Performance

Report

**1800 951 822**

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| Name of service: | Blue Care Alexandra Hills Nandeebie Aged Care Facility |
| Service address: | 87 Winchester Rd ALEXANDRA HILLS QLD 4161 |
| Commission ID: | 5197 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 July 2023 |
| Performance report date: | 17 August 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 Blue Care Alexandra Hills Nandeebie Aged Care Facility (**the service**) has been prepared by P. Sherin, 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.
* 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 | 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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers and representatives expressed satisfaction with how staff treat consumers saying they are treated with dignity and respect.

Staff spoke about consumers in a manner that indicated respect and an understanding of their background, identity, and individual preferences.

Care planning documentation captured information on consumers’ cultural identity and what is important to consumers to guide staff practice.

The assessment team observed staff treating consumers with dignity and respect such as by knocking on bedroom doors to seek permission before entering and speaking respectfully to 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 |

Findings

The service demonstrated the provision of safe and effective care including in relation to the management of wounds, pain, diabetes, and challenging behaviours.

Consumers and representatives provided positive feedback about the care consumers receive at the service.

Care planning documentation identified individualised strategies to guide staff in personal and clinical care delivery in line with individual consumers’ needs and preferences.

Staff demonstrated knowledge of individual consumers’ care needs and the strategies implemented to manage risks specific to the consumer.

The service maintains a register to monitor the use of psychotropic medication and has recently commenced the use of an electronic medication management system.

Where restrictive practices are used, appropriate assessments, authorisation, consent, behaviour support plans, and monitoring are in place.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service comprises a central administration area and 6 residential lodges. Two lodges (24 rooms) were closed for renovation at the time of the Assessment contact visit.

Consumers and representatives considered the service is safe, well maintained, clean and comfortable, and consumers can move freely both indoors and outdoors. This was observed by the assessment team.

Cleaning staff are available to provide daily cleaning and designated staff attend to maintenance tasks at the service.

The service has an annual preventive maintenance program and a system to support staff and consumers to report maintenance issues.

Review of maintenance records evidence maintenance is carried out as planned and repairs occur in a timely manner in response to maintenance requests.

# 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 |

Findings

Consumers and representatives considered the service has sufficient staff to enable the delivery of care and services. Consumers and representatives provided positive feedback about staff and the care they receive at the service.

Staff confirmed they generally have enough time to meet the care and service needs of consumers.

The service’s current roster is based on the original number of consumers at the service before the closure of 2 residential lodges for renovation consisting of a total of 24 rooms. A registered nurse is rostered at all times.

Management advised the sufficiency of staff is monitored through consumer feedback, call bell data, staff meetings, and review of progress notes and clinical data.

Review of records such as complaints, clinical data, and call bell response audits evidenced adequate staffing at the service.

The assessment team observed a calm and quiet living environment, consumers participating in planned activities, staff providing care without rushing, and staff attending quickly in response to call bells.

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)