Performance

Report

**1800 951 822**

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| Name of service: | Blue Care Lowood Glenwood Aged Care Facility |
| Service address: | 49 Main Street LOWOOD QLD 4311 |
| Commission ID: | 5284 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 5 January 2023 |
| Performance report date: | 30 January 2023 |

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

**This performance report**

This performance report for Blue Care Lowood Glenwood Aged Care Facility (**the service**) has been prepared by G. Cain, 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 Assessment Contact - Desk; the Assessment Contact – Desk report was informed by a review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 19 January 2023.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 4(3)(a). Deficiencies related to the activities program not offering activities of interest to consumers.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and documentation review. Lifestyle activities are overseen by a lifestyle officer, with a review of the service documentation provided reflecting consumers’ satisfaction with the leisure and lifestyle activities now on offer at the service. Consumer meeting minutes identified discussions with consumers about activities of interest and suggested activities for consideration in the program. For example, one consumer expressed a passion for art and painting; however, the service could not locate local support, so the service purchased a smart television. The consumer can access art and painting sessions via online platforms. Improvements implemented at the service include introducing a monthly activity focus group and reintroducing regular bus trips, with positive feedback from consumers and representatives (as evidenced in service documentation).

The approved provider, in its written response confirmed the service is establishing a closed social network group via a technology application, to support consumers connections with family and friends.

It is my decision that this requirement is Compliant.

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 4(3)(f). Deficiencies related to the quality of food provided and consumers' individual dietary needs not being met.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and documentation review. The service introduced a food focus group, which is included in monthly consumer meetings to support consumers in providing feedback about the meal service. The service introduced a new menu in October 2022, increasing consumer choices. A review of a consumer survey for the period October 2022 to November 2022 reflected increased satisfaction with the meal service and food choices. The service implemented a software program in November 2022, which aligns with the service's electronic care management system ensuring consumers' nutritional information is contemporaneous and available to kitchen staff. The software program enables consumers to order preferred meals in advance, including a visual photograph of the meal they are selecting and the ability to make individual choices such as choice of protein, vegetables and style of cooking. The Clinical Coordinator oversees the dietary information to ensure the information is current and reflective of consumers' choices.

The approved provider, in its written response clarified that the service had implemented improvements in relation to consumer feedback regarding dissatification with cooked eggs, with the service now cooking eggs in alignment with each individual consumers preference. In addition, the new menu was implemented in August 2022 to familiarise kitchen staff prior to the implementation of the new food software system in Novemeber 2022.

It is my decision that this requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 6(3)(c). Deficiencies related to appropriate action by the service in response to consumer feedback and the service's recording of consumer feedback in alignment with the organisation's feedback management policy.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and documentation review. The service has reviewed and implemented changes to complaints management processes, including the weekly review by management of complaints to ensure that appropriate actions are taken. The organisation's regional quality manager also reviews the electronic incident management system, and review of service documentation and interviews with management identified complaints and feedback provided via consumer meetings is captured on the complaints register. No complaints were outstanding at the time of the Assessment Contact.

The approved provider, in its written response clarified that the service’s electronic incident management system is reviewed by the organisations’ Quality Compliance and Innovation partner.

It is my decision that this requirement is Compliant.

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 6(3)(d). Deficiencies related to the consumers and representatives not being aware of improvements made in response to their complaints or feedback, specifically about lifestyle activities and food choices.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and documentation review. The service has implemented improvements in lifestyle activities and the food service, including supporting individualised consumer activities, reintroducing bus trips and implementing a new software program to enable consumers to be supported in decisions regarding their meal choices. A survey conducted between October 2022 and November 2022 identified that 82 per cent of consumer feedback is used by the service in making improvements to care and services. In coming to my decision about this requirement, I have considered information brought forward under other requirements.

It is my decision that this requirement is Compliant.

# 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 |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 7(3)(a). Deficiencies related to insufficient staffing resulted in consumers not receiving timely assistance with personal and clinical care. Consumers felt that staff were too busy to provide emotional support when consumers’ needed it.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and documentation review. The service has reviewed shift times to enable coverage of all areas of the service and ensure the care needs of consumers are met. Service documentation confirmed the implementation of these changes, and ongoing monitoring of consumer satisfaction with timeliness of staff response is discussed at consumer meetings. A survey conducted between October 2022 and November 2022 identified increased satisfaction from consumers with the care and services provided by staff. Staffing and rostering are standard agenda items at staff meetings.

It is my decision that this requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The performance report dated 7 April 2022 found the service non-compliant with requirement 8(3)(c). Deficiencies were related to ineffective organisational-wide governance systems relating to workforce governance and regulatory compliance, specifically training staff in restrictive practices, continuous improvement, and feedback and complaints.

The Assessment Contact report discloses that this requirement was assessed by interviews with management and a documentation review.

The service has implemented improvements regarding workforce governance, including reviewing the roster and staff break times to ensure sufficient staff coverage.

For regulatory compliance, the service has conducted education for staff in relation to restrictive practices, the serious incident response scheme and other clinical areas; training records confirmed this had occurred.

For continuous improvement, the service demonstrated the analysis and trending of clinical data are evaluated monthly and action plans developed in response to identified gaps. Service and organisational management review and monitor the action plans.

For feedback and complaints, documentation demonstrated improvements had been made at the service as a result of consumer feedback.

In coming to my decision about this requirement, I have considered information brought forward under other requirements.

It is my decision that this requirement is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)