Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Blue Care Capricorn Aged Care Facility |
| Service address: | 26 Magpie Avenue YEPPOON QLD 4703 |
| Commission ID: | 5501 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 21 June 2023 |
| Performance report date: | 13 July 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 Capricorn Aged Care Facility (**the service**) has been prepared by J Earnshaw 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
* the provider’s response to the assessment team’s report received 4 July 2023
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

|  |  |
| --- | --- |
| Standard 8 Organisational governance | 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 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant under these requirements following a Site Audit conducted 31 January to 2 February 2023.

Deficiencies related to the service not consistently implementing organisational policies leading to deficiencies in information management, regulatory compliance and the management of risk with organisational monitoring systems having not identified the deficiencies.

The assessment contact conducted 21 June 2023 found the service had implemented effective actions to improve performance under these requirements to address the deficits previously identified. These improvement activities include:

* The service conducted a review of consumer care needs, and where restrictive practises are used, consent and authorisations are in place.
* Behaviour support plans are individualised and developed in consultation with the Consumer.
* The service has provided education, resources and support to staff and management in relation to the serious incident response scheme and dignity of risk and how to support consumers in their choice to participate in risk-based activities.
* Ensured staff compliance with mandatory training completion.
* The service has reviewed consumer care needs and preferences for risk, updated risk assessments and care documentation, and developed a risk screening process for new consumers on entry to the service.
* Undertaken mobility review, by a physiotherapist of consumers who choose to have their beds against a wall.
* Recruitment to senior management positions within the service, specifically interim care manager, a clinical coordinator and a quality compliance support officer.

Consumers/representatives were confident the service was well managed, and that consumers receive care and services to meet their individual needs.

Consumers/representatives said, and documentation supports, consumers are encouraged and supported to exercise choice and independence and take risks of their choosing.

The service demonstrated established governance frameworks, policies and procedures that support the management of risk associated with the care of consumers, including responding to clinical incidents. The service has policies and procedures in relation to incident reporting which reportable incidents and reporting timeframes related to the serious incident reporting scheme.

Staff reported having access to up-to-date consumer information, to support them in delivering appropriate care and services.

Consumer care documentation demonstrated consumer involvement in their decision-making and activities of risk. Staff demonstrated knowledge of consumer needs and complex care strategies.

The incident management system identified that the service generally identifies and reports reportable incidents in accordance with legislation. However, the Assessment Team identified one incident involving a consumer with a known food allergy, having ingested an allergen without the incident being reported through the serious incident reporting scheme. The service demonstrated immediate care of the consumer and actions taken to ensure the effective future management of food allergies and amended the plan for continuous improvement to include additional education to staff to ensure all reportable incidents are identified and reported within legislated time frames.

The Approved Provider, in their response, acknowledged the incident brought forward in the Assessment Team report and advised of additional measures implemented regarding incident management, including increased oversite by senior management.

In coming to my decision for this requirement, I have considered the information included in the Assessment Team report alongside the approved provider’s response and compliance history. Therefore, it is my decision that these requirements are compliant.

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)