

**Performance Report**

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| Name: | Blue Care Gympie Grevillea Gardens Aged Care Facility |
| Commission ID: | 5472 |
| Address: | 23 Ramsay Road, GYMPIE, Queensland, 4570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 October 2024 to 24 October 2024 |
| Performance report date: | 14 November 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.) Service: 3762 Blue Care Gympie Grevillea Gardens 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 Gympie Grevillea Gardens 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 have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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 to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect and feel accepted and valued.

Staff spoke respectfully about consumers and provided examples of what dignity and respect means to individual consumers how they ensure the dignity and respect of each consumer is maintained.

Care documentation reflected what is important to consumers to maintain their identity and contained detailed information regarding each consumer’s background, cultural practices, personal preferences, and spiritual needs.

Staff were observed staff being patient with consumers when providing care and services and communicating with consumers in a variety of ways reflective of the consumer’s individual needs and preferences.

# 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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

In relation to Requirement 3(3)(b) consumers/representatives said the service identifies risks and consults with them to implement interventions. Care documentation identified individual consumer risks and contained personalised strategies to both reduce risk and manage adverse events.

Both registered and care staff explained how to escalate risk and respond to adverse events. Staff described the strategies and tools they use to minimise risk, for example in relation to falls, pressure area management, safe administration of medication and pain management, and the service demonstrated it assesses and monitors the high-impact and high-prevalence risks specific to the consumers in the service.

However, the service had not checked and recorded the temperature of the temperature sensitive medication refrigerator on 10 occasions over the 30 days prior, and on 3 days where temperatures were checked, the temperature of the refrigerator had dropped below the prescribed range of (2-8 degrees) without corresponding documentation. The information staff used to monitor the refrigerator did not reflect current recommendations for the safe and secure storage and distribution of medicines.

Following feedback, the service updated its temperature management guidelines and communicated this to staff, organised the purchase a new temperature recording device to accurately record the temperature of the refrigerator, and sought advice on the integrity of medications stored within the refrigerator.

Additionally, time sensitive medications for one named consumer were often administered 30-45 minutes later than the prescribed time, resulting in worsening symptoms, as confirmed by staff. The service explained that while medication was administered within the organisation’s delivery tolerance of one hour, education would be provided to registered staff in relation to time sensitive medications, as well as discussion with the consumer’s medical officer to reduce the delivery time frame of the medication order.

I consider the actions taken are appropriate to immediately rectify the identified gap and minimise risk to consumers, which has influenced my decision of compliance in this requirement.

In relation to Requirement 3(3)(d) consumers/representatives said they have confidence staff recognise and respond quickly to the needs of consumers when a change in their condition occurs.

Care staff said they conduct regular daily checks and observations of consumers and inform registered staff of any changes to a consumer’s health status or wellbeing, and registered staff respond in a timely manner.

Care documentation reviewed contained multiple daily entries of care and services provided to consumers identified with changes in their health condition.

The organisation has policies and procedures to guide staff in relation to identifying and responding to consumer deterioration.

# Standard 5

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| Organisation’s service environment |  |
| Requirement 5(3)(b) | The service environment:1. is safe, clean, well maintained, and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
 | Compliant |

Findings

Consumers and representatives said the service is clean and well maintained.

The service has structural strategies to support consumers to mobilise independently, and outdoor areas are appropriately landscaped and furnished for consumer use.

Cleaning is scheduled and monitored by the hospitality lead, and the service was observed to be clean and well maintained. Maintenance records and observations on site indicate regular preventative and corrective maintenance is conducted as scheduled.

All consumers’ rooms were observed to be clean and free from malodour and communal areas free from clutter.

# 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

Consumers and representatives said staff numbers are sufficient to provide care and services in accordance with consumers’ individual needs and preferences.

Most staff said they have enough time to undertake their allocated duties and described how they manage their workload.

Management described how the service monitors staff levels and ensures adequate staffing to enable the delivery of safe and quality care and services with consideration to the number of consumers on site, the consumer cohort acuity needs, and meeting the service’s care minutes requirements.

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)