Performance

Report

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| Name of service: | Blue Care Hollingsworth Elders Village |
| Service address: | 269-277 Hartley Street PORTSMITH QLD 4870 |
| Commission ID: | 5754 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 3 March 2023 |

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

**This performance report**

This performance report for Blue Care Hollingsworth Elders Village (**the service**) has been prepared by D. McDonald 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.
* the provider’s response to the assessment team’s report received 23 February 2023 acknowledges the receipt of the Site Audit report.

# 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, respect and felt valued. Staff were familiar with consumers cultural background and held yarning circles to respect the mostly Indigenous consumer cohort and were guided by cultural diversity training.

Consumers said staff understood their needs and preferences and welcomed visitors. Staff were observed speaking to consumers in their preferred language and care documentation reflected cultural preferences.

Consumers said they were supported to make choices regarding care and services and could make changes anytime. Staff were observed assisting consumers to make choices regarding activities and meals. Relationships were supported and respected, including providing privacy and consumer files evidenced case conferences undertaken to confirm consumer choice.

Consumers said they were supported to take risks to do what was important to them. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessment, consultation with the consumer, mitigation processes and ‘dignity of risk’ agreements.

Consumers said they received information in a way they could understand, including by staff speaking their preferred language. Information was exchanged in appropriate language on menus, activity calendars, noticeboards and publications, and yarning circles were tailored to those with reduced literacy.

Consumers said their privacy was respected, including during personal visits and personnel files kept confidential. Staff knocked on doors and awaited consent to enter and respected consumer choices to spend time alone in safe areas. Consumer information was secured in the service’s password protected electronic 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

Consumers and representatives confirmed involvement in assessment and planning of care and services. Care documentation evidenced recent risk assessments, mitigation controls and records of assessment outcomes having been discussed with consumers, representatives or relevant advocacy services.

Consumers and representatives confirmed they had been provided opportunity to discuss needs and preferences regarding end of life. Staff described discussing end of life plans over time once a trusting relationship had formed, which aligned to cultural practices. Care documentation reflected culturally appropriate end of life needs and preferences.

Consumers and representatives confirmed they were involved in the assessment, planning and review processes for care plans. Care documentation evidenced integrated and coordinated assessment and planning involving support services and allied health professionals such as medical officers and dieticians.

Consumers and representatives confirmed outcomes of assessment and care planning were communicated to them and they were offered copies of care plans. Documentation evidenced current and accurate care plans and records of consultation with consumers and their representatives.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services. Staff described and care documentation evidenced annual review of care plans, or in response to changing circumstances.

# 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

Consumers confirmed they received tailored personal and clinical care that optimised their health, well-being and was culturally safe. Care documentation evidenced consumers were receiving care that was safe, effective, and tailored to consumers’ needs and preferences. Staff were guided by systems, policies, and processes to deliver best practice care for restrictive practice, diabetes, pain and wound management.

Care documentation reflected assessments undertaken using best practice tools to identify high-impact and high-prevalence risks, and responsive mitigation strategies including engagement of allied health professionals. Clinical data evidenced consumers were most at risk of adverse behaviours and falls with data showing a recent reduction to these occurrences.

Staff described culturally safe palliative care that recognised the needs and preferences of consumers. Staff said discussions around death took place over time to respect Indigenous consumer culture. Care documentation evidenced consumers’ cultural needs and preferences regarding palliative care if they chose to discuss their wishes.

Representatives confirmed they were contacted regarding changes to consumers’ condition. Staff described recognising signs of deterioration and initiating clinical review or hospital transfer in response to a consumer being unwell or their condition changing. Care documentation evidenced assessment tools for early detection of deterioration and progress notes.

Consumers said staff knew their needs and preferences and they did not need to repeat this information. Staff described accessing the care plans were available through the electronic care management system and updates to care were exchanged during handovers and meetings. Care documentation evidenced communication between relevant staff and providers regarding consumers’ dietary preferences, behaviour management and mobility.

Consumers and representatives gave positive feedback regarding access to allied health professionals. Management confirmed access to an in-house physiotherapist and scheduled or responsive support from other external specialists. Referrals were evidenced in care documentation including records of specialists’ ongoing input.

Consumers said the service was clean and staff demonstrated infection control practices. Training commenced for a dedicated Infection Control Lead on staff and management described tools to monitor and report on appropriate antibiotic use. Staff were guided by policies and procedures for infection control and antimicrobial stewardship.

# 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 the service supported their preferences which had improved their independence and quality of life. Staff were knowledgeable of consumers’ personal and cultural interests and preferences. Care documentation reflected consumers’ interests including gardening, fishing trips, visits from Elders and engaging with family in the community.

Consumers said they observed sacred, cultural, and religious practices and culturally meaningful events supported their emotional well-being. Staff demonstrated cultural awareness and organised visits by religious leaders and activities promoting psychological well-being. Care documentation evidenced consumers’ spiritual, emotional, and psychological needs and preferences.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff worked with organisations, advocates, and community members to support consumers’ interests and relationships. A lifestyle calendar evidenced a variety of activities were provided and consumers were assisted to undertake external activities.

Consumers said the service effectively coordinated care and services, including sharing information with those involved in their care. Staff described information sharing processes as consumers moved between care settings, including meetings and handovers. Care documentation evidenced updates, reviews, and communication between care providers.

Staff demonstrated knowledge of service and support organisations available to refer consumers to when needed, including consumers’ involvement and consent. The service demonstrated established links to relevant care and service providers and care documentation reflected referrals to dementia, hairdressing, and church services.

Consumers said they received healthy, quality meals and participated in meal planning. Staff were knowledgeable of consumers’ dietary needs and preferences and the dining experience was appropriately paced with staff assisting, where required. Care documentation evidenced dietary preferences which were provided daily to catering staff.

Consumers said they had access to safe, suitable, clean, and well-maintained equipment to assist mobility and independence. The service demonstrated risk assessments undertaken prior to equipment purchase and staff were trained to safely use equipment which was observed to be appropriately stored.

# 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

Consumers said the service was welcoming, easy to navigate and homely. The service environment included easily accessible lounge and dining areas and balconies overlooking gardens which included covered seating. Mobility infrastructure had been installed to assist vision impaired consumers.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely around the service and into the community. Staff said cleaning was scheduled daily and records evidenced up to date maintenance, including fire equipment inspections.

Furniture, fittings, and equipment was observed to be safe, clean, and well-maintained. Consumers were observed using various mobility equipment, furniture was clean and in good condition and staff were observed cleaning common areas and consumer bedrooms with a focus on high touch points.

# 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 and representatives said they understood and felt comfortable providing feedback or making a complaint. Staff were knowledgeable of feedback and complaint processes which included forms, surveys, or direct discussion with staff. Complaints were discussed and recorded during consumer meetings.

Consumers said they were aware of advocacy services and were confident using them. Staff advised majority of consumers utilised advocacy services and liaised with community groups to engage interpreters versed in consumers’ preferred Indigenous language. Documentation provided to consumers on entry contained support service information in various languages.

Consumers and representatives said appropriate action was taken in response to their complaints. Staff were knowledgeable of open disclosure principles and their practical application, and records evidenced actions taken in response to complaints, including prompt resolutions. Staff were guided by open disclosure and complaints management policies.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described analysing feedback and complaints, including this information in the continuous improvement plan for investigation and response, and providing examples of improvements made which benefited consumers.

# 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

Consumers provided positive feedback regarding staffing numbers and the care provided to them, however some mixed feedback indicated extended wait times following calls for assistance. Management advised response times for assistance were discussed with relevant staff. Rosters reflected sufficient coverage by care and clinical staff and management advised agency staff were engaged to fill service gaps.

Consumers and representatives said staff were kind, respectful and gentle. Staff were observed interacting with consumers in a culturally respectful manner, and were knowledgeable of consumers’ needs, preferences, and cultural identity. Staff were guided by a suite of policies and procedures regarding delivery of respectful, kind and consumer-centred care and services.

Consumers and representatives said staff were competent in providing care for consumers. Staff underwent annual mandatory training which was monitored by management. Records evidenced high completion rates and support provided to staff to complete outstanding training. Staff were security vetted and fully vaccinated, as required.

Consumers and representatives were confident staff were appropriately trained to deliver safe and quality care and services. Staff underwent mandatory role-specific training through toolbox sessions or online modules, and elective training was available for dementia and palliative care. Training records evidenced staff had completed mandatory training.

Staff participated in annual performance appraisals, complemented by staggered discussions to ensure consistently sufficient performance. Personnel records demonstrated the service was on schedule to complete annual appraisals.

# 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 were engaged in the development and delivery of care and services through meetings, surveys, and care conferences. Management said consumers involvement in care and services, including through complaints, resulted in improvements that had benefited consumers.

The organisation’s governing body promoted a safe culture by practicing transparency and ensuring care was aligned to clinical best practice. The service provided consumer survey results, complaints, and clinical data to the governing body, which in return routinely informed the service through clinical governance meetings.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of their reporting obligations and the procedures to manage and mitigate risk. Staff utilised the electronic care management system in conjunction with the service’s incident management system to manage risk.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Management monitored these practices to ensure ongoing best practice care. Policies and procedures detailed the processes to enable delivery of safe, quality care.

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)