Performance

Report

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| Name: | Blue Care Flinders View Nowlanvil Aged Care Facility |
| Commission ID: | 5456 |
| Address: | 205-215 Ripley Road, FLINDERS VIEW, Queensland, 4305 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 July 2024 |
| Performance report date: | 20 August 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3746 Blue Care Flinders View Nowlanvil 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 Flinders View Nowlanvil Aged Care Facility (**the service**) has been prepared by Kimberley Reed, 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.
* 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 were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |

Findings

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, to communicate their decisions, to make connections with others and maintain relationships of choice. Consumers confirmed the service had a record of the nominated representative for each consumer. Staff were aware of consumer’s choices regarding their care and services, including preferences for care staff gender and lifestyle options. Consumers were supported to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities. Management ascertained consumers’ care and service choices upon commencement with the service, in consultation with their representatives, and reviewed their choices during care plan reviews. The service had a Choice and Decision-making policy to guide staff practice.

Based on the information above, it is my decision consumers were supported to exercise choice and independence, therefore, this Requirement is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service effectively identified and responded to high impact and high prevalence risks for individual consumers at the service. Consumers and representatives provided feedback that the service was effectively managing high prevalence consumer risks. Registered and care staff described individualised consumer care implemented including preventing consumers from falling, developing pressure injuries, administration of time sensitive medications and the monitoring and management of pain.

Staff repositioned consumers who were identified as being at high risk of developing pressure injuries. Other strategies to support consumer skin integrity included skin checks when repositioning, specialised pressure relieving mattresses and limb protectors.

Wound charting was recorded in the electronic care management system to log and track the nursing interventions required for wound healing including wound identification, assessment, dressing type and frequency and photographic progress.

Medication administration records demonstrated, and consumers confirmed, consumers received time-sensitive medications at the prescribed times. The pharmacy created alerts in the electronic medication administration system to identify time sensitive medications and generated daily reports to remind registered staff to ensure timely administration of those medications.

Consumers were engaged in physiotherapist designed exercise programs to assist with pain relief. Repositioning, heat packs and therapeutic massage were offered to consumers prior to analgesia for pain relief. All interventions were evaluated for effectiveness and recorded in progress notes.

Based on the above information, it is my decision the service is effectively managing high impact and high prevalence risks to consumers; therefore, this Requirement is Compliant.

# 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 service demonstrated the workforce was planned to enable the delivery of safe and quality care and services. Management had contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences. Consumers and representatives confirmed staff were available when needed and attended quickly in response to call bells.

Staff stated there was adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally had sufficient time to undertake their allocated tasks and responsibilities.

A base 6-week roster was prepared by a rostering officer which was published in advance and reviewed regularly by the Residential Service Manager and Clinical Manager to meet the changing needs of consumers. The service offered student placements which allowed the service to offer a number of students ongoing employment. Additionally, the service has been actively recruiting and has recently employed an additional ten staff members.

A registered staff member was rostered as team leader in each wing and new staff were provided supervised shifts depending on skill levels. An additional care staff member was rostered as a floater to assist where there is the greatest need on the day. If unplanned leave occurred staff were offered extra hours or contacted to take on an extra shift. The service had sufficient casual and part-time staff to assist with unplanned leave.

The Quality Safety Officer monitored call bell response times randomly and completed an audit monthly. If call bell response times were recorded as over ten minutes, it was followed up with rostered staff and an analysis was provided to management. Call bell response reports for March and May 2024 demonstrated the majority of calls were responded to within ten minutes and an analysis of responses outside this range and actions taken was documented.

Based on the above information, it is my decision the service had sufficient staff to deliver safe and effective care, therefore, this Requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 demonstrated appropriate frameworks and policies to manage risk and respond to incidents at the service. The service was effectively managing high impact and high prevalence risks and had processes to identify and respond to abuse and neglect of consumers. Staff and management provided examples of these risks and how they were managed within the service, in line with the service’s policies aligning with best practice guidelines.

The service had policies and procedures in relation to incident reporting which captured types of incidents to report under the Serious Incident Response Scheme and reporting timeframes. The electronic incident management system and reportable incidents register demonstrated incidents were managed through the incident management system and the service identified, responded and reported incidents, including serious incident reporting through to the Serious Incident Response Scheme.

Meeting minutes evidenced incidents were discussed and analysed to improve service delivery. The service’s plan for continuous improvement demonstrated improvements identified in response to incidents, actions taken and outcomes.

Based on the above information, it is my decision the service had effective risk management systems and practices, therefore this Requirement is 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)