

**Performance Report**

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| Name: | BlueWave Living |
| Commission ID: | 1114 |
| Address: | 5 - 6 Kathleen Street, WOY WOY, New South Wales, 2256 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 November 2024 |
| Performance report date: | 4 December 2024 |
| Service included in this assessment: | Provider: 1518 Woy Woy Community Aged Care Ltd  Service: 28082 BlueWave Living |

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 BlueWave Living (**the service**) has been prepared by G Cherry, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* information received by the Commission from the community

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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 to remain compliant with the Quality Standards.

# Other relevant matters:

# 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)(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 |

Findings

Requirement 3(3)(a) – Systems ensure consumers receive safe and effective personal/clinical care tailored to needs and optimises health and wellbeing. The service demonstrates identification, assessment, management and evaluation of clinical care, pain management and restrictive practices. Consumers and representatives expressed satisfaction with care provision and documents demonstrate positive outcomes. Examples include appropriate recording of blood glucose levels and diabetes management as per medical officer directives, A physiotherapist directed enablement program resulted in increased mobility, management of chronic pain via non-pharmacological strategies prior to administration of pain relief medications and effective behavioural support including use of alternative strategies prior to administration of psychotropic medications. Staff demonstrate knowledge of consumers individualised needs. Records relating to psychotropic medications detail appropriate information to guide care delivery and informed consent by substitute decision makers.

Requirement 3(3)(b) - The service demonstrates effective management of high impact/prevalence risks and consumers/representatives’ express satisfaction regarding management. Management and staff demonstrate knowledge of individual consumers risks, noting those most prevalent to be falls, pressure injuries, and weight loss. Policies/procedures detail guidance regarding identification and management and consumer documents detail mitigation strategies pertaining to each risk. Falls management includes use of a comprehensive assessment tool by a physiotherapist to determine strategies. In the event of a fall, staff directives include registered nurse (RN) assessment, recording of vital signs/neurological observations and physiotherapy review. Initial and ongoing skin integrity assessments occur on a regular basis. Wound charts are established upon identification of wound/pressure injury. RNs oversee wound care ensuring specialist review as needed. Wound documents demonstrate management as per specialist directives, including photographs to monitor progress, administration of pain-relieving medication. A malnutrition screening assessment occurs upon admission and regular weight monitoring/recording identifies unplanned weight loss reviewed by RNs. Strategies include changes in diet and/or administration of dietary supplements.

Requirement 3(3)(d) - Consumers who have experienced a deterioration or change in their cognition, have their needs recognised and responded to in a timely manner. Consumer documents reflect identification, response and appropriate management to deterioration/change. Examples include referral to medical officer for one consumer experiencing a general deterioration to physical condition. Medical officer directives include changed medication, meal supplement drinks and increased staff supervision to mitigate falls. Interviewed staff demonstrate awareness of changed care requirements.

# Standard 8

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| Organisational governance | |  |
| 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 |

**Findings**

Organisational risk management systems effectively identify and manage risks via a risk management framework. Policies/procedures detail responsibilities. Incidents, including those requiring reporting to the Serious Incident Response Scheme (SIRS), are captured through the organisation’s electronic management system (EMS) and monitored by senior management. A reporting process ensures the Board are kept informed of risks. Consumers and representatives consider receipt of appropriate care/support and communication in a timely manner.

High impact/prevalence risks are identified through multiple mechanisms. The quality team monitor the EMS to assist in monitoring consumers receive care/services in a timely/effective manner. Documents demonstrate incidents are escalated/reported within legislative timeframes and appropriate actions taken. Staff demonstrate awareness/understanding of incident management and their responsibility under SIRS. Organisational policies guide processes to support consumers to choose activities involving risk via a consultation process. Consumers and representatives consider receipt of appropriate support regarding choice of risk.

As a result of an incident, organisational review of policies/procedures occurred to ensure appropriate guidance/directives for staff. Examples include updating falls management policy to include monitoring of pain and management, clinical deterioration and end of life/palliative care policies received review to include defined roles and responsibilities, guidance for vital signs monitoring and detailed escalation points. Staff received education/training regarding palliative care, and recognition of deterioration.

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