Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 15 November 2022 to 16 November 2022 |
| Performance report date: | 19 December 2022 |

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 Stewart Brumm, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 December 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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 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)(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

The above listed Requirements were found non-compliant following a Site Audit conducted at the service on 23 February 2022 to 26 February 2022. The Approved Provider implemented a range of improvements to address the noncompliance. Improvements were verified by the Assessment Team.

The Assessment Team provided information that the Approved Provider demonstrated assessment and planning is based on ongoing partnership with consumers and others the consumers wish to have involved in their assessment planning and review of their care and services. The service includes other organisations, individuals and providers of other care and services in the care of consumers.

The Approved Provider demonstrated assessment and planning considers and documents what is important to consumers in terms of their current needs, goals and preferences, including advance care and end of life planning. The Approved Provider also demonstrated 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.

All consumers/representatives sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Approved Provider provided a response to the Assessment Team report and provided clarifying information and corrections to information presented by the Assessment Team.

I have considered the Assessment Teams report as well as the Approved Provider response and I am satisfied that the Approved Provider is compliant with the Requirements listed above.

# 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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The above listed Requirements were found non-compliant following a Site Audit conducted at the service on 23 February 2022 to 26 February 2022. The Approved Provider implemented a range of improvements to address the noncompliance. Improvements were verified by the Assessment Team.

The Assessment Team provided information that the Approved Provider demonstrated each consumer gets safe and effective personal care, clinical care, or both clinical and personal care that is best practice, is tailored to their needs and optimises their health and well-being.

The Approved Provider demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identifies consumers at risk, including falls, infections, weight loss, diabetes and changed behaviours.

The Approved Provider demonstrated effective input from other health professionals and care planning documents evidenced input from other health services and include referrals to medical officers, and allied health professionals.

Consumer/representative interviews confirmed regular, timely referrals to allied health and other organisations occurs.

The Approved Provider provided a response to the Assessment Team report and provided clarifying information and corrections to information presented by the Assessment Team.

I have considered the Assessment Teams report as well as the Approved Provider response and I am satisfied that the Approved Provider is compliant with the Requirements listed above.

# 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)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The above listed Requirements were found non-compliant following a Site Audit conducted at the service on 23 February 2022 to 26 February 2022. The Approved Provider implemented a range of improvements to address the noncompliance. Improvements were verified by the Assessment Team.

The Assessment Team provided information that the Approved Provider demonstrated consumers/representatives are supported and encouraged to provide feedback and make complaints. Consumers/representative sampled said they are comfortable and encouraged to provide feedback and that management is approachable and responsive.

The Approved Provider demonstrated complaints are resolved to consumer satisfaction and an open disclosure process is used when things go wrong. Consumers/representatives said the service has improved in responding and actioning feedback and complaints.

The Approved Provider provided a response to the Assessment Team report and provided clarifying information and corrections to information presented by the Assessment Team.

I have considered the Assessment Teams report as well as the Approved Provider response and I am satisfied that the Approved Provider is compliant with the Requirements listed above.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The above listed Requirements were found non-compliant following a Site Audit conducted at the service on 23 February 2022 to 26 February 2022. The Approved Provider implemented a range of improvements to address the noncompliance. Improvements were verified by the Assessment Team.

The Assessment Team provided information that the Approved Provider demonstrated the workforce is planned and the number and mix of staff facilitates the delivery and management of safe and quality care and services. Some consumers/representatives sampled said although more staff would be beneficial, they did not report any negative impacts with current staffing levels. Most consumers/representatives said staff respond to calls for assistance in a timely manner.

The Approved Provider demonstrated workforce interactions with consumers are kind, caring and respectful. All consumers/representatives sampled said staff are kind and caring in their delivery of care and services.

The Approved Provider demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff interviewed said they had recently completed a performance appraisal in the past few months.

The Approved Provider provided a response to the Assessment Team report and provided clarifying information and corrections to information presented by the Assessment Team.

I have considered the Assessment Teams report as well as the Approved Provider response and I am satisfied that the Approved Provider is compliant with the Requirements listed above.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The above listed Requirements were found non-compliant following a Site Audit conducted at the service on 23 February 2022 to 26 February 2022. The Approved Provider implemented a range of improvements to address the noncompliance. Improvements were verified by the Assessment Team.

The Assessment Team provided information that the Approved Provider demonstrated the organisation is now able to demonstrate improved oversight and accountability of the service to ensure they provide safe and effective care.

The Approved Provider demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Approved Provider provided a response to the Assessment Team report and provided clarifying information and corrections to information presented by the Assessment Team.

I have considered the Assessment Teams report as well as the Approved Provider response and I am satisfied that the Approved Provider is compliant with the Requirements listed above.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)