Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Tallebudgera Talleyhaven Aged Care Facility | 12 August 2022 |
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| Approved provider: | Activity date: |
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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 Tallebudgera Talleyhaven (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the assessment team’s report received 18 July 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(d) – the Approved Provider ensures each consumer is supported to take risks to enable them to live the best life they can, and consumers’ choices are documented.
* Requirement 5(3)(b) – the Approved Provider ensures the service environment is safe and comfortable for all consumers, with appropriate storage utilised and clear egress routes.
* Requirement 8(3)(c) – the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to regulatory compliance.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Non Compliant |
| 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. | Non 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

## I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

## Each consumer is supported to take risks to enable them to live the best life they can.

## The Site Audit Report reflected most consumers are supported to take risks of their choice. However, formal documented risk assessments were absent at the time of the Site Audit for two consumers engaging in activities involving risk. One named consumer reported being unsupported to engage in their preferred activity.

## The Approved Provider responded on 18 July 2022 and included clarifying information and care planning document extracts. They said further staff training was delivered following the Site Audit regarding dignity of risk.

Regarding one named consumer, the Site Audit Report reflected staff were aware of the consumer’s preferred risk activity, however a suitable solution to reduce access barriers to the consumer was not found prior to the Site Audit. The Approved Provider’s response reflected staff have since met with the consumer and coordinated a suitable space for the consumer to engage in their preferred activity. The consumer declined to sign a risk assessment, however records show the consumer was informed of the relevant information. As this has occurred following the Site Audit, and the consumer was engaging in the activity prior to the Site Audit, it does not reflect compliance with this requirement.

Regarding a second named consumer, who received an assessment for an activity involving risk, the Assessment Team identified the activity was documented in progress notes but not on a separate dignity of risk assessment in line with the service’s policy. The Approved Provider said in their response that the consumer’s dignity of risk assessment was updated to be consistent. While overall the risk was assessed and being managed, inconsistencies in applying the service’s policies for documentation is reflective of a deficit in this requirement.

At the time of the Site Audit the service did not demonstrate each consumer was supported to take their preferred risks, and some deficits existed regarding documentation of each risk.

Therefore, I find requirement 1(3)(d) is non-compliant.

I am satisfied the remaining 5 requirements of Quality Standard 1 are compliant.

Consumers and their representatives said staff consistently treat consumers with respect, kindness and dignity. They said staff deliver care in a manner that recognises consumers’ culture and background. Staff described consumers’ needs, preferences and culture, and how this influences care delivery. Care planning documents reflect consumers’ preferences and cultural needs. The service celebrates cultural holidays and occasions.

Consumers and their representatives confirmed staff provide support and encouragement for consumers to make their own decisions, maintain their independence, and pursue personal relationships. Staff described how consumers are offered choices and provide input through meetings.

Consumers receive timely and accurate information through menus, activity calendars and monthly meetings. Staff said they ask for consent before delivering care. Strategies to address communication barriers for individual consumers are documented in care plans.

Staff described how they respect consumers’ privacy and confidentiality. Handover is conducted privately and confidential information is secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 identify 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

Care planning documents reflected effective and comprehensive assessment and planning processes are used to identify consumers’ needs, goals, preferences and risks to their health. Advance care and end of life planning is included. Staff described how they conduct assessments and evaluate consumers’ care needs and showed familiarity with consumers’ goals and preferences.

Consumers and their representatives confirmed they are involved in assessment and planning, and they receive information and updates about any changes. Care planning documents reflect involvement of other providers, such as medical officers and allied health professionals. Care plans are reviewed every 3 months, and following any incidents or changes to consumers’ condition, needs or preferences.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care planning documents reflected consumers receive care that is tailored, safe and effective. Consumers and their representatives confirmed care meets consumers’ preferences and optimises their wellbeing. Consumers requiring skin integrity care and pain management receive effective care.

Strategies to manage high impact and high prevalence risks are reflected in care plans, including for falls and behaviour management. Staff described the relevant strategies for consumers and how any concerns are escalated and monitored. Incidents are recorded, analysed and used to inform improvements.

Clinical staff are available to support and monitor end of life care. Staff described how they deliver end of life care consistent with consumers’ preferences. Care planning documents reflect consumers’ wishes for comfort needs.

Progress notes reflected the service identifies and responds to deterioration or changes in consumers’ condition, including referring consumers to hospital and following strategies to improve consumers’ condition. Staff described how they communicate changes via handover and make referrals to other services where relevant.

Information is communicated between staff, and with other providers, when consumers’ needs change or an incident occurs. Staff attend handover, document changes in process notes, and inform representatives and other providers.

Care planning documents reflect referrals to other providers occur and any resulting directives are documented and applied. Consumers said referrals are timely.

Staff described how they promote the appropriate use of antibiotics and minimise infection-related risks. The service has documented infection control policies, including for outbreak management.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and their representatives said consumers are supported to pursue activities of interest and optimise their independence, and receive appropriate supports to do so. Care plans reflect consumers’ preferred activities. Staff described how activities are planned to meet consumers’ interests. Consumers were observed engaging in individual and group activities.

Consumers said their spiritual and psychological needs are supported, and they can maintain contact with friends and family for emotional support. Staff described how they provide support when they identify consumers’ mood changes, they spend time with consumers and there is access to other services such as a chaplain and social worker. Staff were observed engaging with consumers and providing reassurance.

Consumers are supported to participate in the community, including through outings and receiving visitors. The service engages with volunteers and hosts activities to support consumers to connect with each other.

Care plans reflected consumers’ needs and preferences, dietary requirements and additional support they receive from community groups. Staff share information through handover, dietary assessments and reviewing care documents.

Consumers said they are satisfied with the support they receive from other providers, such as pastoral care and hairdressing. Staff said they engage external services, such as entertainers and volunteers, to supplement the lifestyle program.

Most consumers said they are satisfied with quality, portion size and variety of the provided meals, and said the service aims to accommodate requests for alternative meals. Care planning documents reflected consumers’ dietary requirements, preferences and assistance required. Staff said they receive feedback regarding meals and accommodate consumers’ dietary needs and cultural preferences. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

Equipment that supports consumers to engage in activities of daily living was observed to be clean, suitable and well maintained. Staff said suitable equipment is available and described cleaning and maintenance processes.

# Standard 5

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

## Findings

## I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* The service environment:

1. is safe, clean, well maintained, and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

## The Site Audit Report reflected the service has processes in place for cleaning and maintenance, with staff following cleaning schedules, appropriate storage of laundry and cleaning equipment and materials. External areas were well maintained and free of hazards. However, mobility equipment was observed to be potentially restricting consumers from utilising some emergency exits, and equipment was observed blocking access to seating in some rooms or posing hazards. The issues had been identified by staff prior to the Site Audit, as reflected in staff meeting minutes. When raised with management during the Site Audit, the Assessment Team was informed the service was awaiting additional staff to address the storage concerns.

The Approved Provider responded on 18 July 2022. They described action taken following the Site Audit, including relocating the items requiring storage and further staff assistance to better manage supplies and storage. The service has implemented regular audits to ensure compliance with safety requirements.

I consider these actions will take time to demonstrate effectiveness, and the service had not proactively resolved the issues despite staff having identified them. At the time of the Site Audit, the service did not demonstrate the service environment was safe and enabled consumers to move freely. Therefore, I find requirement 5(3)(b) is non-compliant.

I am satisfied the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers and their representatives said the service is welcoming and feels like home. Consumers are supported to personalise their rooms with decorations, furniture and items of importance. Shared indoor and outdoor areas are available for consumers to utilise, and are connected by walkways with suitable light, handrails and signage.

Furniture, fittings and equipment at the service were observed to be suitable, safe, clean and well maintained. Sufficient equipment is available and shared equipment is cleaned between use. The service’s maintenance schedule evidenced regular maintenance occurs, including preventative and reactive actions.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 their representatives are encouraged and supported to provide feedback and lodge complaints. They described the methods of giving feedback and complaints, and were aware of external and advocacy services. A consumer is also nominated for each building at the service to represent others as needed. Staff said they assist consumers to complete forms and described how they support consumers with communication barriers or language needs. The service’s feedback form enables consumers to remain anonymous if they wish and a secured box is provided. The consumer information book includes details of the complaints process and external services, and relevant brochures and resources are displayed within the service.

Consumers described how the service has taken action in response to past complaints, and they were generally satisfied with the outcome and timeliness. Staff described how they apply an open disclosure process when addressing complaints, and how they use feedback to prevent issues recurring.

The service maintains a feedback and complaints register to record compliments, complaints and suggestions. Management described how complaint and incident data is reviewed, trended and use to improve care and services, such as purchase of new equipment or changes to staff practice. Improvement opportunities are added to the service’s continuous improvement plan, and information about progress is discussed at consumer meetings.

**Standard 7**

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| Human resources | | Compliant |
| 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 provided mixed feedback regarding staff availability, however said staff generally respond quickly. Management described planned rostering changes to increase care staff availability, and described how rostering is addressed to mitigate impact to consumers in the event of unplanned staff absence. No significant consumer impact was brought forward relating to unfilled shifts or call bell response times exceeding 10 minutes.

Consumers and their representatives said staff are kind, caring and gentle when providing care. Staff were observed using consumers’ preferred names, interacting in a respectful manner, and showing familiarity with consumers’ needs and identity.

Position descriptions include qualifications, knowledge and requirements for each role. Staff registrations and screening requirements were observed to be up to date.

Core competencies inform staff training requirements. Mandatory training is monitored, and the service’s records reflected most staff had completed required modules. Additional role-specific training is delivered.

Staff performance is assessed through annual appraisals, which include discussion of training and development needs. Emerging performance issues were observed to be addressed and documented.

**Standard 8**

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| Organisational governance | | Non  Compliant |
| 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. | Non  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

## I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-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 Site Audit Report reflected the service demonstrated effective governance systems for continuous improvement, feedback and complaints, information management, workforce and financial governance. However, deficits were brought forward regarding the use of psychotropic medication and whether the medication was used as chemical restraint. The relevant consumers did not have consent and behaviour support plans in place to support use of chemical restraint. Further deficits were identified regarding obstructed emergency exits, as outlined at Quality Standard 5 regarding requirement 5(3)(b).

The Approved Provider responded on 18 July 2022 and said further staff training has occurred regarding minimising the use of restrictive practices, the psychotropic medication register is updated to reflect relevant diagnoses for consumers’ medication, processes have been reviewed and there are no consumers subject to chemical restraint at the service.

## While I accept the Approved Provider’s actions to address the issues raised by the Assessment Team, I am satisfied the service’s systems had not sufficiently identified the deficits regarding the psychotropic medication, and in the case of this and the emergency exit issue the service had not proactively addressed the deficits to bring the issues to compliance.

## At the time of the Site Audit, the service did not demonstrate effective governance for regulatory compliance. Therefore, I find requirement 8(3)(c) is non-compliant.

I am satisfied the remaining 4 requirements of Quality Standard 8 are compliant.

Consumers and representatives are engaged in the design and delivery of care and services through regular meetings, participation in audits and being involved in planning for the activity calendar.

The organisation’s governing body is accountable and receives regular reports regarding the service’s performance, including internal audit results. The Board approves initiatives and improvements that promote safe and quality care.

The service has a risk management framework including a risk register that assists in identifying and managing high impact and high prevalence risks within the service. Staff described training received in relation to relevant policies, such as reporting abuse or neglect, managing risk and reporting incidents.

The service has a clinical governance framework that contains policies to promote antimicrobial stewardship, minimise the use of restrictive practices and apply open disclosure. Staff were familiar with the policies and described practical applications in their roles.

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-2)