Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Ingham Bluehaven Aged Care Facility | 9 November 2022 |
| Commission ID: | Activity type: |
| 5176 | Site Audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 11 October 2022 to 13 October 2022 |

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 Ingham Bluehaven Aged Care Facility (**the service**) has been prepared by G. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 2 November 2022.
* 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

I have found the service compliant in Standard 1, based on the summarised evidence below. The service demonstrated that consumers are treated with dignity, respect, are supported to maintain their identify and make informed choices about their care and services, including choices that may involve risks. Consumers confirmed they are provided with information and had access to interpreter services to support them in their decision-making. For example, the service provides activity calendars and newsletters in large print English and Italian for consumers. Consumers privacy is respected, and personal and confidential consumer information is secured appropriately and accessible to relevant service personnel.

Staff supported consumers independence and respected their culture, background and privacy; for example, being aware of individual consumers interests and hobbies, respecting consumer’s friendships and supporting this by ensuring consumers sit together for meals and activities.

Consumers’ care planning documentation was individualised, reflected consumers background and provided information to ensure consumers received care and services that considered these needs and preferences, including supporting consumers to live the life they choose.

The service completed a number of actions to address the Non-compliance identified under Requirement 1(3)(a) at the Site Audit conducted between 06 April 2021 and 09 April 2021, and the service was able to evidence during the Site Audit conducted between 11 October 2022 and 13 October 2022 the suitability and sustainability of these improvement activities. The service provided staff training and coaching, including in the Charter of Aged Care rights, consumer dignity and respect, and cultural diversity in consumer care and services.

# 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

I have found the service compliant in Standard 2, based on the summarised evidence below. The service demonstrated consumer assessment and planning included consideration of risks to consumer’s health and wellbeing such as falls and nutrition; and included information relating to consumers’ current needs, goals and preferences. Where risks are identified, care documentation recorded strategies used to manage risks.

Consumers/representatives are involved in consumers assessment and care planning and are informed when there are changes in consumers health and/or wellbeing, such as when incidents occurred. Consumers/representatives had access to consumer’s care and service plan if the wished.

Staff described the services assessment and care planning processes and confirmed that all staff can access consumer’s care and services plans via the electronic care documentation system. Consumer mobility and continence plans were observed to be available in consumer’s rooms.

Care planning documentation confirmed medical officers and other health professionals are included in consumers assessment and care planning, and strategies are documented in a care and services plan which are made available to consumers/representatives.

The service had policies and procedures to guide staff in the assessment and care planning processes for consumers.

The service completed a number of actions to address the Non-compliance identified under Requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* the implementation of a ‘resident of the day’ process
* documenting of individual consumer risks in a service risk register
* annual, or as required, case conferences for consumers
* review of consumers progress notes every 24 hours by registered staff to ensure identification of any changes to consumers care needs and prompt reassessment as required

# 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

I have found the service compliant in Standard 3, based on the summarised evidence below. Overall consumers received care that is safe, effective, tailored to their needs and optimised their health and well-being. For example, the service had processes to assess, authorise, review and monitor consumers subject to restrictive practices; and staff described how they minimise the use of restrictive practices for individual consumers. Review of care documentation for consumers subject to restrictive practices identified behaviour support plans included individualised strategies for consumers. Overall, consumers provided positive feedback in relation to the care and services they were receiving, and were satisfied that information about their condition, needs and preferences is communicated within and external to the service.

The service demonstrated there is effective management of high impact or high prevalence risks associated with the care of each consumer. The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

Staff described the high impact and high prevalence risks for individual consumers at the service and how these are monitored and managed, including recognising and responding to changes in the consumer’s condition and health status, and referral to other individuals and services as required. Consumers received timely and appropriate referrals to individuals, other organisations and providers of other care and services when required.

The service had evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care, including an outbreak management plan, and the service demonstrated infection prevention and control principles were implemented in the event of consumers who presented with respiratory like symptoms.

The service completed a number of actions to address the Non-compliance identified under Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* mandatory staff training including in organisational care pathways, infection prevention and control and anti-microbial stewardship
* clinical oversight from the clinical coordinator, including attendance at clinical handover and medical officer rounds
* monthly review and reporting of clinical indicators, including trending and analysis of incidents over a 3-month period.
* implementation of a 7-day handover sheet, to facilitate communication between staff for changes to consumer’s care needs.

# 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

I have found the service compliant in Standard 4, based on the summarised evidence below. Consumers considered they are supported to do the things they enjoy and that optimises their independence, wellbeing and quality of life, including maintaining personal and community connections. Consumers described ways that staff provided emotional, psychological and spiritual support when needed, for example, a named consumer new to the service was visited by the chaplain and supported in transitioning to living at the service.

Overall, consumers expressed satisfaction regarding the meals offered at the service, they advised that the meals cater for individual consumers needs and preferences. Consumers are supported to provide feedback in relation to the meal service via meetings, surveys and electronic systems. Consumers felt equipment provided by the service was safe, clean and well-maintained; was accessible and suitable to their individual needs.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handover and via messages in the electronic care management system.

Care planning documentation reflected strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers, including referrals to individuals and/or other organisations as required.

The service completed a number of actions to address the Non-compliance identified under Requirement 4(3)(a) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* engagement with consumers to undertake a review of the lifestyle program in May 2021 which resulted in the service offering an activities program 7 days a week, recruitment of additional lifestyle staff, individual activities for consumers and additional group activities such as exercise, card playing and craft.

Interviews with consumers and review of documentation provided by the service at the time of the Site Audit confirmed these improvements have been sustained.

# 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

I have found the service compliant in Standard 5, based on the summarised evidence below. Consumers/representatives expressed satisfaction with the service environment, and was observed to be safe, clean, comfortable and well maintained. Consumers rooms were personalised and decorated with furnishings and personal items that reflect their individuality.

The service environment supported consumers independence, function and enjoyment such as access to outdoor gardens and seating areas for consumers. The service had maintenance and cleaning schedules, and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

**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

I have found the service compliant in Standard 6, based on the summarised evidence below. Consumers/representatives demonstrated understanding of avenues available for providing feedback and raising complaints, including through advocacy services. Consumers/representatives felt comfortable providing feedback, and those that had made a complaint expressed satisfaction that their feedback was acknowledged, and changes implemented by the service.

Management demonstrated the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. Staff demonstrated an understanding of the services complaint’s management processes, including awareness of interpreter and advocacy services for consumers if required. Management advised the service trended and analysed complaints, feedback and concerns raised by consumers/representatives and used this information to inform continuous improvement activities across the service which were documented under the plan for continuous improvement.

The service provides information on complaints mechanisms to consumers, including brochures and posters in multiple languages, feedback forms and information included in the consumer handbook and monthly newsletters. Complaints and feedback are a standing agenda item at all meetings at the service.

The service completed a number of actions to address the Non-compliance identified under Requirements 6(3)(a), 6(3)(c) and 6(3)(d) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* staff training in complaints processes, including open disclosure, service values and consumer rights
* consumer feedback is a standing agenda item at consumer/representative meetings

The service plan for continuous improvement, evidenced improvements have been made at the service resulting from feedback from 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

I have found the service compliant in Standard 7, based on the summarised evidence below.

The Site Audit report provided information in relation to requirement 7(3)(e), identifying the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce.

Most staff interviewed advised they had not undergone performance review or received feedback from management in relation to their performance, including completion of probation reviews and annual performance appraisals. Documentation provided by the service identified 31 of 49 staff performance appraisals were either out of date or records where incomplete. The service’s plan for continuous improvement, reviewed at the time of the Site Audit, identified an action dated 1 June 2022 relation to the completion of staff probationary reviews. Management feedback at the time of the site audit, acknowledge staff performance appraisals were not current and the service was working to have these completed by November 2022.

The approved provider in its response to the site audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* Implementation of quarterly performance development conversations for staff
* Completion of staff performance appraisals, with the commitment that these will be completed by 31 December 2022. The response included a copy of the staff performance appraisal schedule which confirmed the date of completion of December 2022.

In coming to my decision in relation to Requirement 7(3)(e), I have considered information brought forward under this and other requirements. While staff interviews, and documentation provided by the service at the time of the Site Audit, identified performance reviews are not consistently completed in line with service processes, I was persuaded by the feedback brought forward by consumers/representatives. Consumer/representatives expressed satisfaction with staff knowledge and skills to provide safe and quality care and services that meets consumers’ needs and preferences. I am satisfied that the service has taken action and committed to further actions to address ensuring the assessment, monitoring and review of the performance of each member of the workforce is in alignment with the organisation’s processes. Therefore, it is my decision this Requirement is Compliant.

Additionally, the service demonstrated compliance in requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d).

Most consumers/representatives felt there were sufficient staff available to meet consumer’s needs, and they were satisfied with the overall skills, capability and knowledge of staff. Most consumers described staff as respectful, kind and caring, and provided care that respected individual consumers diversity, culture and preferences. The service had policies and procedures to guide staff in relation to consumer dignity and respect, and diversity and inclusion.

Overall, staff advised they had sufficient time to undertake allocated tasks and provide care and services to consumers. Management confirmed the service employed a mix of registered and care staff, and the service demonstrated processes that ensured staff replacement for planned and unplanned leave including the use of a casual workforce. The service’s plan for continuous improvement identified improvement actions in relation workforce sufficiency and sustainability, including review of staffing numbers in response to consumers changing care needs. Staff were observed to be interacting with consumers in a kind and respectful manner.

Staff knowledge, competency and performance is monitored through observations of staff practice, analysis of clinical data and through consumer feedback and complaints. The service ensured required staffs national criminal history checks, vaccination status and health practitioner qualifications were current.

The organisation had a training program that included orientation for new staff and mandatory training, and staff described the training, support and supervision they receive during orientation and on an ongoing. The service had position description templates that establish responsibilities, knowledge, skills and qualifications for each workforce role.

The service completed a number of actions to address the Non-compliance identified under Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* appointment of a new residential service manager and care coordinator to enable supervision of staff, and monitoring of consumer care and services.
* staff training including, but not limited to infection control, anti-microbial stewardship, dignity of risk, Serious Incident Response Scheme, complaints processes, open disclosure, service values and consumer rights.
* strengthening of staff orientation, including buddy shifts and increased clinical oversight from management.

**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

I have found the service compliant in Standard 8, based on the summarised evidence below.

The service engages consumers in the development, delivery and evaluation of care and services, including appointing a consumer to act as a representative whose role is to communicate to management any feedback or concerns on behalf of other consumers at the service.

Management described how consumers are supported to provide ongoing input in relation to their care and services, such as through consumer meetings, focus groups, regular surveys and contributions to the monthly service newsletter.

The organisation’s governance framework established accountability for the delivery of safe and quality care and services from service management through to the Board including bi-monthly reporting of clinical, operational and financial data to monitor performance and identify and minimise potential risks. Continuous improvement meetings are conducted at the service every 2 weeks, and improvement actions are shared at staff meetings.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Review of the service’s plan for continuous improvement confirmed the service had planned and completed improvement actions in relation to various areas of care and service delivery. Management advised, in response to individual consumers needs the service has purchased a variety of equipment including specialised pressure relieving cushions.

Organisational policies and a documented clinical governance framework provided staff with information pertaining to consumer safety, risk management, clinical safety and the escalation of critical incidents. The service demonstrated policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, which were applied by staff in the delivery of clinical care. Management and staff had a shared understanding of how these systems were used to minimise risks for consumers and provided examples of how they were applied to their practice.

The service completed a number of actions to address the Non-compliance identified under Requirements 8(3)(e), 8(3)(d) and 8(3)(e) at the Site Audit conducted between 06 April 2021 and 09 April 2021. The service was able to evidence, during the Site Audit conducted between 11 October 2022 and 13 October 2022, the suitability and sustainability of these improvement activities including:

* staff training including, but not limited to infection control, anti-microbial stewardship, dignity of risk, Serious Incident Response Scheme, complaints processes, open disclosure, service values and consumer rights.
* strengthening of staff orientation, including buddy shifts and increased clinical oversight from management.
* Implementation of processes, including direct support from the organisational information technology team to ensure new staff have timely access to electronic information systems on commencement at the service

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)