Performance

Report

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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: | on 5 December 2023 |
| Performance report date: | 18 December 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 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 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 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

Consumers and representatives were satisfied with how the service was managing consumers’ care to mitigate potential risks and actions taken following incidents. There were systems in place to record, analyse and evaluate incidents. Staff were aware of their role in managing and preventing incidents and their responsibilities to document and escalate incidents when needed. There were effective oversight processes in place to identify incidents which required reporting to the Serious Incident Response Scheme.

Clinical incidents that occurred between 01 September 2023 and 04 December 2023 were reviewed, and it was identified all clinical incidents including behaviour incidents were documented and accurately escalated to the Serious incident response scheme. The service identified an issue with the recording of time sensitive medication administration and implemented corrective and monitoring activities to address the deficits.

The service was found to be non-complaint in this Requirement following a Site audit conducted in May 2023. The service has taken action to address the deficits identified in this Requirement.

There was an increase in clinical monitoring from the leadership team who met each weekday to discuss clinical incidents and ensured appropriate reporting and follow up occurred. The responsibility of the Clinical manager was increased to include the daily monitoring of clinical progress notes, charts, and incident reports to identify areas requiring further attention. A targeted review of consumers identified as 'known risks' was conducted to ensure accurate monitoring and reporting of incidents or changes in behaviour. of clinical progress notes, charts, and incident reports to identify areas requiring further attention.

An increased focus on reporting and monitoring behaviours enabled the service to implement early interventions, deliver support, and apply strategies to address escalating behaviours. Management identified a trending of incidents within the secure living environment, highlighting an elevation of consumer behaviours during the afternoon. To address this trend of incidents, the service was trialling a third staff member to provide additional support and a proactive approach to responsive behaviours, based on a duties list developed for the new role by the residential service manager.

The service provided training to all staff focusing on incident reporting, the Serious incident response scheme, and restrictive practices. Staff provided feedback the training enhanced the purpose of incident reporting, criteria for escalating incidents, the process of entering events into the service's incident management system, and how all incidents that arose were discussed during handover meetings.

A review of the service’s role specific induction packages for new staff was undertaken and additional resources were provided to better inform and educate new staff about reporting incident management and the Serious incident response scheme.

Based on the information recorded above, this Requirement is now 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)