Performance

Report

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| Name of service: | Blue Care Springwood Yurana Aged Care Facility |
| Service address: | 129-131 Dennis Rd SPRINGWOOD QLD 4127 |
| Commission ID: | 5041 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 25 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 Springwood Yurana Aged Care Facility (**the service**) has been prepared by Megha Kalra, 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, 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 this 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 | |  |
| 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 supported to maintain their identity. Care planning documentation contained relevant information to support staff in the delivery of culturally safe care and services, which was consistent with consumer and staff feedback. Consumers said, and care planning documents confirmed consumers are supported to exercise choice and independence about their care and services, and in maintaining connections and relationships of their choice.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described how risk assessments are undertaken on admission based on consumers’ identified goals or equipment available, such as continuing to access the community or continuing to utilise electric wheelchairs.

Consumer feedback and observations confirmed clear and accurate information is provided to consumers to support them to make informed choices, such as through activity calendars or noticeboards. The service has policies and procedures to support consumers’ privacy. Consumers said their privacy is respected and their personal information is kept confidential. Staff were observed to knock on the door and seek permission prior to entering consumers’ room.

# 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 confirmed they partnered with the service and contributed to the assessment and planning of their care and services. Care planning documentation included consumers’ current needs, goals, preferences, and their identified risks. Consumers said they are supported to complete advance health directives and the service is aware of their wishes. Review of care documentation confirmed all consumers have an advance care directive in place.

Staff described how the service partners with the consumers and others to assess, plan and review consumers’ care and services. Care plans confirmed involvement of medical officers and allied health specialists in assessment and planning process. Management said, and consumers confirmed they are offered a copy of their care plan. Consumers and their representatives said outcomes of assessment and planning are effectively communicated with them.

Consumers and representatives said they were notified of any circumstances or incidents triggering care plan assessment and review, such as falls, injuries, or incidents. Care plans and referrals confirmed consumers’ needs, preferences, and goals are regularly reviewed in accordance with policy, and when circumstances changed, to ensure consumers receive appropriate care and services.

# 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

Consumers said their personal and clinical care was provided in safe and appropriate manner. Care planning documentation contained relevant information to guide staff in the delivery of safe and effective clinical and personal care. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation. Care plans, progress notes, charting, and validated assessments confirmed skin integrity, wound care, pain management, nutrition and weight loss, and other complex clinical care needs were managed in accordance with best practice, to optimise consumers’ health and well-being.

Care plans reflected clinical risks associated with the care for consumers were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation strategies. Representatives said they can visit and support their loved ones, are involved in palliative care decisions, and staff are skilled in providing any care needed. Care plans reflected consumers’ end of life choice and preferences, and staff are equipped and trained to provide end of life care.

Consumers and representatives said staff are quick to recognise and respond to changes in consumers’ condition or capacity. Observations, care plans, clinical protocols, referrals, and progress notes evidenced changes to consumers’ mental health, cognitive or physical function were recognised and responded to in an appropriate manner.

Staff explained consumers’ personal and clinical care information is shared through documented and verbal handover processes, care plans, reports, meetings, and other notifications. Care plans, progress notes, consumer and representative feedback evidenced referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required.

The service has an antimicrobial stewardship policy and supporting processes help to ensure appropriate administration of antibiotics. Staff described and were observed to follow appropriate infection prevention procedures and practices.

# 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 said they received services and supports for daily living that were of interest and helped them to do the things they wanted to do. Care plans reflected consumers’ diverse needs and preferences, which assisted staff with the delivery of services and supports for daily living. Staff explained how they supported consumers emotional, spiritual, and psychological well-being needs, including through engaging consumers in religious services, conversations, offering to contact family or friends or undertaking clinical assessment and referral if required.

Consumers felt supported to participate in activities within and outside the service as they choose. Staff described how they worked with other organisations and services to help consumers do things of interest and maintain their community connections. Handover notes, referrals, care plans, and staff feedback confirmed information was shared internally, and with other providers of care as appropriate, to guide the delivery of consumers care and services. Care plans confirmed referrals were completed in a timely and appropriate manner to meet consumers’ various needs.

Overall, consumers said meals were satisfactory, and were able to ask for other options if meals were not to their preference. Consumers were assisted with meals which were observed to be of good quality and quantity. Equipment to support consumers with lifestyle activities was observed to be safe, clean, well maintained, and in adequate supply to assist with consumers’ diverse needs.

# 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

Consumers confirmed they felt safe and comfortable in the service environment. Consumers said, and observations confirmed consumers were supported to make the environment feel like home, with consumers’ rooms personalised with their belongings, pictures, and furniture. The service environment was observed to promote consumers’ independence, interaction and function, with wide clutter free corridors, and ample space.

The service environment was observed to be clean and well maintained, which aligned with feedback from consumers and representatives. Consumers were observed to be moving freely around the lounge and dining rooms, hallways, outside pathways, and garden areas.

Maintenance documentation evidenced faults, scheduled maintenance, and cleaning was completed in a timely manner. Specialist clinical, laundry and kitchen equipment is maintained under planned and reactive maintenance contracts with specialist contractors. Consumers said, and observations confirmed the furniture, fittings and equipment are safe, clean, and well-maintained.

# 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 said they were supported to provide feedback and make complaints and felt comfortable talking to staff or management. Information on how to provide feedback or make complaints was observed in communal areas and consumer handbook. Other methods for raising complaints included a formal feedback form, consumer meetings, or speaking directly with any staff, including management.

Consumers confirmed they are aware of other methods of raising complaints, such as through the Commission, advocacy and language translation services. Staff described how they would assist consumers to raise a complaint or provide feedback and were aware of advocacy and translation services available for consumers.

Most consumers said management respond promptly and seek to resolve their concerns after they make a complaint. Staff demonstrated knowledge of management of complaints and open disclosure processes and described the process that is followed when a complaint or feedback is received.

The service trends and analyses feedback and complaints from consumers and representatives to improve the quality of care and services, as evidenced in the service’s quality improvement register. Some improvements resulting from consumer and representative feedback included refurbishment of the fishpond, establishment of a food focus committee, and increased cleaning in the memory support unit.

# 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

Consumers confirmed they were provided with quality care and services which met their needs and preferences, and considered staff were knowledgeable and caring. Care delivery was observed to be calm, with staff interacting with consumers in a kind and respectful manner. Staff said they had enough time to complete their duties and reflected there were enough staff at the service to ensure consumers received safe, quality care and services. Staff rosters and survey results confirmed the workforce was appropriately staffed, with a sufficient mix and ratio of staff available to meet consumers’ needs.

The service monitored and tracked staff qualifications, police clearances and registration requirements. Staff files included position descriptions, training records and qualifications relevant to their roles. Consumers and representatives said staff know what they are doing, and staff are well-trained. Staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Staff confirmed they receive induction and ongoing training, including mandatory training and additional requested training. The staff training register showed most staff had completed their required training.

Management advised staff performance is monitored through performance appraisals, observations, competencies and training. Staff demonstrated an awareness of the service’s performance development processes, including discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation showed performance conversations and competency assessments for staff are scheduled and conducted every year.

# 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

Consumers and representatives said they are encouraged to provide ongoing input into how care and services are delivered, and this is sought in a variety of ways including during regular care plan reviews, through resident meetings, surveys and face-to-face discussions.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, incidents, consumer and staff feedback, and visits from the Aged Care Quality and Safety Commission.

The organisation has effective governance systems in place. The organisation has a controlled documentation system including policies and procedures that are reviewed and updated regularly to ensure best practice guidance. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular correspondence from external bodies.

The service has a risk management system implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. The governing body is supported by the governance committees to mitigate and manage risk. Management described how incidents are analysed, and data including quality indicators are used to identify risks to consumers and inform improvement actions. Consumers said they are supported to live the best life they can.

The organisation’s clinical governance framework guides clinical practice including the correct management of antimicrobial stewardship and minimisation of the use of restrictive practice. Management and staff understand and can access clinical governance resources and associated systems on the organisation’s intranet. Review of progress notes, complaints and feedback, and incident reports demonstrated an open disclosure process is used at the organisation and service level.

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)