Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Townsville Mt Louisa Aged Care Facility | 26 September 2022 |
| Commission ID: | Activity type: |
| 5042 | Site Audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 23 August 2022 to 25 August 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 Townsville Mt Louisa Aged Care Facility Service (**the service**) has been prepared by Gai-Maree Cain, 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 following information received from the Secretary of the Department of Health (**the Secretary**):
  + Department’s Exceptional Circumstances determination to continue accreditation to 30 November 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 | 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

I have found the service compliant in Standard 1, based on the summarised evidence below.

The service demonstrated that consumers are treated with dignity and respect, and are supported to maintain their identify and make informed choices about their care and services, including choices that may involve risks. Consumers confirmed they are provided with information to support decision-making, such as in relation to meals, activities, health and medical conditions, changes within the service and COVID-19 management and updates.

Staff described ways in which they support consumers independence and respected their culture, background and privacy; for example, referring to the consumer by their preferred name, respecting consumer’s gender preferences for cares and knocking before entering consumers’ rooms.

Consumers’ care planning documentation was individualised, reflected consumers background and provided information to ensure consumers received care and services that considered these needs and preferences.

# 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

I have found the service compliant in Standard 2, based on the summarised evidence below.

The service demonstrated consumer assessment and planning included consideration of risks to consumer’s health and wellbeing such as falls, skin integrity and diabetes management; and included information relating to consumers’ current needs, goals and preferences.

Consumers/representatives are involved in consumers assessment and care planning through three-monthly care plan reviews and discussions with registered staff when there are changes in consumers health and/or wellbeing.

Staff described the services assessment and care planning processes, and confirmed that all staff can access consumer’s care and services plans via the electronic care documentation system. Mobility plans are available in all consumer’s rooms and are reviewed every 3 months by the physiotherapist or occupational therapist.

Care planning documentation confirmed medical officers and other health professionals are included in consumers assessment and care planning, and strategies are documented in a care and services plan which are made available to consumers/representatives.

The service had policies and procedures to guide staff in the assessment and care planning processes for consumers.

# 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

I have found the service compliant in Standard 3, based on the summarised evidence below.

Consumers received care that is safe, effective, tailored to their needs and optimised their health and well-being. For example, the service had processes to assess, authorise, review and monitor consumers subject to restrictive practices; and staff described how they minimise the use of restrictive practices for individual consumers. Consumers provided positive feedback in relation to the care and services they were receiving, and were satisfied that information about their condition, needs and preferences is communicated within and external to the service.

The service demonstrated high impact, high prevalence risks are effectively managed for consumers. Staff described the high impact and high prevalence risks for individual consumers at the service and how these are monitored and managed, including recognising and responding to changes in the consumer’s condition and health status, and referral to other individuals and services as required. For consumers at end of life, the service ensured their dignity was respected and individual needs considered, including management of pain.

The service had evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care; including for infection control prevention and management, and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers, and had an appointed infection prevent and control lead.

# 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

I have found the service compliant in Standard 4, based on the summarised evidence below. Consumers considered they are supported to do the things they enjoy and that optimises their independence, wellbeing and quality of life, including maintaining personal and community connections. Consumers described ways that staff provided emotional, psychological and spiritual support when needed, for example, the service had a pastoral care worker who visited twice weekly. Overall, consumers expressed satisfaction regarding the meals offered at the service, they advised that the meals cater for individual consumers needs and preferences. Consumers felt equipment provided by the service was safe, clean and well-maintained.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handover.

Care planning documentation reflected strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers, including referrals to individuals and/or other organisations as required.

Throughout the Site Audit, the Assessment Team observed the service’s activity calendar available to consumers in variety locations across the service, and consumers participating in a variety of activities including exercise classes and a bus trip excursion outside of the service.

# 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

I have found the service compliant in Standard 5, based on the summarised evidence below. Consumers/representatives advised the service environment is well-managed, they expressed satisfaction with the cleanliness of the environment and felt safe living at the service. Management advised as part of the monthly consumer assessment and care planning process, allied health professionals check any equipment used by consumers to ensure it is clean and safe for use.

The service was observed to be safe, clean, comfortable and well maintained. Consumers rooms were personalised and decorated with furnishings and personal items that reflect their individuality. For consumers who chose to smoke, the service provided a designated smoking area which included access for consumers to an enclosed ash-try and fire-blanket.

The service environment supported consumers independence, function and enjoyment such as access to outdoor gardens and seating areas for consumers. The service had maintenance and cleaning schedules, and review of documentation reflected regular and appropriate cleaning and maintenance of the service environment.

**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

I have found the service compliant in Standard 6, based on the summarised evidence below. Most consumers/representatives demonstrated understanding of avenues available for providing feedback and raising complaints, including through advocacy services. Consumers/representatives expressed satisfaction that the service addressed and resolved concerns raised, including when incidents occurred.

Management demonstrated the different ways consumers are encouraged and supported to provide feedback or make a complaint, and how consumers are involved in the implementation and evaluation process once an improvement is made. For example, as a result of consumer feedback, the service had commenced refurbishment of the garden areas, and review of the services plan for continuous improvement confirmed this refurbishment is continuing.

Staff demonstrated an understanding of the services complaint’s management processes, including awareness of interpreter and advocacy services for consumers if required, and the principles of open disclosure. Management advised the service trended and analysed complaints, feedback and concerns raised by consumers/representatives and used this information to inform continuous improvement activities across the service which were documented under the plan for continuous improvement.

The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

The Assessment Team observed information for consumers in relation to various advocacy services available at the service reception, and locked suggestion boxes and feedback forms were located in each of the wing of the service.

**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

I have found the service compliant in Standard 7, based on the summarised evidence below.

Most consumers/representatives felt there were sufficient staff available to meet consumer’s needs, and they were satisfied with the overall skills, capability and knowledge of staff. Consumers described staff as respectful, kind and caring, and provided care that respected individual consumers diversity, culture and preferences.

Overall, staff advised they had sufficient time to undertake allocated tasks and provide care and services to consumers. Management confirmed the service employed a mix of registered and care staff, and the service demonstrated processes that ensured staff replacement for planned and unplanned leave. Management advised the service had recently introduced an extra care staff member to each shift to ensure the safe delivery of care and services to consumers. Throughout the Site Audit, the Assessment Team observed staff responding promptly to consumers requests for assistance, meals being served on time and activities occurring at scheduled times.

The organisation had a structured training program that includes orientation for new staff and mandatory training, and staff confirmed requests for any additional training are supported by management. Management described actions taken by the service when it had been identified in February 2022 that only 66% of staff had completed mandatory training requirements. Review of training records, meeting minutes and the services plan for continuous improvement confirmed at the time of the Site Audit 90% of staff had completed required mandatory training. The organisation had a suite of documented policies and procedures to guide in the management of service personnel, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the management of staff when issues are identified. Performance is monitored through observations of staff practice, analysis of clinical data and through consumer feedback and complaints. The service ensured required staffs national criminal history checks, vaccination status and health practitioner qualifications were current.

Staff were observed to be interacting with consumers in a kind and respectful manner.

**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

I have found the service compliant in Standard 8, based on the summarised evidence below.

Consumers/representatives expressed confidence in the way the service is run and described their engagement in the development, delivery and evaluation of care and services. Management described how consumers are supported to provide ongoing input in relation to their care and services, such as through consumer meetings, regular surveys and one-to-one discussions.

The organisation’s governance framework established accountability for the delivery of safe and quality care and services from service management through to the Board. Management described ways in which the organisation communicates with staff, including changes to legislation such as newsletters, electronic mail and at staff meetings.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Review of the service’s plan for continuous improvement confirmed the service had planned and completed improvement actions in relation to various areas of care and service delivery.

Organisational policies and a documented risk management and governance framework provided staff with information pertaining to consumer safety, risk management, clinical safety and the escalation of critical incidents. Management and staff had a shared understanding of how these systems were used to minimise risks for consumers.

The organisation’s demonstrated a clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, which were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)