Performance

Report

**1800 951 822**

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| Name of service: | Blue Care Carbrook Wirunya Aged Care Facility |
| Service address: | 559 Beenleigh Redland Bay Rd CARBROOK QLD 4130 |
| Commission ID: | 5273 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 June 2023 |
| Performance report date: | 11 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 Carbrook Wirunya Aged Care Facility (**the service**) has been prepared by T Wurf, 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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 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.

# Other relevant matters:

Non-compliance with the Quality Standards was identified following a site audit undertaken from 28 March 2022 to 30 March 2022 and detailed in the Performance Report dated 6 June 2022. An assessment contact was conducted on 13 April 2023 for the purpose of monitoring the quality of care and services provided through Blue Care Carbrook Wirunya Aged Care Facility. A decision was made on 22 May 2023 that the provider had implemented corrective actions, the deficiencies had been remediated, and the provider was compliant with those requirements of the Quality Standards that were found non-compliant following the site audit in March 2022.

The purpose of the assessment contact site visit undertaken on 20 June 2023 was to:

* assess the service’s compliance with requirements 2(3)(a), 3(3)(a), 3(3)(b) and 7(3)(a), and
* monitor the service in relation to consumer satisfaction with complaints management and staff satisfaction with training.

# 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 |

Findings

The Assessment Contact – Site Report identified that the service had a consistent approach to assessment and care planning, which included consideration of risks to consumers’ health and well-being, such as those related to oxygen management, skin integrity, falls, and personal hygiene.

Consumers and their representatives were satisfied with the service’s assessment and care planning and provided positive feedback about how the service manages risks.

Clinical staff described assessment and care planning processes and said they include consultation with consumers, representatives and other health professionals. They said individualised care plans are developed for consumers.

The Assessment Team reviewed care documentation for sampled consumers and found:

* Other health professionals are involved in assessment and care planning, such as medical officers, wound specialists, and allied health professionals.
* Assessment and planning processes identified consumers’ needs, goals, preferences and risks to their health and well-being, including those related to oxygen management, skin integrity, falls, and personal hygiene.
* Evidence of regular assessment and review.
* Information, instructions and strategies to guide staff practice in the management of individual consumers’ needs.

# 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 |

Findings

The Assessment Contact – Site Report identified that consumers and their representatives were satisfied with the management of consumers’ personal and clinical care, including in relation to the management of falls, pressure injuries, restrictive practices, and assistance with meals. They felt consumer care was safe and individualised.

The Assessment Team reviewed a sample of consumers’ care documentation and found:

* Consent for and effective management of restrictive practices (environmental, chemical and mechanical), and individualised behaviour support plans.
* Strategies and information to guide staff in the management of consumers subject to restrictive practices, with pressure injuries, with a high falls risk, and requiring assistance with meals.

The Assessment Contact – Site Report evidenced that the service identifies and manages high-impact and high-prevalence risks. Risks associated with the care of each consumer are identified during initial assessments, monthly reviews of clinical indicators and incident data, quarterly consumer care plan reviews, and clinical handovers.

Documentation reviewed by the Assessment Team demonstrated risks, such as falls and choking, are effectively identified, managed and reviewed. Strategies to manage or mitigate risks are documented and known by staff. Allied health professionals are involved in care planning and review for consumers who are at a high risk of falls. One consumer’s representative said they were involved in the development of the risk management strategies and believe that the service is now effectively managing the risk of falls. Care staff stated all consumers are weighed monthly and that consumers’ weights remain stable.

# 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

The Assessment Contact – Site Report identified that the service plans the workforce to ensure service management, clinical and care staff, hospitality staff and support staff are available.

Consumers and representatives consistently said they were satisfied with the availability of staff and the care. Staff, and in particular care staff, said they have sufficient time to complete their assigned tasks and meet consumers’ needs and they do not feel rushed.

Rostering of staff is based on the number of consumers at the service and their care and service needs. A registered nurse is rostered on all shifts. Management monitors the quality of care and services provided and assigns additional staff or hours to meet changing needs. The roster is monitored by analysis of feedback from consumers, representatives, and staff, audit reports, and call bell data.

The Assessment Team reviewed current and previous rosters and identified an increase in care staff on morning and afternoon shifts.

The Assessment Team observed:

* Care staff responding promptly to call bells.
* The service was clean, tidy and well-maintained.
* Meals and activities occurred at the planned time.

# Other information

The assessment contact also monitored the service in relation to consumer satisfaction with complaints management and staff satisfaction with training. The Assessment Contact – Site Report included information relevant to those areas.

*Complaints*

Consumers and their representatives were aware of the service’s complaints and feedback processes, and those who had submitted a complaint were satisfied with the response.

Management and staff have access to the service’s feedback and open disclosure policies and management described the service’s complaints management process.

The Assessment Team reviewed the service’s complaints records and plan for continuous improvement and found evidence that action is taken in response to complaints.

*Training*

Staff said they receive lots of training and they complete mandatory training. They were satisfied that the training provided met their learning needs, and they did not identify any additional areas in which they considered training was required.

Consumers and representatives were satisfied with the skills and knowledge of staff.

The service has a system to monitor and track staff completion of training.

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)