Performance

Report

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| Name of service: | Blue Care Toogoolawah Alkira Aged Care Facility |
| Service address: | 2 Charles Street TOOGOOLAWAH QLD 4313 |
| Commission ID: | 5150 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 31 May 2023 |
| Performance report date: | 4 July 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 Toogoolawah Alkira Aged Care Facility (**the service**) has been prepared by P. Sherin, 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.
* the provider’s response to the assessment team’s report received 20 June 2023 providing additional information.
* 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 | 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 and representatives said staff treat consumers with dignity and respect, and this was observed by the assessment team during the Site audit. Care planning documentation reflected information about consumers’ individual background, interests, and preferences. The organisation has documentation and training which demonstrate an inclusive, consumer-centred approach to delivering care and services.

Consumers and representatives confirmed staff are aware of consumers’ cultural preferences and their diversity is valued at the service. Staff demonstrated knowledge of consumers’ cultural, religious, and personal preferences which aligned with information captured under care planning documentation. The service celebrates various cultural events as part of its lifestyle calendar.

Consumers and representatives said consumers are supported to exercise choice and independence, to nominate who they would like involved in their care, and to maintain relationships of choice. Staff explained how consumers are supported to maintain relationships such as by having visitors, going to social outings, and attending group activities within the service.

Consumers provided examples of how staff support them to take risks of their choosing to continue to live the best life they can. Staff demonstrated knowledge of consumers who engage in risk-taking activities and described how they support the consumer to understand the benefits and possible harm and to implement strategies to minimise risk. Policies and procedures on consumer choice and decision-making are available to guide staff practice.

Consumers and representatives advised consumers receive accurate and timely information such as in relation to activities, meal selection, newsletters, consumer meetings and other events happening in the service. A range of information was observed available around the service including posters and flyers on upcoming activities and menus displayed in dining areas.

Consumers and representatives said they are confident consumers’ information is kept confidential and confirmed staff respect their privacy. Staff receive training on privacy awareness and were able to describe various ways they ensure consumers’ privacy and confidentiality of information. Staff were observed conducting handovers in private, knocking on doors to seek permission before entering consumer rooms, keeping computers locked, and using passwords to access consumers’ personal information.

# 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 and representatives said staff understand consumers’ care needs and risks to their health and wellbeing. Review of documentation demonstrated assessment and planning processes identify the needs, goals, and preferences of consumers, including consideration of any risks and advance care planning where the consumer and representative have chosen to do this. Assessment and planning policies and procedures are available to guide staff practice.

Consumers and representatives confirmed they are actively involved in the assessment and planning process and provided examples of how staff engage with them and other providers of care and services. Care planning documentation identified the service partners with consumers and includes representatives and other health professionals and providers as required.

Consumers and representatives said they have been offered a care plan following assessment and planning processes and were aware of how to access a copy of the consumer’s care plan should they require this. Staff advised they can access care plans via the electronic care management system and reported communication at the service is effective and enables them to readily access information regarding consumers’ care needs.

The service demonstrated care plans are reviewed every 3 months by a registered nurse, or when circumstances change, or an incident occurs. Registered staff said, and progress notes evidenced consumers’ care is reviewed daily for high needs consumers. Consumers and representatives reported staff discuss any changes in the consumer’s care needs and preferences and are responsive to any changes. Staff described how incidents prompt a review of care plans and the involvement of relevant allied health staff and other health professionals and providers where required.

# 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 and representatives said consumers receive safe and effective personal and clinical care based on their individual needs. Review of care documentation confirmed consumers are receiving individualised care in line with best practice including but not limited to the management of wounds, pain, diabetes, and challenging behaviours. Where restrictive practices are used, documentation evidenced appropriate authorisations, behaviour support plans, monitoring and review in place. The service has policies and work instructions to guide staff in delivery of clinical care.

Review of care documentation identified high impact and high prevalence risks to consumers are managed effectively via clinical review that includes other health professionals when required. Staff demonstrated knowledge of risks to individual consumers and strategies used to manage and mitigate these risks. The service reviews, trends and analyses clinical incident and quality indicator data with this information discussed at staff meetings and reported within the organisation.

The service demonstrated care delivery for consumers at their end of life ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained. Consumers and representatives expressed confidence in the service’s ability to manage end of life care in accordance with the consumer’s wishes. Staff described ways in which they maintain the comfort of a consumer at the end of life and support the consumer’s family. Policies and procedures on palliative and end of life care are available to guide staff practice, and staff receive training on end-of-life care provision. The service has access to an external palliative care team for support.

Care documentation identified staff recognise, report, and respond to changes in a consumer’s condition in a timely manner. This was confirmed by consumers and representatives. Care staff advised they notify registered staff if they have concerns about a consumer’s health and condition. Registered staff advised of actions they take to respond to consumer deterioration including assessment of the consumer, discussion with the consumer/representative, referral to the medical officer or other health professionals, and transfer to hospital where required.

Management and staff described how information about the consumer’s condition are communicated between staff including via verbal handover, written progress notes, updated care plans, and staff meetings. Consumers and representatives reported they are satisfied staff know about consumers’ needs and preferences and that communication from and with the service is effective. Review of documentation in the electronic care management system identified outcomes of assessments and referrals accessible to staff and other health professionals.

The service was able to demonstrate that referrals to other healthcare providers or organisations are made in a timely way and are appropriate. Management and staff described how changes in a consumer’s health or wellbeing would prompt referral to a relevant health professional. Review of care documentation identified the service has access to a range of health professionals and providers to refer consumers to.

The service has an outbreak management plan and policies and procedures to guide staff practice in infection prevention and control and antimicrobial stewardship. Infection screening processes are in place for staff, visitors, and contractors on entry to the service. Infections are reported and analysed monthly, and the usage of antibiotics is monitored.

# 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 and representatives confirmed consumers’ lifestyle needs are catered to and supported, and said staff assist consumers to be as independent as possible. Staff demonstrated knowledge of individual consumers’ preferences and the support they require to participate in activities and interests of their choice. Care documentation reflected strategies to deliver services and supports for daily living based on the diverse needs and characteristics of each consumer.

Consumers said they can continue cultural and religious practices at the service and provide emotional support when needed. Care planning documentation for consumers captured information to guide staff in supporting consumers’ psychological, spiritual, and emotional needs.

Consumers and representatives said consumers are supported to take part in community activities outside of the service, to visit family, go on shopping trips, or pursue a previous interest. Staff could describe those consumers who have personal relationships or who have developed a close friendship. Care planning documentation identified the people important to individual consumers, those people involved in providing care, and the activities of interest to the consumer.

Consumers and representatives said consumers’ services and supports are consistent and staff know consumers’ individual preferences and other organisations that may be involved in their care. Staff described how they are updated on the changing condition, needs, or preferences of consumers as they relate to services and supports for daily living such as via handover, staff meetings, messages, and alerts in the service’s electronic care management system.

Care documentation identified the involvement of various individuals and providers to support consumers in meeting their diverse needs. Lifestyle staff described how the service works with external individuals and organisations to supplement services and supports for daily living offered to consumers such as through visits by entertainers, volunteers, and local ethnic groups. Staff have access to policies and procedures to guide them in making referrals and were able to describe how referrals are made following consent from consumers and representatives.

Consumers and representatives said the meals are varied and of suitable quality and quantity. Consumers can provide feedback on meals directly to the chef after each meal, via consumer meetings, and through food focus surveys. Staff demonstrated knowledge of individual consumers’ dietary requirements and preferences, and this information is documented under the electronic care planning system.

Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained. Consumers said they feel safe when they are using equipment and know how to report any concerns they may have about safety. The service has appropriate arrangements for purchasing, servicing, maintaining, and replacing equipment.

# 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

The service demonstrated a safe and comfortable environment which promotes consumers’ independence, function, and sense of belonging. Consumers and representatives said the service environment is welcoming, consumers feel safe living at the service, it is kept clean and well-maintained, and they can move around freely.

The assessment team observed the service environment to be safe, clean, and well-maintained with appropriate lighting, handrails, automatic doors, open access to communal areas and undercover outdoor areas. Consumer rooms were observed to be personalised with items of meaning to them. Consumers were observed mobilising freely within and outside the service using a range of mobility equipment.

Consumers and representatives said the furniture, fittings, and equipment at the service are kept clean and well-maintained. Equipment and furniture were observed to be of good quality and suitable to consumer needs. Staff demonstrated safe use of equipment whilst assisting consumers to move within the service.

Maintenance staff provided evidence of routine maintenance checks, servicing of equipment and access to external contractors to ensure regular maintenance and repair of equipment. Maintenance staff receive daily reports on repair requests submitted by staff, consumers and representatives and ensure timely repairs occur.

# 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 and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints, and could describe the various methods available to do so including speaking to management or staff directly, during consumer meetings, and through feedback forms. Management advised consumers can additionally provide feedback during the care plan review process, via surveys and food focus meetings. Feedback forms and return boxes were observed located throughout the service.

Consumers and representatives said they are aware of advocacy and language services available to them and referenced the promotional material displayed at the service. The service utilises staff to provide translation for a small number of consumers and advised they were aware of how to access interpreter services for consumers, should they be required. Information on interpreters, advocacy services and external complaints mechanisms were observed available around the service.

Consumers and representatives expressed confidence in management addressing complaints and attempting to resolve any concerns promptly. Management and staff receive training on open disclosure and demonstrated a shared understanding of processes to follow when a complaint is received. The service has policies, procedures, and educational material on complaints handling and open disclosure to guide staff practice.

Consumers and representatives said the service uses feedback and complaints to improve the quality of care and services. Management advised the service trends and analyses feedback and complaints and uses this information to inform continuous improvement activities across the service. Review of the service’s plan for continuous improvement identified various improvements made to care and service delivery in response to feedback and complaints.

# 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 and representatives said there are generally enough staff to meet consumers’ needs in a timely manner. Staff said they have enough time to meet the demands of their roles and the needs of consumers. Management advised the service conducts call bell auditing every 2 months and any extended response times are investigated to identify the cause. Review of rosters and allocation sheets demonstrated vacant shifts are filled.

Consumers and representatives said consumers are treated kindly and with respect. Management said they use consumer and representative feedback through complaints and surveys to monitor staff behaviour and ensure interactions between staff and consumers meet the organisation’s expectations. The assessment team observed staff assisting consumers with their meals with patience and speaking to consumers in a kind and caring manner.

Consumers and representatives said they felt the workforce is competent and staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Staff reported receiving support to ensure they have the skills and knowledge to undertake their roles. Management discussed how new staff provide evidence of qualifications prior to commencement and these are recorded within a register. Review of the service’s staff criminal record check register identified it is kept up to date.

Management advised new staff receive 2 weeks of buddy shifts and ongoing staff competency is determined through consumer/representative and line manager feedback, performance assessments, surveys, and reviews of clinical records and care delivery. Staff receive training on a range of topics and have access to additional training and support where a need is identified. Compliance with mandatory training is monitored through an electronic learning management system.

The service demonstrated systems and processes in place to assess, monitor and review staff performance. New staff undergo a 3-month probationary period with regular conversations on performance via check-ins during this time. Performance appraisals are conducted annually with performance check-ins throughout this period. Staff confirmed they have been involved in regular performance review that involved feedback from supervisors and an opportunity to identify areas for further improvement or training. Review of completed appraisals identified staff and manage input and areas for development.

# 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 said they felt the service is well run and they can provide feedback and suggestions to management which are considered. Management described various ways consumers are supported to be engaged in the development, delivery and evaluation of care and services, including via monthly consumer/representative and food focus meetings, consultative forums, surveys, care plan reviews and through the submission of feedback forms.

The organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for quality and safety within the organisation. Management provided examples of how the governing body monitors the service’s compliance with the Quality Standards and ensures it is accountable for the delivery of care and services. This includes monthly reporting to the organisation’s Quality and Care Governance Committee and to the Board on key information including clinical indicators and operational risks. The Board uses this information to enhance performance and mitigate risks, and to monitor and take accountability for overall care and service delivery.

The service demonstrated through discussions with management and staff and review of documentation that there are effective organisation-wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. An incident management system is in place and staff were able to describe how to identify and report incidents. The service demonstrated incidents are classified correctly and reported under the serious incident response scheme within reportable timeframes.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and how they would apply these as relevant to 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-1)