Performance

Report

**1800 951 822**

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| Name: | Blue Care Kallangur Pilgrim Aged Care Facility |
| Commission ID: | 5233 |
| Address: | 40 Narangba Rd, KALLANGUR, Queensland, 4503 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 October 2023 |
| Performance report date: | 15 November 2023 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3590 Blue Care Kallangur Pilgrim 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 Kallangur Pilgrim Aged Care Facility (**the service**) has been prepared by , 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, and
* the Performance Report dated 27 June 2023 for the assessment contact conducted on 24 and 25 May 2023 that found two requirements of the Quality Standards non-compliant.

The provider did not provide a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not fully assessed |
| **Standard 8** Organisational governance | Not applicable as not fully 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

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

The Performance Report dated 27 June 2023 found the service non-compliant with requirement 3(3)(a) following an assessment contact conducted on 24 and 25 May 2023. Clinical monitoring practices following a fall were not best practice or aligned with the service’s policy, and registered staff did not have adequate knowledge of how to manage consumers following a fall.

The Assessment Contact Report for the assessment contact conducted on 17 October 2023 identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvement actions included:

* Staff education and support by a nurse practitioner in clinical monitoring, which included falls management.
* Various review and monitoring processes including:
  + Monitored falls incidents to ensure management of falls were occurring as per organisational policies and procedures.
  + Report for registered staff that details priority consumers’ care needs to be monitored and discussed during handover.
  + Regular review to check specific falls minimisation strategies are in place and working for consumers.
  + Short meetings for the morning and afternoon shift for staff to discuss emerging needs following handover.
* Increased care hours to manage consumers’ needs while staff prepare for handover.

The Assessment Contact Report also included the following relevant findings.

Consumers and representatives interviewed by the Assessment Team provided positive feedback about the care and services consumers receive, including the how the service responded to those consumers who had experienced a fall. They said falls prevention strategies and equipment are in place.

Staff have access to policies, procedures and clinical pathways to guide their practice, including for falls management. Staff receive training in falls management and could describe strategies for harm minimisation and post-falls management. Falls management is monitored by clinical and quality staff.

The Assessment Team reviewed care documentation and found falls prevention strategies were managed in line with consumers’ assessed needs and post fall procedures were generally managed in accordance with the organisation’s policies and procedures. The service’s review of falls and clinical indicator data reflected a decrease in falls over a three-month period and compliance with organisational policies and procedures.

Based on the findings in the Assessment Contact Report, I am satisfied that the deficiencies have been remediated and the service has systems to manage falls. Therefore, it is my decision that this requirement is compliant.

# 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

The Performance Report dated 27 June 2023 found the service non-compliant with requirement 8(3)(d) following an assessment contact conducted on 24 and 25 May 2023 based on:

* the service did not consistently report incidents under the serious incident reporting scheme (SIRS) in line with legislative requirements, and
* staff did not have a shared understanding of incident management or SIRS and had not received training in these areas.

The Assessment Contact Report for the assessment contact conducted on 17 October 2023 identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvement actions included:

* Incident management education and training for staff and management that covered incident identification, management and documentation, and SIRS reporting requirements.
* Various clinical monitoring processes to record, monitor and report incidents at the service and organisational level.

The Assessment Contact Report also included evidence that the service has effective systems, policies and procedures for incident management, which supported compliance with legislative requirements for SIRS reporting. Staff interviewed by the Assessment Team understood the policies and procedures and described how they apply them.

Incidents reviewed by the Assessment Team were recorded within the service’s electronic care management system, managed in line with organisational policy, and where required, reported and actioned within legislative requirements. Incidents are reported in the service’s monthly indicators and shared with the organisation.

Based on the findings in the Assessment Contact Report, I am satisfied that the deficiencies have been remediated and the service has systems and practices to manage incidents, including reporting incidents to the SIRS where required. Therefore, 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)