Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Kingaroy Canowindra Aged Care Facility | 31 August 2022 |
| Commission ID: | Activity type: |
| 5984 | Site audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 12 July to 14 July 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 Kingaroy Canowindra Aged Care (**the service**) has been considered by Melissa Frost, 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.

# Services included in this assessment

# 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 | | Compliant |
| 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 are treated with dignity and respect, and their culture and diversity are valued. Staff demonstrated familiarity with consumers’ backgrounds and culture, and described how they support consumers’ choices for spiritual, social and cultural activities. Care plans reflect consumers’ identity and cultural practices. The service celebrates religious and cultural days. Staff were observed assisting consumers in a dignified manner.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered. Consumers said they maintain family connections and social relationships. Staff provided examples of how they support consumers’ daily choices and encourage independence.

Consumers said they are able to live their best lives. Staff described how they support consumers to take risks. Care plans and progress notes reflected risk assessments are conducted, involving the consumer and other relevant people.

Consumers and their representatives said they receive timely and accurate information which is clear and allows them to make choices. Care planning documents reflected interventions to support consumers with communication barriers, including the use of aids. Menus, activity calendars, noticeboards and newsletters provide relevant information.

Consumers said their privacy is respected. Staff were observed knocking on consumers’ doors prior to entry, closing doors when providing personal care and discussing confidential information privately. Consumers’ information is stored securely.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Effective and comprehensive assessments are completed when consumers enter the service. Care planning activities were observed during the Site Audit, including reviews and assessments.

Care planning documents were individualised to inform safe care and services and reflected consumers’ goals, preferences and risks. Advance care and end of life planning are included. Staff were familiar with consumers’ needs and described the assessment and review processes.

Consumers and their representatives said staff involve them in care planning, and confirmed they receive copies of care planning documents. Care plans reflected other providers are involved in assessment and planning, including medical officers, allied health professionals and other services.

Care planning documents evidenced care and services are reviewed every 3 months, or more frequently as consumers’ needs or condition changes.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 and their representatives said consumers receive care that is right for them and meets their preferences. Care planning documents and progress notes reflected safe and individualised care is delivered, consistent with best practice. Staff were familiar with consumers’ needs. Consumers subject to restrictive practices have appropriate consent and review. Consumers requiring wound care and pain management receive effective care.

Care planning documents identify high impact and high prevalence risks relevant to consumers, and list directives and strategies to mitigate the risks. Staff described how they follow strategies, report any changes and record incidents.

Care planning documents and representative feedback supported consumers are provided dignified care and their comfort is maximised when receiving palliative and end of life care.

Care planning documents and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition and health status. Staff said they monitor consumers’ condition and escalate or refer to other health services when required.

Consumers and their representatives said consumers’ needs and preferences are effectively communicated between staff and others. Staff are informed of changes via the care management system and handover.

Care planning documents reflected timely referrals to other health professionals occur and include planned review dates. Representatives said suitable referrals occur.

Staff described how they deliver care while maintaining appropriate infection control practices, and how they ensure appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 are supported to engage in activities for daily living to meet their need and preferences and optimise their quality of life. They are also supported to maintain relationships and community connections. Care plans include information on consumers’ interests and the support they need to enjoy activities. Staff develop activities in line with consumers’ goals and preferences. Consumers were observed participating in activities, interacting with each other, staff, family and volunteers.

Consumers said they are supported to keep in contact with friends and family for emotional support. Staff described identifying consumers’ needs and providing support if a consumer is feeling low. Care documents include interventions and strategies to support consumers’ psychological and spiritual wellbeing.

Consumers and their representatives said information is effectively communicated between staff. Handover documents and meetings are used to share information, and kitchen staff have access to dietary requirements and preferences.

Care planning documents reflect timely and appropriate referrals are made to other organisations and providers to optimise consumers’ well-being. Staff said the service utilises external providers to supplement lifestyle activities.

Overall consumers said they were satisfied with the quality and quantity of the food provided by the service. Staff described how they comply with consumers’ documented dietary needs. Staff obtain feedback regarding consumers’ preferences to inform menu planning. The kitchen environment was observed to be clean and organised and relevant health and safety guidelines were adhered to by staff.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean and well-maintained. Consumers and staff said sufficient equipment is available and maintenance occurs promptly.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 environment is comfortable and welcoming, and consumers enjoy the gardens. Consumers are supported to personalise their rooms with decorations and furniture.

The service was observed to be safe, clean, and well-maintained. Consumers were observed moving freely to outdoor areas and gardens, with sufficient signage, handrails and walkways available. Regular cleaning occurs and consumers were satisfied with cleanliness of their rooms.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed regular maintenance occurs.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 their representatives said they are encouraged to provide feedback, are comfortable to do so through informing staff. Staff described how they deal with or escalate complaints. Brochures about complaints, feedback forms and a suggestion box, are located at the service. Surveys and regular meetings occur.

Consumers, including those with varying communication needs, are aware of how they access advocates, language services and other methods for raising and resolving complaints. Staff know how to access advocacy or interpreters if a consumer required these services. Brochures about language and advocacy services are displayed.

Consumers said actions are promptly undertaken in relation to complaints and described how an open disclosure was used and concerns were appropriately addressed. Staff described actions taken to respond to feedback.

The service maintains a quality register to record complaints and compliments, which reflected items are recorded, followed up and improvements are made. Staff described trends in complaints, including meals and laundry, and how the service has implemented initiatives to address those.

# Standard 7

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| Human resources | | Compliant |
| 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 and their representatives said sufficient staff are rostered to support timely, safe and quality care. Staff considered rostering allowed them to provide quality services. The service has processes to fill vacant shifts and records showed most call bells are responded to promptly.

Consumers provided positive feedback regarding staff via surveys and compliments. They said staff are consistently kind and caring. Staff were observed respectfully assisting consumers.

Position descriptions include required qualifications, knowledge, competencies and credentials. New staff receive frequent performance discussions. Staff said they receive regular, sufficient and suitable training. Training needs are identified through observations, feedback, staff suggestions, and trending of incidents and complaints. Training completion is tracked and records showed staff are up to date with mandatory training.

Staff said they attend quarterly performance assessments and complete an annual competency assessment. Staff said they are supported to request further training and development.

# Standard 8

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| **Organisational governance** | | **Compliant** |
| 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 their representatives considered they organisation is well run, and they are engaged in improving the delivery of care and services. Engagement is supported through meetings, focus groups and feedback processes.

The governing body promotes a culture of quality care through ongoing engagement with the service and supporting initiatives to improve safety. Committees are in place to analyse clinical data, risks, feedback and complaints, and outcomes of internal audits to inform improvements.

The service has effective governance systems to support information management, financial governance and workforce governance. The service demonstrated it identifies opportunities for continuous improvement through feedback and complaints, analysis of incidents, staff and consumer meetings, and audits. The service monitors regulatory compliance and communicates legislative changes to staff.

The service has a risk management system, with supporting policies and procedures. All staff receive training on elder abuse, managing risk and reporting incidents. Staff described how they manage risks and respond to incidents, aligned with the service’s policies. The service’s incident management system reflected timely and appropriate reporting occurs.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practice and open disclosure. Staff apply these policies in 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-2)