Performance

Report

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| Name of service: | BlueWave Living |
| Service address: | 5 - 6 Kathleen Street WOY WOY NSW 2256 |
| Commission ID: | 1114 |
| Approved provider: | Woy Woy Community Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 May 2023 to 26 May 2023 |
| Performance report date: | 19 June 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 BlueWave Living (**the service**) has been prepared by J Miaris 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.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and staff displayed knowledge of their individual life stories, and cultural identities. Staff were observed interacting and speaking with consumers in a kind and respectful manner. Staff said care plans were referenced to ensure an understanding of consumer backgrounds and preferences. Care planning documentation reflected backgrounds and personal preferences of consumers.

Consumers and representatives confirmed the service recognised, respected, and provided care consistent with their cultural backgrounds and preferences. Staff identified consumers with diverse backgrounds and provided information relevant to ensuring that each consumer receives the care that aligns with their care plan. Care planning documents demonstrated the service captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers said they were supported to exercise choice in the delivery of care and services, who should be involved in their care, and maintain relationships important to them. Staff described support strategies to enable consumers to maintain relationships. Care planning documents highlighted what was important to consumers, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they were supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities and how consumers are supported to take risks. Care planning documents demonstrated risk assessments were completed, with mitigation strategies in place in line with the service's risk management policies and procedures.

Consumers said they had access to current information about daily menu’s, activities, and events within the service. Staff explained how they provide information to consumers promptly, and in a way which is easy for consumers to understand. Management advised the service provided regular updates and information at monthly meetings and communication is generally provided verbally or printed and displayed at the service. Menus and activity schedules were observed on display at the service.

Consumers and representatives reported their privacy was respected and were confident their personal information was kept confidential. Staff described practical methods to protect consumer privacy. Nursing stations were observed to be locked and with an electronic care system password protected. Staff were observed to knock on doors and await a response prior to entering consumer rooms. Documentation reflected that staff had completed education and the service had a policy in place to guide staff practice in relation to privacy and confidentiality.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were consulted in assessment and planning during admission and confirmed consumers received the care and services they needed. Management and staff explained the importance of identifying consumers' unique needs, goals and preferences, and the importance of risk assessments using validated tools. Care planning documentation detailed strategies outlined to address and minimise individual risks.

Consumers and representatives described their participation in the assessment and care planning processes, affirming their needs, goals, and preferences were effectively identified and addressed, including end of life wishes. Staff said advance care planning discussions with consumers and representatives were conducted during admission and during regular case conferences. Care planning documentation were individualised and included preference-based care considerations, advance care planning and end of life planning.

Consumers and representatives said they were involved in assessment and planning on an ongoing basis. Care documentation identified consumers and their representatives were consulted in assessments and care planning, and input from other health professionals in the assessment and planning process, is reflected in the documentation. Staff described processes for partnering with consumers and their representatives in care planning and assessments.

Consumers and their representatives said staff explain information about care and services, and they can access a copy of the consumer's care and service plan when they want to. Staff described how they effectively communicate outcomes of assessments and planning to consumers and their representatives; this information was captured and reflected in care planning documentation.

Care planning documents evidenced they are reviewed on a regular basis and updated when circumstances change. Consumers and representatives confirmed that consumer’s care and services are reviewed regularly or when circumstances change. Staff explained the process for regular reviews and when a consumer’s needs or preferences change.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they were satisfied with the care they received, stating it was appropriate and aligned with their specific requirements. Care documentation reflected that individualised care delivered was safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan. Staff detailed tailored strategies and interventions to effectively manage consumer health conditions and behaviours, with appropriate consultation and care in line with best practice.

Consumers and representatives said they felt the service adequately managed risks to consumers health. Management advised clinical indicator data was used to identify risk and preventions strategies were implemented to minimise these risks. Staff were aware of individualised care supports for consumers and strategies to use in the provision of care. Care planning documentation reflected risk assessment tools, and prevention strategies to guide how risk is identified, managed, and recorded.

Consumers and representatives confirmed they were confident advance care planning and end of life care preferences. Staff described measures to maximise comfort, preserve dignity, and providing spiritual support. Care documentation included advanced care directives, outlining specific preferences and wishes for end of life care with regular reviews to ensure details aligned with the consumers' changing needs and preferences.

Consumers and representatives were confident with the service's proactive response to changes in consumer health status and care needs, with regular assessments conducted by the service to identify and address changes to health and functional needs. Staff detailed identification of changes or deterioration in consumer health, with responses including increased monitoring, charting, referrals, interventions, and assessment reviews. Care planning documentation reflected that deterioration or changes in a consumer’s health is recognised and responded to in a timely manner.

Consumers and representatives said the service shared information appropriately and with those involved in care provisions for the consumer. Staff and management described how information about consumers needs, conditions, and preferences are documented and communicated within the organisation and with others where care is shared. Care planning documentation reflected case conferences, updated care needs, goals, and preferences, and effective communication channels to internal staff and external care providers.

Consumers and representatives said the service was proactive in making referrals to support their care. Management and staff explained the significance of involving external service providers for expertise and insights. Care documentation confirmed referrals were actioned promptly to external services, ensuring consumer care needs were met in a timely and comprehensive manner.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumer and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective services which maintained their independence, wellbeing, and quality of life. Staff demonstrated knowledge of consumers’ backgrounds and interests. Staff said activity programs were developed based on consumers interests and input, including adjustable activities for consumers with physical and cognitive impairments. Care planning documentation reflected what was important to consumers and outlined strategies to support them in participating in things they enjoyed.

Consumers and representatives said they were offered emotional, spiritual, and psychological support by the service when required and care planning documentation aligned with consumers’ preferred well-being supports. Staff described how they support consumers emotional and spiritual needs, through one-on-one staff support and access to religious services to meet consumer preferences.

Consumers and representatives said consumers were supported to participate in activities within the service and in the community, fostering personal relationships and partaking in activities of interest to them. Staff described approaches to enable consumers to take part in activities and enjoy their preferred lifestyle choices. Care planning documentation identified those important to individual consumers and activities of interest to them. Staff said volunteers were available to either spend time with consumers at the service or to take them out into the wider community to meet consumers lifestyle preferences.

Consumers and representatives were satisfied information about consumers daily living choices and preferences is communicated to staff and to other services who provide care and support to them. Staff described how information is shared with them and to other services providing support to consumers, including consumer care planning documentation and handovers to discuss specific consumer needs or any change to consumers’ condition. Care planning documentation identified the consumers’ condition, needs and preferences and any changes.

Consumers and representatives confirmed, referrals were made in a timely manner and services could be accessed as required. Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations, or use volunteers, to help supplement the lifestyle activities offered within the service.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food.

Consumers and representatives said equipment was safe, suitable, clean, and well-maintained. Equipment used to support consumers’ engagement with activities of daily living, and lifestyle activities, were observed to be safe, suitable, clean, and well-maintained. Equipment such as walking aids and wheelchairs, which enable consumers to mobilise, were observed to be clean, with a preventative and reactive maintenance schedule in place that was current and up to date, with deep cleans and maintenance checks conducted 3 monthly on equipment irrespective of ownership. Management, and staff described processes for identifying equipment requiring maintenance, and explained disinfection processes of equipment after each use.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was easy to navigate and welcoming, with a pleasant atmosphere, and sufficient lighting. Consumers were encouraged, and consumers rooms were observed to be decorated with personal belongings including furniture, photos, and memorabilia. Consumers were observed socialising in various communal lounge areas, outdoor courtyards and in the garden.

Consumers and representatives said the service was clean and well maintained with access to indoor and outdoor areas. The service environment was observed to be safe, clean, well serviced and maintained, with consumers moving freely both indoors and easily accessible outdoor spaces. Staff described how to log maintenance concerns and management and maintenance staff advised consumers were encouraged to report issues to staff for attention. The maintenance team adhered to schedules for preventive maintenance and extracted logged maintenance orders in a timely manner. Cleaning schedules and maintenance logbooks confirmed up to date records and routine cleans were completed daily.

Consumers and representatives said the furniture, fittings, and equipment were safe, well maintained, and suitable for use. Staff said they have equipment that is fit for purpose and well maintained, and this allows them to complete their roles in a safe manner. Staff described how they raise concerns in relation to furniture, fittings and equipment and consumers are encouraged to report any issues to staff. Schedules for preventive maintenance programs were in place, to ensure the furniture, fittings and equipment are safe, and well maintained.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant

Consumers and representatives said they felt safe and were encouraged and supported to provide feedback or raise concerns to management and staff. Staff described various avenues available to consumers and representatives to provide feedback and or make a complaint and detailed their roles in supporting consumers in this process. Noticeboards and displayed posters providing information on how to make a complaint were observed throughout the service, and secured feedback and suggestion collection boxes are available for consumers and representatives to lodge a comments and complaints forms.

Consumers said they were aware of and have been provided with information on advocacy, language services and ways to raise complaints internally and externally. Staff demonstrated an understanding of the advocacy services available and described processes to assist consumers in accessing these services. The service had brochures and feedback forms available in alternate languages and advocacy services were displayed on noticeboards throughout the service and in the resident handbook.

Consumers and representatives said management have promptly addressed and resolved their concerns and complaints, they confirmed staff and management provide an apology when a complaint is made or when things go wrong. Staff described processes followed when receiving feedback or a complaint and confirmed all complaints are escalated to management for investigation and follow up. Management confirmed an open disclosure process is applied following an adverse event, as part of the service’s complaints management and resolution process. The service had policies and procedures in place to guide staff through the complaints management and open disclosure process.

Management provided examples of how consumer feedback and complaints was used to improve services. Consumers and representatives confirmed their feedback and complaints had resulted in improvements made at the service. Documentation from meeting minutes reflected consumer feedback data reported to committees and the board for service actions and improvements.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there is adequate staff to meet the care and service needs of consumers and staff are prompt in responding when they require assistance and were always on hand to assist. Staff confirmed there are enough resources to provide care to each consumer. Rostering documentation reflected shifts were filled and demonstrated the service ensures there are enough staff to provide continuous safe and quality care.

Consumers and representatives said staff engaged in a respectful, kind, and caring manner, acknowledging their preferences. Staff demonstrated an in depth understanding and familiarity of consumers needs and preferences when providing care and were observed addressing consumers by their preferred name and using respectful language when assisting them. Management said they conduct assessments to ensure they capture each consumer’s likes and dislikes, culture, and diversity during admission, and they formulate strategies to support and respect consumer’s identity and diversity, this information was reflected in care planning documentation.

Consumers and representatives said they were confident staff were trained appropriately and were sufficiently skilled to meet consumers’ care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were confident staff had the skills required to provide quality personal and clinical care to consumers. Staff described how they are provided training, support, professional development, and orientation processes for new staff. Management explained the recruitment process and how the organisation identifies staff training needs. Staff training records demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Staff confirmed they have attended a performance review with their immediate manager in accordance with the organisation’s policy. Management described the process for staff performance reviews undertaken regularly and staff performance is continually assessed and monitored, including ongoing supervision, monitored through observations, feedback, training attendance, completion of performance appraisal reviews, and through the analysis of internal audits and clinical data. The organisation had documented policies and procedures to guide management on performance management when staff issues were identified.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service is well-run and they are asked to provide feedback on the care and services and whether there is anything that could be done better. Management said they consistently engage with consumers and representatives to direct the consumer’s care and services. Documentation evidenced records of individualised and group consultations such as case conferences and committee meetings facilitating consumers and representatives to be involved in the development and delivery of care and services.

The organisation had implemented systems and processes to monitor the service’s performance and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services. Consumers said they feel safe, included, and engaged within the service, and they are provided with access to quality care and services. Management provided examples of changes driven by the governing body as a result of consumer feedback, experience, and incidents. The governing body uses information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance the board had been responsive to budgetary requests to support the needs of consumers and had invested in the refurbishment of the service, staff recruitment and development, and the implementation of efficient management systems.

The service’s risk management framework outlined its commitment to managing risk efficiently and effectively. Management explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system to inform improvement actions. Incidents and risks were reviewed daily by management and monitored by a continuous quality improvement committee, the data is used for benchmarking to improve compliance and ensure best practice. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a documented clinical governance framework in place which included policies, procedures, service delivery practices, and staff training requirements across antimicrobial stewardship, restrictive practice minimisation, and open disclosure. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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)