Blue Care Shalom Elders Village

Performance Report

190 Hervey Range Road
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**Commission ID:** 5753

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 14 July 2020 to 15 July 2020

**Date of Performance Report:** 17 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact-Site, the Assessment Contact-Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating and summary of this Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and consumer representatives said they feel they are treated with dignity and respect. Staff spoke respectfully about consumers and were aware of individual consumer’s backgrounds and preferences. Care plans and other documents evidenced staff are respectful when they write about or refer to consumers. Managers, care staff and support staff were observed interacting with consumers in a respectful manner.

#### Management have implemented a number of improvements in relation to this requirement including:

* Annual consumer protection training was completed for all staff and a process is in place to monitor completion on an ongoing basis.
* A new policy and procedure; *Responding to abuse of consumers* was introduced by the organisation. New resources to guide management and staff were developed in conjunction with this policy.
* Staffing has been reviewed and there is now increased supervision after hours, to support staff in the way they deliver care and services and ensure consumers are treated with dignity and respect.

Consumers are treated with dignity and respect and their identify is valued. For the reasons detailed, this requirement is Compliant.

### Requirement 1(3)(e) Compliant

*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.*

Consumers and consumer representatives said they were satisfied with the provision of information and were able to make informed choices and decisions. Consumer representatives advised they are contacted when there is a change in the consumer’s condition and following an incident. Care documents showed that choices are offered to consumers and their preferences are recorded and communicated between relevant staff. For care that may involve an element of risk, informed consent is obtained. Staff were consistently aware of individual consumer’s choices and preferences. Management and staff said information is provided to consumers and to their representatives to keep them informed and to enable them to make informed choice and decisions.

Information provided to consumers is current and timely. It is communicated in a way that supports their understanding and enables them to exercise choice. For the reasons detailed, this requirement is Compliant.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating and summary of this Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

Assessment and planning inform the delivery of safe and quality care. Management have acted to improve the service’s performance in this requirement. Consumers and consumer representatives are satisfied with the quality of care and services and said staff know how to care for them.

Staff demonstrated an understanding of consumers’ assessed needs, goals and preferences and were able to describe their role in assessment and planning and how information about consumers is communicated.

Consumer files demonstrated the service undertakes a comprehensive assessment and care planning process when the consumer enters the service to identify their needs, goals and preferences; medical officers and allied health professionals are involved where necessary. Documentation reflected individual consumer’s required assistance and interventions including the management of personal/clinical risks; preferred care staff; preferred person to be involved in care planning/evaluation process and advanced care planning information as appropriate. Consumers’ changing needs are reviewed regularly and when changes occur.

Management have implemented a number of improvements in relation to this requirement including:

* All consumers’ care plans have been reviewed to ensure they reflect the consumer’s assessed needs.
* Staff education on risk identification and care planning has been undertaken in and is a standing agenda item at clinical meetings.
* Increased clinical monitoring of care plans is occurring with a focus on accuracy and currency of information.
* The organisation has developed assessment and care planning documents for staff to access and utilise in the care planning process.
* Policies, procedures, guidelines and work instructions are available to guide staff in their practice.

Assessment and planning, including consideration of risks informs the delivery of safe and effective care and services. For the reasons detailed, this requirement is Compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating and summary of this Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

Consumers and their representatives reported satisfaction with the care the consumers receive and described ways the care is provided. Representatives said they are notified when there is a change in the consumer’s condition and are included in planning care when appropriate to do so.

Staff are familiar with organisational policies and flow charts that direct them and support the delivery of care that is safe and effective. Staff could describe actions they take when there is a need to escalate a concern about a consumer’s care.

The Assessment Team reviewed care planning documentation, including for consumers with diabetes, wounds, mobility impairment, muscle disorders, pain and restraint, and found documentation reflected care that is individualised and tailored to the specific needs and preferences of the consumer.

Management have acted to improve the service’s performance in this requirement including increasing clinical supervision and leadership; regular audits are conducted to monitor performance and staff education is provided to support best practice.

Consumers receive safe and effective personal and clinical care. For the reasons detailed, this requirement is Compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers and their representatives are satisfied with the way the organisation identifies and manages risks related to the care of each consumer.

Registered staff described how they identify and communicate consumer’s care needs and preferences, including risks. Registered and care staff provided examples of care delivery for consumers who have pain, complex behaviours, falls risks and skin integrity issues.

Care planning documentation demonstrated risk assessments are completed and that key risks, goals and interventions are identified.

Management have acted to improve the service’s performance in this requirement including:

* Care plans and risk assessments have been reviewed and updated to ensure accuracy and currency of information.
* Increased clinical governance is in place to monitor clinical care, incidents, care planning and associated documentation.
* Registered staff have received education and training in areas including incident management, assessment and care planning, understanding behaviour and specialised nursing care.

High impact, high prevalence risks associated with the care of each consumer are being effectively managed. For the reasons detailed, this requirement is Compliant.

### Requirement 3(3)(e) Compliant

*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.*

Consumers and their representatives are satisfied with the delivery of care including the communication of changes to consumers’ condition. Consumers said staff know their needs and preferences.

Information about the consumer’s condition, needs and preferences is documented and supports the coordination of care delivery; staff, medical officers and allied health providers access this information. Registered and care staff are able to describe how information is shared including when consumers are transferred to hospital and when there has been an incident or change in the consumer’s condition.

Care planning documentation identified information was reviewed and updated regularly and following an incident and was specific to individual consumers.

Management have acted to improve the service’s performance in this requirement including:

* A clinical monitoring protocol has been introduced and ensures registered staff follow up and report on consumers’ needs.
* Communication processes with support staff and other health providers have been revised; internal communication processes have been enhanced.
* A clinical governance framework is in place that includes policies and procedures relevant to this requirement.

Information about consumers’ needs and preferences is communicated appropriately to support care delivery. For the reasons detailed, this requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating and summary of this Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Consumers and consumer representatives said they were satisfied with the performance of the workforce. They reported there was enough care staff to deliver safe and effective care that meets their needs and preferences. Consumers were satisfied with the responsiveness of staff when they made a request for assistance.

Clinical, care and support staff said they were satisfied with staffing arrangements and they were able to meet consumers’ needs. They described recent improvements in staffing and said the initiatives had been effective.

The Assessment Team identified that registered and enrolled nurses are available to guide staff and support the delivery of care. Unplanned leave is replaced, and staffing ratios are maintained in accordance with directives.

Management have implemented a number of improvements in relation to this requirement including:

* A review of duties and work patterns has been conducted.
* The recruitment of additional staff, including nursing staff to provide increased clinical supervision and leadership (including after hours).
* Rosters across a 24 hour period include the appropriate mix of staff to ensure consumers’ preferences in relation to the gender of staff providing care, can be met.
* Forums to elicit consumer feedback include consumer satisfaction surveys, regular meetings, comments and complaints.

I am satisfied the workforce delivers safe, quality care and services. For the reasons detailed, this requirement is Compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service has a process to ensure the regular assessment of the performance of members of the workforce. Formal and informal performance reviews are conducted and mechanisms are in place to ensure these are completed. Performance reviews identify training needs and action is taken where necessary to improve the staff member’s ability to deliver safe, quality care and services. Staff reported satisfaction with the performance review process.

The Assessment Team reviewed documentation including completed performance reviews and found these are being completed in accordance with organisational guidelines; a matrix is effective in tracking completion.

Management have implemented a number of improvements in relation to this requirement including a review of the organisation’s performance review process. Supporting documentation has been developed and key personnel are monitoring completion of performance reviews.

For the reasons detailed, this requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating and summary of this Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The organisation has established a range of effective governance systems that assist in improving outcomes for consumers.

There are systems to communicate and share information between management and staff, between staff in various roles and between management and consumers and/or their representatives. Additionally, there are systems that support the analysis of key information and regular reporting to the governing body. Security and confidentiality of information is managed. Staff are satisfied with information systems and can access the information they need to perform their role. Consumers and their representatives say they are kept informed and provided with current information.

The service has a plan for continuous improvement that details planned improvements, implementation progress and outcomes. Improvement opportunities are identified from various sources including in response to feedback from staff and consumers; following an incident or event; in response to audits and other monitoring activities. Management provided examples of improvements that had occurred in response to a critical incident; these included revised risk management processes and policies and improved resources for staff education and training.

Financial governance systems and processes are established. There are mechanisms to ensure the changing needs of consumers are met and that expenditure is monitored; this includes regular reporting to the governing body.

The organisation’s human resources department supports the service in relation to workforce governance. Staff have position descriptions and are assigned delegations. Where appropriate, duties lists support care and service delivery. The organisation supports the development of the workforce to deliver safe, quality care and services.

The Care Governance and Quality Team within the organisation monitor changes in aged care legislation/regulation and ensure this information is communicated across the organisation and to staff at a service level. There are policies and procedures to ensure the organisation complies with relevant legislative and regulatory requirements including for example; restraint minimisation, compulsory reporting and influenza vaccinations. Relevant documentation is maintained to assist in the monitoring of performance.

Comments, complaints and consumer feedback are documented, actioned, analysed to identify trends and reports are provided to the governing body. Management provided examples of recent improvements that had resulted from consumer feedback.

Management have implemented a number of improvements in relation to this requirement including:

* A governance support plan has been developed for the service and increased monitoring is occurring through meetings, auditing and the development of tools such as clinical monitoring tools.
* Training resources have been revised and additional resources made available.
* Policies and procedures, for example; those relating to abuse and neglect, have been revised.

For the reasons detailed, this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.