Performance

Report

**1800 951 822**

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| Name: | Blue Care Bundaberg Pioneer Aged Care Facility |
| Commission ID: | 5158 |
| Address: | 195 Barolin, BUNDABERG, Queensland, 4670 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 December 2023 |
| Performance report date: | 18 January 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3515 Blue Care Bundaberg Pioneer Aged Care Facility |

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 Bundaberg Pioneer 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 5 January 2024 providing additional information.

# Assessment summary

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| Standard 4 Services and supports for daily living | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f) – implement improvement actions to ensure meals provided are varied, meet consumers’ needs and preferences, and are of suitable quality.

# Other relevant matters:

The Assessment contact site visit commenced as a monitoring visit, however deficiencies in Requirement 4(3)(f) were identified and an assessment of performance conducted against this requirement.

In relation to Requirements 1(3)(a), 3(3)(a), 5(3)(b) and 7(3)(a) monitored during the Assessment contact site visit, the following information was gathered:

Consumers and representatives expressed satisfaction with how staff treat consumers with dignity and respect. Consumers described how staff are respectful and staff were observed interacting and communicating with consumers in a kind and caring manner.

Consumers and representatives said personal and clinical care is tailored to consumers’ needs and optimises their health and wellbeing.

The service environment was observed to be clean, comfortable, and well-maintained with consumers able to move freely, both indoors and outdoors. Feedback was provided to management regarding consumers smoking in a non-designated smoking area which was not appropriately equipped; management responded by implementing immediate corrective actions.

Consumers and representatives said staff numbers are adequate, and staff advised staffing is sufficient to provide care and services in accordance with consumers’ needs and preferences. Staff were observed responding to call bells in a timely manner.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |

Findings

The Assessment contact report identified most consumers and representatives sampled expressed dissatisfaction with meals provided, including not receiving meals as per dietary requirements or preferences, meals not available as per menus, lack of variety, and not receiving staff assistance with meals. One representative expressed concerns regarding the consumer being provided a texture modified diet despite a dignity of risk form in place to ensure provision of varied meals to enhance the consumer’s appetite. Two consumers requiring staff assistance with food and fluid intake were observed taking their meals without staff assistance. Review of the complaints register identified 9 open complaints in the 2 months prior to the assessment contact site visit in relation to meals.

The Provider acknowledgement the deficits and submitted documentary evidence of improvement actions implemented in response. These include:

* Communication processes established to ensure timely communication of information to the service and to consumers when specific meal options cannot be provided from the organisation’s central kitchen.
* Training for staff via toolbox talks to address consumer choice, variety of meal options, menu availability, and modified diet.
* Dietary assessments made available to all staff in kitchen and dining areas. Refresher training on dietary care assessments is scheduled for staff.
* A clinical staff member to be present in dining areas at mealtimes to ensure consumers’ dietary requirements are being met.
* An apology has been provided to the consumers and representatives named in the Assessment contact report as having expressed dissatisfaction with meals. Referrals to speech pathologists and updates to care plans have been completed for consumers, where required.
* Complaints in relation to meals under the complaints register have now been responded to and closed off.

I acknowledge the Provider’s responsiveness and efforts to remediate the deficits identified. However, having considered the Assessment contact report, and the Provider’s response I find deficits remain. Some actions under the service’s continuous improvement action plan remain in progress, and supplier issues leading to unavailability of meals have not been fully resolved. Additionally, improvement actions implemented such as new communication processes and staff training will require time to be embedded within the service and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

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