Performance

Report

**1800 951 822**

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| Name: | Blue Care Gracemere Aged Care Facility |
| Commission ID: | 5435 |
| Address: | 35 Conaghan Street, GRACEMERE, Queensland, 4702 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 September 2023 to 13 September 2023 |
| Performance report date: | 5 October 2023 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3727 Blue Care Gracemere 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 Gracemere Aged Care Facility (**the service**) has been prepared by K. 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 - 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 04 October 2023
* the Performance report completed 07 January 2022, following the Site audit completed 30 November 2021 to 02 December 2021
* the Performance report completed 20 September 2022, following the Assessment contact-site 25-26 August 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 8 Organisational governance | Not 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.

* Risks to consumers need to be managed through an effective incident management system.

# 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   managing and preventing incidents, including the use of an incident management system. | Not Compliant |

**Findings**

The service was not effectively preventing and managing incidents. The reporting of incidents of neglect and abuse to the Serious incident response scheme had increased since the service was found to be non-compliant in May 2023, which demonstrated an increase in awareness of incident reporting. However, deficiencies remained in the service’s ability to identify, manage, prevent, and report incidents through the use of an effective incident management system.

For one named consumer with changed behaviours including removal of their continence aid, wandering into other consumers’ rooms and undressing, while recorded in behavioural support charting, incident reports had not been completed following these episodes of changed behaviour. Following feedback to management regarding the incidents, management stated they did not consider the consumer’s behaviours to be serious enough to warrant being recorded as an incident, and therefore had not implemented any strategies to prevent, monitor or reduce incidents related to the consumer’s behaviours.

The application of a restrictive garment over the named consumer’s clothing to influence the behaviour of the consumer removing their continence aid had not been considered as a mechanical restraint, and therefore relevant consent or authorisation had not been gained. The garment was tied around the named consumer’s legs to prevent the consumer from removing their continence aid. Despite management informing staff to stop this practice, the consumer was observed by the Assessment Team to be wearing the garment during the Assessment contact visit. This treatment of the consumer had not been considered by the service as an incident of neglect and consequently had not been reported to the Serious incident response scheme.

The Approved provider in its response to the Assessment contact report has advised staff members responsible for applying the garment to the named consumer’s legs have met with the service’s management, whereby the organisation’s expectations were explained. The staff members continue to be monitored to ensure they abide by the organisation’s Code of conduct and the National code of conduct for Aged care workers. The named consumer was reviewed by a dementia advisory service on 19 September 2023 and recommendations have been added to the consumer’s behaviour management plan. Incident reports and behaviour charts are being monitored by the Clinical manager to gauge the effectiveness of the recommended care strategies. Male nightshirts have been ordered for the consumer and special underwear will be trialled.

For a second named consumer who was injured during an outing from the service when they fell forward out of their wheelchair during a bus trip, an incident report had not been completed. Following feedback, a copy of an incident report was provided prior to the Assessment Team exiting the service. It was unclear whether the service were planning to submit a serious incident report in relation to the neglect of the consumer.

The Approved provider in its response has stated in relation to the consumer noted above, it was noted the consumer had unbuckled their seatbelt while the bus was in motion, and a physiotherapy review will be undertaken to determine the most appropriate harness for the consumer when travelling on the bus.

A third named consumer had behaviour charting which demonstrated unwarranted touching to another consumer without consent. Management provided feedback they did not believe these events to be incidents due to the consumer’s diagnosis of dementia. While clinical management staff confirmed they reviewed progress notes daily to identify potential incidents that had not been recorded, behavioural charting was not reviewed to ensure incidents of changed behaviour had been recorded as incidents.

The Approved provider in its written response advised the named consumer was reviewed by a dementia advisory service on 17 August 2023 and 6 September 2023, and recommendations provided have been integrated into the consumer’s behaviour support plan. Incident reports and behaviour charts are being monitored by the Clinical manager to gauge the effectiveness of the recommended care strategies.

Following the Assessment contact 12 to 13 September 2023, actions have been implemented by the service to improve compliance in this Requirement. While I acknowledge these actions will improve staff understanding and compliance in relation to the incident management system, these actions are in their infancy and have not been tested for their effectiveness. I also note the service has been Non-compliant in this Requirement since December 2021, and the Approved provider agreed further embedding is required to ensure consistent understanding and application of the organisation’s incident management system.

This Requirement remains Non-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)