Blue Care Wynnum Aged Care Facility

Performance Report

166 Sibley Road
WYNNUM WEST QLD 4178
Phone number: 07 3308 5852

**Commission ID:** 5851

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 8 December 2020 to 9 December 2020

**Date of Performance Report:** 18 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements specific to this Standard and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that overall the service effectively identified and managed high impact or high prevalence risks for consumers.

Consumers and representatives were satisfied with the care they received and spoke positively about staff and how they cared for consumers.

Care planning documentation demonstrated that risks associated with pain, falls, swallowing difficulties, complex behaviours, compromised skin integrity, the use of psychotropics and chemical restraint are generally being managed effectively.

Specialised equipment is used to optimise consumers’ safety, health and well-being. The use of equipment such as compression garments, mobility aids, sensor mats, hip protectors, protective headwear, heat packs and smoking aprons were evidenced in care planning documentation.

Staff described the most significant clinical and/or personal care risks for consumers and the strategies they used to manage those risks.

Staff spoke of how they support those consumers with anxiety and complex behaviours by acknowledging the consumers’ feelings, reassuring them and spending time with them. Some consumers required care delivery from female only staff, this was understood by staff and rostering practices supported this. It was noted that where appropriate, referrals have been made to dementia advisory services, pastoral support staff and a psychologist. An organisational behaviour nurse specialist is also consulted and provides guidance and support to staff. Care planning documentation evidenced ongoing consultation with representatives where this was appropriate.

The Assessment Team found one instance where restraint authorisation had not been appropriately authorised and the service commenced addressing this while the Assessment Team was on site by making contact with the family and the medical officer; additionally further education was planned for registered nursing staff.

I have considered this information and note that consumers are satisfied, staff can describe how they identify and manage risks, referrals are made to allied health professionals and there is ongoing monitoring of consumers health and well-being. I am satisfied that overall there is effective management of high impact and high prevalence risks associated with the care of consumers and find this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.