**Performance**

**Report**

**1800 951 822**

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| Name of service: | Blue Care Redcliffe Community Care CACP |
| Service address: | Percy Street Redcliffe QLD 4020 |
| Commission ID: | 700197 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Quality Audit |
| Activity date: | 18 May 2023 to 22 May 2023 |
| Performance report date: | 21 June 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 Redcliffe Community Care CACP (**the service**) has been prepared by J ZHOU, 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.

# Services included in this assessment

**Home Care:**

* Blue Care Redcliffe Community Care - EACH, 18092, Percy Street, Redcliffe QLD 4020
* Blue Care Redcliffe Community Care CACP, 18093, Percy Street, Redcliffe QLD 4020

**CHSP:**

* CHSP - Nursing, 4-7ZSOX21, Percy Street, Redcliffe QLD 4020
* CRCS - Cottage Respite, 4-251CE5N, Percy Street, Redcliffe QLD 4020
* CRCS - Flexible Respite, 4-251CEJW, Percy Street, Redcliffe QLD 4020
* CHSP - Transport, 4-253WGWB, Percy Street, Redcliffe QLD 4020

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Ensuring consumers are treated with dignity, respect and valued as an individual as staff consistently listened, sought answers, were very respectful and followed consumer instructions to deliver care and services.
* Providing care and services that are culturally safe through cross matching care workers and consumers backgrounds for the best cultural fit.
* Assisting consumers to exercise choice, make decisions and maintain independence with staff interviews echoing that consumer are in charge.
* Supporting consumers to take risks to live their best life through screening tools, risk assessments and discussing risk mitigation strategies with consumers.
* Providing information that is current, accurate, timely, clear and easy to understand such as budgets and monthly statements where consumers showed an awareness of their unspent funds.
* Ensuring consumer privacy is respected and confidentiality maintained through policies, passwords, and limiting information provided to 3rd parties to that specifically required for care and service delivery.

# Standard 2

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

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Optimising the health and well-being of consumers by regularly contacting consumers, undertaking assessments and additional reviews if there are any changes in care needs, goals, or preferences of consumers and who the consumer wishes to be involved in the discussions.
* Providing specific staff including brokered staff and accessing other aged care providers to enable services to be delivered for the individual consumer preferences.
* Providing care planning documentation to consumers and includes information and strategies to guide staff including how the consumer wants their care needs delivered.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Providing safe and effective care and that any identified risks would be discussed with them to ensure their continued safety and well-being and support them to live the life they choose.
* Involving clinical staff in the initial assessment of consumers. Clinical staff and case managers identify risks, undertake appropriate assessments, and refer to Allied Health Providers when required.
* Training staff in how to identify changes or deterioration to the consumer and escalate concerns to management.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Supporting consumer to undertake a range of lifestyle activities of interest to them, participate in the broader community and maintain contact with people who are important to them.
* Undertaking assessments for the purchase of consumers equipment and equipment is checked and maintained by care staff.
* Demonstrating that consumers get the services and supports that are important for their health and well-being and enable them to do the things they want to do.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Supporting consumers to feel welcome, be as independent as possible and interact with others.
* Providing an environment that is clean, comfortable, well maintained and welcoming for consumers.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Encouraging consumers/representatives to provide feedback.
* Acting appropriately and using open disclosure when responding to feedback and complaints.
* Recording and reviewing feedback and complaints to improve the quality of care and services.
* Raising consumer awareness of advocacy and language services to assist in raising and resolving complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Able to demonstrate workforce is planned to enable delivery of safe and quality care.
* Ensuring the workforce is competent, qualified, and knowledgeable to enable them to perform their roles effectively for consumers.
* Employing staff who are kind, caring and respectful who go above and beyond to help consumers.
* Able to demonstrate it has systems to review performance based on assessment and consumer feedback.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Based on the Assessment Team’s evidence gathered during this quality review, I am satisfied that the provider is evidencing compliance by:

* Engaging consumers in the development, delivery and evaluation of their care and services through both day to day and more formal mechanisms.
* Promoting a culture of safe, inclusive, and quality services and the governing board is accountable for its delivery.
* Demonstrating effective organisation wide governance systems.
* Demonstrating effective risk management systems and practices regarding managing high-impact and high-prevalence risks.
* Demonstrating an effective clinical governance framework.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)