted from feedback or complaints.

# 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

All consumers said they were happy their call bells were answered in acceptable timeframes, and although at times they may wait a little, this did not have adverse impact on their care. Staff said they have enough time to deliver care. Review of audits of call bell response times showed they were answered promptly with average wait times of less than 3 minutes.

Consumers said that staff were kind and caring and that they respect their individuality. Staff and consumer interactions were observed to be caring and respectful. The recruitment process ensures staff were chosen in line with the values of the service, and staff receive training and support to deliver care in accordance with the service’s diversity and inclusion policy and procedures.

Consumers said staff were competent and know what they were doing, and they were satisfied with the care they were provided. The organisation monitors staff registrations and other requirements such as police check currency and has processes to monitor renewals. Staff said they receive regular training. Some mandatory training had fallen overdue however management rectified this during the audit.

Consumers and representatives said staff know what they are doing, and they are well trained. Staff are recruited using a formal recruitment process that includes interviews, referee and qualification checks. Staff said they received training during their orientation and induction and regularly through the year. Reviewed documentation confirmed the service monitors to ensure staff are current with their training requirements.

The service demonstrated processes are in place to regularly assess, monitor and review the performance of staff. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge. The Assessment team reviewed up to date performance review records for all staff that are currently rostered.

# 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

Consumers and representatives said they are encouraged to provide input into how care and services are delivered, in a variety of ways. Interviewed staff described how they support consumers to provide input into the development and delivery of services. Review of the plan for continuous improvement demonstrated examples of consumer input into service delivery.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Incidents are reported to the governing body via clinical governance reporting. Interviewed staff provided examples of how the organisation drives a culture of safe and inclusive care, such as education, and how they monitor the service’s performance against policies and the Aged Care Quality Standards, including audits and monitoring of clinical indicators. Interviewed consumers were able to describe ways the organisation asks for their opinions to improve the service culture.

Staff and consumers said they participate in contributing to service and organisational improvements. The service has an effective organisation wide governance system in place which guides information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints.

Management and staff were able to describe how incidents are identified, responded to and reported in accordance with legislation, including serious incident reporting. Daily clinical monitoring occurs and supports oversight of high impact and high prevalence risks, as does the scheduled audit program. The organisation maintains an escalation pathway when things go wrong or risks are identified to ensure the right people are communicated with and involved in evaluation and review.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)