

**Performance Report**

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| Name: | Blue Care Lowood Glenwood Aged Care Facility |
| Commission ID: | 5284 |
| Address: | 49 Main Street, LOWOOD, Queensland, 4311 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 23 December 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.) Service: 3641 Blue Care Lowood Glenwood Aged Care Facility |

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 Lowood Glenwood Aged Care Facility (**the service**) has been prepared by Grace Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others

# 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 are treated with dignity and in a respectful manner by staff know who they are. Staff demonstrated knowledge of consumers and what was important to them. Care documentation included consumers’ life history, cultural needs and preferences to guide staff practice. Consumers said their care preferences are met and observations showed respectful interactions between staff and consumers. Consumers confirmed staff respect their cultural needs, and care documentation contained relevant information to guide staff in this regard.

Consumers confirmed they are supported to maintain personal relationships with people inside and outside the service. Documentation showed consumers are supported to nominate those they want to be involved in their care, and to specify their preferences for how they live their daily lives. Staff described how they seek out consumers’ preferences and choices about their daily movements and needs, to inform care and supports.

Consumers said they are supported to engage in risk taking activities which are important to them, such as consuming alcohol or leaving the service independently. Staff demonstrated understanding of the service’s dignity of risk processes and safety measure in place for consumers taking risks. Staff have been trained in dignity of risk.

Consumers and representatives said the information they receive meets their needs and is provided in a timely manner. The service demonstrated a range of ways information is communicated to consumers including verbal, written and electronic formats. Observations showed activities calendars, menus, information about services and upcoming events to be displayed in the service.

Consumers said care and services are undertaken in a way which protects their privacy and provided examples of such practices. Staff described strategies used to protect consumers’ privacy and confidential information. Observations confirmed information is stored in password protected electronic systems in the locked nurses’ station.

# Standard 2

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| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
 | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they feel safe with the care they receive, and their health and wellbeing needs are supported by staff. Care planning documentation demonstrated assessment and planning is conducted, to identify needs and preferences, and key consumer risks. Validated clinical assessment tools are used. Care documentation contained risk mitigation strategies for staff to follow, in relation to key consumer risks such as swallowing, mobility, falls and catheter care. Specialised clinical skill requirements for consumers with complex care were identified.

Most consumers and representatives said the service has spoken with them about consumers’ end-of-life preferences and documented consumers’ wishes. End of life assessment and planning documentation reviewed for 10 consumers identified consumers’ end of life wishes. Consumers’ needs and preferences included having family close, choice of religious representative, music, comforts and medication responses were documented.

Consumers said the service involves them and their nominated representatives when discussing their care, assessments and planning, and involves other professionals if they wish. Registered staff outlined how consumers and representatives are involved in consumers’ assessment and planning and how they involve allied health providers, geriatricians, medical officers (MOs), and others when necessary. Care documentation demonstrated other providers of care are involved in assessment and planning and their care recommendations are recorded.

Consumers and representatives said they are informed of consumers’ care needs and assessment outcomes and had been offered a copy of consumers’ care plans. Staff said they access individual consumer’s information using the service’s electronic care management system (ECMS) and are updated about consumers’ needs by registered staff during shift handover. Regular case conferences are used to partner with consumers and representatives.

Registered staff conduct assessments and commence charting when changes are identified. Referrals are made to the medical officer or other organisations or professionals. Reviews are conducted every 4 months by registered staff to ensure individual consumer’s care and services are in line with their current needs. Consumers are reviewed by registered staff when returning from hospital for any changes and care plans are updated to reflect the consumer’s changed needs.

# 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

Overall, consumers and representatives spoke positively about the personal and clinical care delivered by staff, and said care is safe and right for them. Staff described how they deliver personal and clinical care in line with consumers’ needs and preferences and were familiar with sampled consumers’ particular requirements. Care planning documentation identified effective care delivery in relation to wounds, pain, falls, restrictive practices and challenging behaviours.

Consumers and representatives were satisfied the service effectively manages high impact, high prevalence risks. Consumers gave specific examples of risks they consider the service manages well. Staff understand how the service identifies, assesses and manages risks. Registered and care staff described individualised strategies for managing risks from falling, medication management, fluid restrictions, pain, pressure injuries, and unplanned weight loss.

Consumers were confident staff will uphold their wishes and provide the necessary care and comforts they require at end of life. Care plans contained end of life wishes and requests. Registered staff described the palliative care pathway and available resources to support consumers nearing end of life, and their families. Care documentation showed the service attended to the comfort and pain management needs of a consumer who had recently passed away.

Consumers and representatives said the service identifies changes in a consumer’s health and well-being and responds in a timely way. Care documentation confirmed staff recognise, report and respond to changes in consumers’ condition. Registered staff advised actions taken include assessment of the consumer, discussion with the consumer and/ or representative, referral to medical officers or allied health professionals and transfer to hospital if necessary. Care and registered staff demonstrated understanding of signs of deterioration and change, and their escalation responsibilities.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and consumers receive referrals they need. Care documents contain information to support effective and safe shared care, including recommendations from external services, providers and specialists. Timely and appropriate referrals were evident in care planning documentation. Registered and care staff confirmed they receive up to date information about consumers during handover and via the ECMS.

The service demonstrated effective processes for prevention and control of infection including management of infectious outbreaks. There are practices in place to promote evidence-based use of antibiotics, as demonstrated in documentation.

# 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 and representatives are satisfied with services and supports for daily living. The service’s assessment process identifies daily living goals and preferences, and the services consumers need to remain independent are documented in their care and services plan. Staff demonstrated knowledge of individual sampled consumers’ preferred activities.

Consumers said they can observe spiritual practices important to them. Staff explained how they support consumers when they are feeling low and care documentation included consumers’ spiritual needs, religious denominations and individualised strategies to support consumers emotionally.

Consumers who participate in activities outside the service said they are supported to continue to participate in these external activities. They said visitors are welcome and they can visit family outside of the service. However, several consumers and representatives said the lifestyle program was limited in appeal and did not contain the variety and quantity of interesting activities necessary to optimise consumers’ well-being. In response, service management developed an improvement action plan which contained numerous undertakings, including but not limited to increasing the working hours of the lifestyle officer, increasing the number of activities offered each day, commencing regular morning teas and happy hours and increasing consultation with consumers about the lifestyle program.

Consumers said they receive services and supports which are consistent with their needs. Hospitality staff described how they access information about consumers’ meal requirements and how this information is updated when changes occur. Care documentation included consumers’ needs and preferences, and information is updated when changes occur.

The service demonstrated referrals to other individuals, organisations, or providers and how they collaborate to meet the needs of consumers. For example, the service works with the local library to obtain books for consumers, while service staff support consumers to make appointments for a local hairdresser who regularly visits the service.

Consumers and representatives generally provided positive feedback regarding the variety and quality of meals provided at the service. Consumers confirmed they are offered options at each main meal and are consulted on the menu design. The service has a seasonal menu which caters for texture modified diets and other specific dietary requirements. The seasonal menu is developed by the organisation in consultation with dieticians and uploaded to an electronic menu system.

Consumers and representatives said consumers have access to equipment they need to support daily living, and it is fit for purpose, well maintained and clean. Staff said they have access to the equipment they need to do their jobs, and maintenance occurs as required. Maintenance staff have electronic schedules and reminders to ensure equipment is checked and serviced as required.

# Standard 5

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| Organisation’s service environment |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment is welcoming, with unobstructed, well-lit and handrailed corridors. Communal areas were obstruction free, and signage is in place to assist navigation. There are indoor, garden and covered outdoor areas for consumers and representatives to relax, socialise, and participate in activities. Consumers and representatives said they find the environment welcoming and easy to understand. Consumer rooms are decorated with personal items, hobby equipment and photos.

All consumers and representatives provided positive feedback in relation to the cleanliness and maintenance of the service. Consumers said they feel safe and can move freely both indoors and outdoors. Personal laundry is washed in house and linen is washed by external contractors. There are reactive and preventative systems in place to ensure cleaning and maintenance are completed as required. The Assessment Team observed all areas of the service to be clean and well-maintained.

Consumers and representatives said the furniture and equipment at the service meets consumers’ needs. Management described the processes in place to ensure furniture and fittings are safe for use, and well maintained. Staff understand the maintenance request process and consumers are kept informed about maintenance issues being experienced in the service.

# 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 outlined several ways they can provide feedback, including through consumer meetings. Staff outlined how they support consumers to raise issues, trying to resolve issues immediately, escalating when this is not possible, or supporting a consumer to write a complaint. Information about the complaints process is provided in the consumer handbook and on posters displayed throughout the service. Feedback forms are also displayed in the service.

The service provides information about advocacy services and other complaints avenues, however consumers reported they raise issues themselves or through their representatives. At the time of audit, there were no consumers requiring translation or interpreter services; however, staff were aware of how to access language services if required.

Consumers generally expressed satisfaction and said concerns are resolved quickly and effectively by staff. Most consumers stated they had no complaints about the service they receive. Staff described open disclosure principles and processes. Documentation confirms staff have received open disclosure training and that open disclosure is practiced at the service.

Documentation demonstrated an embedded system for recording, reviewing, trending and analysing consumer complaints. Records showed complaints were mostly in relation to incorrect meal choices being served. The service records feedback and documents apologies. Staff have been trained on complaints and feedback handling.

# 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 service demonstrated a planned approach to rostering, with a sufficient number and mix of personnel deployed to deliver safe and effective care and services. Most consumers said staff are available when needed. Registered staff are involved in rostering, providing input on current consumer need. Unplanned leave is filled with casual staff or by extending shifts. Although care staff said they considered the roster to be ‘tight’ due to the number of responsibilities they are assigned, they confirmed they almost always complete their assigned tasks and management confirmed the service operates above legislative requirements for care minutes.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff are kind and caring. Staff demonstrated an understanding of consumers, including their needs and preferences. Management said feedback from complaints and conferences is used to monitor staff behaviour and ensure interactions between staff and consumers meet the organisation’s expectations.

Consumers and representatives said they are confident staff perform their duties effectively, and that they are trained appropriately and skilled to meet consumers’ care needs. The organisation has recently implemented a new electronic system to monitor staff competency including tracking due dates and sending staff and management reminders for key competencies including first aid and criminal history checks. Staff described their orientation process, and confirmed they are allocated time to complete mandatory training modules and allocated buddy shifts.

Consumers and representatives are satisfied staff are trained to provide safe and effective care to consumers. Management monitors staff compliance with mandatory training through an electronic learning management system and provide staff with additional training when the need is identified. Staff said they have access to the electronic mandatory training modules and receive email reminders if overdue with additional modules available on topics of interest. At the time of audit, 82% of staff had completed mandatory online training modules.

The service has systems in place to regularly assess, monitor and review staff performance. Staff confirmed they participate in an annual performance review process, to identify areas for improvement and training opportunities. Management completes annual performance assessments with registered and care staff. Ongoing monitoring is through feedback and complaints and direct observations of staff practice. Records show all performance assessments were up to date at the time of site audit.

# 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 service supports and elicits feedback and input from consumers, to evaluate the service and inform its design. Consumers confirmed they are provided with opportunities to give feedback on care and services though meetings, surveys and feedback forms. Input is also sought through the organisation’s consumer advisory committee, with the most recent meeting attended by consumers and representatives from the service.

The organisation’s governing body promotes a culture of safe, inclusive and quality care through reporting and oversight activities. The service holds monthly heads of department meetings that are attended by the organisation’s quality partner, who in turn, reports to the organisation’s quality and care committee. Monthly reports are provided to the Operations Officer who oversees budget and operations, and clinical indicators are reviewed monthly and findings reviewed by the organisation.

The service demonstrated effective, organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has appropriate processes in place to monitor and manage most high impact and high prevalence risk to consumers on an individual and collective basis. There are organisational policies and procedures in place outlining how these risks are to be managed, how abuse and neglect is to be responded to, how consumer choice and decision-making is to be supported and how incidents are to be reported and managed. Risks are trended through monthly review of clinical indicator data. Incidents are recorded in the service’s incident management system and investigated to identify root causes and minimise chance of recurrence. Incidents were mostly reported to the Serious Incident Reporting Scheme within legislated time frames, however some deficits in understanding of reporting requirements were identified. Suitable improvement actions were identified during the site audit.

The service demonstrated a documented clinical governance framework is in place, with policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff are aware of these policies and could explain how they apply to their roles. Staff described ways they minimise infection in the service and there is an Infection Prevention and Control lead, who reviews infection-related data and infection control compliance fortnightly.

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)