Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Blue Care Sunnybank Hills Carramar Aged Care Facility |
| Service address: | 130 Hellawell Road SUNNYBANK HILLS QLD 4109 |
| Commission ID: | 5027 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 7 February 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 Sunnybank Hills Carramar 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 considered their identity, culture, and diversity is respected by the service. Care planning documentation contained relevant information to support staff in the delivery of culturally safe care and services, 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. Staff assist consumers to make day-to-day choices, including choosing activities, care planning choices and meal selection.

Consumers said staff understand what is important to them and they are supported to understand benefits and possible harm when making decisions. The service’s risk register, and care planning documentation confirmed consumers are supported to take risks through evidenced based risk assessment and mitigation strategies. Consumer feedback and observations confirmed clear and accurate information is provided to consumers to support them to make informed choices, such as through newsletters, noticeboards, calendars, and menus. Consumers said their privacy is respected and their personal information is kept confidential. Staff were observed to follow the service’s privacy and confidentiality policies and procedures in practice, including knocking on the door and seeking permission prior to entering consumers’ room.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said staff took the time to understand how to support their needs, preferences, and goals through assessment and planning processes. Consumers said the service involves them in the assessment of their care and services needs and the development of their care plans. Staff use validated assessment tools in the assessment and planning of consumers’ care and services. Care planning documentation included consumers’ current needs, goals, preferences, and their identified risks. Consumers who choose to have an advance care directive have one recorded in their care documentation.

Care planning documentation for consumers showed integrated and coordinated assessment and planning involving all relevant organisations, individuals and service providers. Consumers said staff regularly communicate with them about their care and services and they are able to request a copy of their care plan if needed.

Consumers and their representatives said they are notified when there are changes in the consumer’s clinical or cognitive health or when incidents occur, including falls, development of pressure injuries or medication incidents. Care plans are reviewed regularly or when circumstances changed, guided by the service’s policies and procedures. All clinical incidents are reviewed monthly at the service and an organisational level to identify strategies to minimise risk of reoccurrence of incidents.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 and representatives said the care provided meets consumers’ needs and optimises their health and well-being. Staff demonstrated knowledge of each consumers’ personal and clinical care needs. Consumers subject to restrictive practices have assessments and behaviour support plans in place. Restrictive practices are used as a last resort. Consumers are assessed for potential pain using validated assessment tools. Skin integrity risk assessments are completed to develop appropriate management plans for consumers.

Risks for each consumer, including falls, skin injury, challenging behaviours and infections, are identified, assessed and appropriate interventions are implemented to prevent recurrence. Consumers said they felt confident that when they need end of life care, the service would support them in a dignified manner and respect their social, cultural and religious preferences. Staff explained how care and services changed for consumers nearing end of life, such as supporting regular visitors, and looking after care needs such as repositioning, monitoring skin integrity, personal hygiene, and pain management.

Care documentation showed, and staff described how changes to consumers’ mental health, cognitive or physical function are recognised and responded to in an appropriate manner. Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing care plans, accessing the daily task reports or messages through electronic notifications.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including medical officers, podiatrists, physiotherapists, speech pathologists and dieticians.

The service has policies to guide infection control practices, which included antimicrobial stewardship and infection control guidelines. Staff were observed to follow adequate infection prevention and control practices. Staff described how they minimise the need for antibiotics and ensure they are used appropriately.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 receive services and supports for daily living that are of interest and help them to do the things they want to do. Staff advised that a monthly planner is developed with input from consumers and representatives with a combination of self-directed activities, individual programs, external activities and group activities. Consumers stated their emotional, spiritual and psychological well-being is supported. Staff discussed supporting consumers’ emotional and psychological well-being, including through individual activities or spending quality time with consumers.

Care plans reflected consumers’ diverse needs and preferences, which assisted staff with the delivery of services and supports for daily living. Consumers said they participate in activities within and outside the service as they choose. Observations confirmed consumers were encouraged and supported to maintain relationships. Staff discussed changes with consumers were discussed during handover meetings. Consumers reported they are assisted with referrals to individuals, other organisations and providers of other care and services.

Overall, consumers confirmed meals are of a suitable quality and quantity and meets their dietary requirements. Staff explained consumers’ specific dietary needs and preferences, consistent with consumers’ care plans. Observations and maintenance records confirmed equipment used for activities of daily living were safe, suitable, clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said they find the service environment comfortable to live in, easy to navigate, and they are able to personalise their rooms with their belongings. The service environment was observed to be welcoming, with communal and private areas for consumers to use, optimising consumers’ sense of belonging. The service was observed to have wide covered walkaways with handrails to provide support to consumers.

Consumers said the service and their rooms were clean and they felt comfortable moving about the indoor and outdoor service environments. Observations confirmed the service grounds were well-maintained with spacious courtyard areas, wide pathways and several sitting areas throughout the gardens. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas, and referring to daily and weekly cleaning schedules.

Consumers said the furniture, fittings and equipment were clean, well-maintained and suitable for them. The service has a preventative and reactive maintenance program, and these systems provided consumers with a safe and well-maintained environment. Furnishings were observed to be bright, clean, undamaged and fit for their intended purpose.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 and representatives confirmed they are encouraged to give feedback and make complaints. Consumers said they are provided with information on advocacy, language services and ways to raise and resolve complaints. Information on how to provide feedback or make complaints is provided to consumers on entry to the service, and through posters and meetings.

Staff explained how they support consumers with communication or language barriers to provide feedback and complaints, including through contacting translator services or using other specialist services.

Consumers said management promptly addressed and resolved their concerns following a complaint or an incident. Meeting minutes and quality reports provided evidence of actions taken and open disclosure used in response to feedback. The service’s complaints management process is supported by policy, procedures, work instructions and staff training. Staff demonstrated a shared understanding of open disclosure process and principles.

All feedback and complaints are logged, recorded, reviewed and used to improve the quality of care and services. The service’s Quality Improvement Plan demonstrated progress for feedback and complaints and how they informed improvements.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there are enough staff, they are not rushed and are provided with quality care and services which met their needs. Care delivery was observed to be calm, professional and planned. The roster demonstrated an adequate number and mix of staff, and management provided evidence of strategies in place for any impacts on staff availability.

Consumers said staff are kind, caring and respect their identity, culture and diversity. Staff interactions were observed to be caring and respectful, with staff taking out the time to interact with consumers. Staff said they have the necessary skills to perform their role and are supported by senior staff. The organisation has an efficient recruitment process with online applications and any workforce shortages are promptly addressed.

Consumers felt confident that staff are well-trained and sufficiently skilled to provide care. Staff confirmed they receive induction and ongoing training, including mandatory training, role-specific training and additional requested training. Training records demonstrated staff completed the required training for their role.

The service has an appraisal review schedule, confirming that staff appraisals were completed or scheduled. Staff interviewed said they have had a performance appraisal, or a probation review completed, which included a discussion about their personal development.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said, and documentation confirmed consumers are supported to provide input into the delivery and evaluation of services through direct feedback, surveys, feedback mechanisms, and consumer meetings.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services. Reports relating to clinical data and analysis, feedback and complaints resolution, and risk incident evaluation, allowed the management team and the Board to provide a culture of safe and inclusive care.

The organisation has effective governance systems in place. The organisation has a controlled documentation system that includes policies and procedures to guide staff to deliver quality care. Opportunities for continuous improvement are identified through various sources. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular correspondence from external bodies.

The service has systems and training in place to prevent and manage high impact and high prevalence risks associated with the care of consumers. Staff and consumers are trained to prevent, identify and respond to incidents of abuse and neglect. Consumers are supported to live their life as best as they can, including through completion of risk assessments. The organisation has an incident management system and framework to manage and prevent incidents.

The organisation’s clinical governance framework is supported with various policies and procedures, clinical practice guidelines, work instructions, clinical reports, audits, staff training, competencies and consumer information. The service has policies and procedures relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Clinical staff confirmed they have received education about the policies and provided examples relevant to their work.

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)