Performance

Report

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| Name of service: | Blue Care Hervey Bay Masters Lodge Aged Care Facility |
| Service address: | 33 Jensen Drive URRAWEEN QLD 4655 |
| Commission ID: | 5244 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 18 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 Hervey Bay Masters Lodge 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 1 November 2022 to 3 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.
* The Approved Provider’s response to the site audit report, received 28 November 2022.
* Other information and intelligence held by the Aged Care Quality and Safety 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect and valued their identities, cultures and diverseness. Staff understood consumers’ cultural needs and how these influenced their care preferences, which were recorded in care plans. The Assessment Team reviewed records which showed staff completed cultural awareness and diversity training. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers said they decided when their care was delivered and their choices were respected by the service.

Consumers said they were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included identifying and explaining risks to consumers and their representatives, consultation with consumers, allied health professionals and their general practitioner. Consumers said they received information in a timely manner and in easy to understand formats such as a newsletter, noticeboards, brochures, resident meetings, activities calendars and an online facility which allowed families to communicate with consumers in real-time. Consumers said staff respected their privacy, which included respecting personal space and keeping their information in a password-protected electronic care management system.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. A review of consumers’ care plans showed medical and allied health professionals were involved in assessing consumers wishing to take risks, such as eating foods which posed a choking hazard. Where consumers wished to assume a known risk, they were supported by the service to do so. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. Clinical and care staff described how consumers’ needs and preferences were recorded and updated in their care plans, which occurred quarterly or when needs changed. Staff said the outcomes of assessment and planning were communicated to consumers and their representatives by providing the care plan, which was confirmed by consumers. Consumers’ representatives said they were notified when circumstances changed or incidents occurred, such as falls or the emergence of challenging behaviours.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the care they received was tailored to their needs and optimised their health and well-being. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed high-impact risks such as wound management, restraint practices, falls prevention, skin integrity, nutrition and medication management. Consumers receiving palliative care had their needs, goals and preferences recorded in their care plans and families were welcomed throughout the end of life process. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, meetings, accessing care plans, communication diaries and electronic notifications. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and representatives. Clinical staff described the service’s referral process, the details of which were recorded in consumers’ care plans and included the involvement of allied health practitioners and medical professionals. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers’ daily living needs and preferences were documented in their care plans. Consumers were satisfied with the many options offered to them through the service’s activity program, which they described as meaningful and said kept them connected to others. The service met consumers’ spiritual, emotional and psychological needs by supporting them to observe their cultural and religious practices. Consumers said they participated in social activities and maintained relationships with people in the community. Staff said the service worked with external organisations and community members who supported consumers to pursue social activities and maintain personal connections.

A review of consumers’ progress notes showed the services and supports provided to consumers reflected their changing needs, goals and preferences. The service had systems to share consumers’ details with external service providers, which included ensuring consumer consent was given prior to the release of information. The service’s information management system encompassed consumers’ care plans, referrals to other providers, needs reviews, communication alerts, test results and reassessments prompted by changes to people’s conditions. Staff said information about consumers’ conditions were available in their care plans which could be accessed via the password-protected electronic care management system.

Consumers were happy with the quality, quantity and variety of food provided by the service. Staff understood consumers’ specific needs which included meal size, meal texture, dietary and cultural preferences. The Assessment Team noted the dining experience appeared comfortable and staff assisted consumers in a dignified manner. Where the service provided equipment, consumers said they felt safe and knew how to report any concerns. The equipment being used by staff was clean, well maintained and fit for purpose.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers said they felt at home within the service, particularly as they could personalise their rooms with furniture and possessions of choice. The service environment was easy to navigate and consumers were observed moving freely around hallways, communal areas and outdoor gardens. Consumers said the service was clean and maintenance promptly completed, which was also noted by the Assessment Team. The service conducted preventative maintenance to ensure consumers lived in a well-maintained home. A review of the service’s maintenance and cleaning records confirmed a proactive program was in place.

The service provided consumers with a range of suitable, clean and well-maintained furniture, fittings and equipment. Consumers said furniture and equipment was well-maintained and clean. Cleaning staff said they followed a daily roster and consumers’ rooms were cleaned each day. Staff said they had access to all equipment needed for consumer care. The service had scheduled maintenance plans in place for furniture, clinical equipment, kitchen and laundry equipment, beds and mobility aids.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in communal areas and within the resident handbook. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Staff understood the complaints process and a review of consumer meeting minutes confirmed consumers were encouraged to raise concerns and provide feedback.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. The Assessment Team reviewed the service’s complaints records and noted open disclosure was used and an apology given when something went wrong. Consumers said complaints and feedback were used to improve care and services they received. The service manager confirmed feedback and complaints were used to improve the quality of care and services, such as staff working to respond to consumers’ call bells more promptly, the results of which were evident in an audit of call bell response times.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service had a fortnightly work roster which contained an appropriate number of staff with the skills to assess, plan and meet the needs of consumers. The roster included registered and enrolled nurses, personal care workers and hospitality services staff. Consumers and representatives said there were enough staff at the service. Consumers said staff were confident and well trained. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were aware of consumers’ cultural and personal preferences, which informed lifestyle activities.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Staff received comprehensive training and supervision and a review of records showed the service had a rigorous recruitment and employee onboarding process. Staff said if new skills were required for their role they were mentored by another staff member to ensure competency was attained. A review of staff files showed all were up-to-date and included onboarding checklists, proof of qualifications/registrations, training records, reference checks, criminal history checks and relevant position descriptions. The service regularly assessed, monitored and reviewed staff performance which included quarterly performance reviews and opportunities for professional development.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said they were encouraged to provide ongoing input into how care and services were delivered. Input was provided during care plan reviews, resident meetings, consumer advisory groups, surveys and in-person discussions. Consumer and representative suggestions were included in the service’s plan for continuous improvement.

The organisation’s governing body promoted a culture of safe and inclusive care which was evident to the Assessment Team during management interviews and documentation reviews. The governing body used information from consolidated monthly reports to identify the service’s compliance with the Quality Standards, initiate improvements, enhance performance and monitor the delivery of care and services. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Senior management and the governing body received automatic notifications about all serious incidents and worked to ensure correct processes were followed to mitigate future risk.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)