Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Blue Care Gympie Grevillea Gardens Aged Care Facility |
| Service address: | 23 Ramsay Road GYMPIE QLD 4570 |
| Commission ID: | 5472 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 January 2023 to 11 January 2023 |
| Performance report date: | 2 February 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 Gympie Grevillea Gardens Aged Care Facility (**the service**) has been prepared by G-M. Cain, 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 following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 17 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

|  |  |
| --- | --- |
| 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 8** Organisational governance | 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.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 performance report dated 7 July 2022 found the service non-compliant with requirement 3(3)(b). Deficiencies related to the management of consumers with changed behaviours resulted in other consumers expressing fear related to the physically and verbally aggressive behaviours and impacting other consumers' sleep.

The Assessment Contact - Site report provided evidence that consumers and interviews interviewed offered positive feedback about the effective management of consumers at risk of falling, developing pressure injuries, risk of choking and consumers with changed behaviours. Staff described consumers' individual care needs and care planning to manage and minimise risks.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Update of the service's psychotropic medication register and ongoing daily review by clinical management of and consumers' progress notes to identify changes in psychotropic medication
* Review of consumers' behaviour support plans and the implementation of monitoring strategies to ensure timely completion of assessments on entry to the service.
* Referral of consumers with changed behaviours to dementia support services and training for staff in managing changed behaviours of consumers with a dementia diagnosis

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The performance report dated 7 July 2022 found the service non-compliant with requirement 5(3)(b). Deficiencies related to the safety of the service environment, with consumers’ not feeling safe, and their psychological safety and well-being significantly impacted due to the behaviour of other named consumers. A review of documentation and interviews with staff identified that the service had acted to address the concerns of the consumers named in the Site Audit report, 31 May 2022 to 2 June 2022, including support and monitoring of changed behaviours for individual named consumers.

The Assessment Contact - Site report provided evidence that consumers felt safe and comfortable at the service. A consumer survey completed in August and September 2022 reported that 94% of respondents felt safe and comfortable.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including consulting with consumers to address concerns regarding their sense of safety. Training and education sessions for staff in consumer behaviour management, review of meeting minutes identified training for specific staff including care and registered staff.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The performance report dated 7 July 2022 found the service non-compliant with requirement 8(3)(c). Deficiencies related to ineffective organisational-wide governance systems relating to regulatory compliance, specifically reporting of significant incidents in accordance with the Serious Incident Response Scheme requirements.

The Assessment Contact - Site report discloses that interviews with consumers, management, and staff and a documentation review assessed this requirement.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement. Including staff training and education sessions, the provision of resources related to the Serious Incident Response Scheme, and the implementation of high-risk incidents for discussion at the service’s heads of department meetings. Staff confirmed they had received training and demonstrated an understanding of the Serious Incident Response Scheme.

In coming to my decision under this requirement, I have considered information evidenced in the Assessment Contact - Site report under this and other requirements.

For the reasons detailed, it is my decision that this requirement is Compliant.

|  |  |  |
| --- | --- | --- |
| 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 performance report dated 7 July 2022 found the service non-compliant with requirement 8(3)(d). Deficiencies related to ineffective risk management systems and practices to identify risks to consumers’ health and well-being, specifically in relation to managing consumers with changed behaviours and identifying and responding to abuse and neglect of consumers.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including staff training in the Serious Incident Response Scheme and the implementation of high-risk incidents for discussion at the service’s heads of department meetings. The service had policies and procedures about incident reporting, which captured types of incidents to report under the Serious Incident Response Scheme, including mandatory reporting timeframes.

Review of documentation identified at the time of the Assessment Contact, the service had 9 priority 2 incidents which had been appropriately reported under the Serious Incident Response Scheme.

In coming to my decision under this requirement, I have considered information evidenced in the Assessment Contact - Site report under this and other requirements. The service demonstrated actions taken by the service in relation to supporting consumers with changed behaviours, ensuring consumers felt safe and comfortable and required reporting for incidents as appropriate under the Serious Incident Response Scheme.

For the reasons detailed, it is my decision that 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)