Performance

Report

**1800 951 822**

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| Name: | Blue Care Ingham Bluehaven Aged Care Facility |
| Commission ID: | 5176 |
| Address: | 58 Cassidy Street, INGHAM, Queensland, 4850 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3533 Blue Care Ingham Bluehaven 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 Ingham Bluehaven Aged Care Facility (**the service**) has been prepared by T Wurf, 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.
  + The provider did not submit a response to the assessment team’s report.
* The Performance Report dated 12 March 2024 for the assessment contact undertaken on 7 February 2024 that found the service non-compliant with requirement 4(3)(f).

# Assessment summary

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| Standard 3 Personal care and clinical care | Not assessed |
| **Standard 4** Services and supports for daily living | 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.

# Other relevant matters:

An assessment contact was undertaken on 2 July 2024 to:

* assess requirement 4(3)(f) of the Quality Standards that was found non-compliant following an assessment contact on 7 February 2024, and
* monitor requirement (3)(3)(b), specifically relating to behaviour management and the use of restrictive practices.

# 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. | Not assessed |

The Assessment Team did not assess this requirement.

The Assessment Team monitored this requirement, specifically in relation to the service’s management of changed behaviours and use of restrictive practices.

The Assessment Contact Report found the service’s management of consumers experiencing changed behaviours and the use of restrictive practices were effective. For example:

* Consumer representatives provided positive feedback about the service’s management of consumers’ changed behaviours and the use of restrictive practices.
* Consumers had individualised behaviour support plans that identified triggers and support strategies and were reviewed regularly. Plans were aligned with legislative requirements. Staff were familiar with the content of the behaviour support plans for individual consumers.
* Seven consumers were subject to the use of a restrictive practice in the form of mechanical restraint (low to floor bed) and chemical restraint. Relevant restrictive practice documentation was in place and aligned with legislative requirements.
* The service provided examples of strategies to minimise the use of chemical restraint.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Performance Report dated 12 March 2024 found the service non-compliant with this requirement following an assessment contact undertaken on 7 February 2024, based on evidence the service was not providing meals that were varied and of suitable quality.

I have considered the Assessment Contact Report for the assessment contact undertaken on 2 July 2024 and I am satisfied the service has completed actions to remediate the non-compliance and meals are now varied and of suitable quality. Therefore, I have decided this requirement is compliant.

I have made this decision based on the following analysis.

The Assessment Contact Report identified several improvement actions completed to address non-compliance and improve meals at the service. Completed actions included:

* The service’s kitchen was renovated and is now fully operational, providing a variety of daily fresh-cooked meals to consumers according to a four-week rotating menu.
* Implemented a ‘dining champion’ responsible for oversight of meal delivery and to improve the dining experience, and to respond to any concerns raised about food.
* Transitioned to an electronic dietary and meal management system to record information about consumer’s dietary needs and preferences.
* Implemented mandatory staff education on topics such as food and nutrition, dietary standards and the dining experience. Staff also complete ad hoc training to improve the service’s dining experience.
* Continued with staggered mealtimes to improve staff availability for consumers who require assistance.
* Implemented dietary folders for each section of the service available to staff.

The Assessment Contact Report identified evidence the service is providing a variety of meals that are of suitable quality to consumers. For example:

* Consumers provided positive feedback about the meals provided. They said they enjoy the fresh-cooked meals available daily from the menu and that meals are varied and of suitable quality and quantity. Consumers said alternate meal options are available to them at any time.
* The service’s records for feedback and complaints, consumer meetings and food focus groups reflected improved consumer satisfaction with meals following the opening of the service’s renovated kitchen. Consumer compliments about meals were also recorded.
* The Assessment Team observed:
  + The dining room area and kitchen to be operational and a four-week menu with alternative meals available to consumers at any time.
  + Staff serving a variety of fresh meals from the kitchen, assisting consumers with meals, offering alternate meal and drink options, and updating and using dietary information.
* Staff said they provide alternative meals and/or drinks to consumers during the meal service and at any time of the day and night.
* Consumer files included food and dietary assessments and preferences and information about likes and dislikes, cultural preferences, food modification requirements and allergies. Changes to a consumer’s dietary needs and/or preferences were updated in their care plan, discussed at staff shift handover, updated in the service’s electronic meal management system and reflected on the daily dietary cards.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)