Performance

Report

**1800 951 822**

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| Name: | Blue Care Mareeba Aged Care Facility |
| Commission ID: | 5121 |
| Address: | 7 MacRae Street, MAREEBA, Queensland, 4880 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 November 2023 to 9 November 2023 |
| Performance report date: | 1 December 2023 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3478 Blue Care Mareeba 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 Mareeba Aged Care Facility (**the service**) has been prepared by B Bassett, 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.

# Assessment summary

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| Standard 8 Organisational governance | Not Applicable as not all Requirements 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)(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 |
| 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 service was found to be non-compliant in Requirement 8(3)(c) following a Site Audit Conducted on 13 to 16 June 2023. Deficiencies identified related to information management with respect to communication of changes to consumers’ care needs, audits of information management, continuous improvement processes, and regulatory compliance relating to the identification and reporting of incidents under the Serious Incident Response Scheme (SIRS).

The service has taken actions to address these deficiencies including;

* Progress notes regarding incidents and consumer care plans are now reviewed by management to identify gaps in clinical care or incident management.
* Regular clinical risk meetings have been instituted to ensure incidents and issues are evaluated and addressed promptly.
* The service has employed a Quality and Compliance Support Officer (QCSO) to assist in the implementation of continuous improvement activities at the service.
* A review of continuous improvement documentation identified issues from the previous Site Audit have been addressed and closed.
* The service provided ongoing education to staff regarding incident management, including incidents reportable to SIRS.

Consumers and representatives expressed satisfaction with the way information about care and services is managed and how the information is provided to them.

Staff interviewed said they can access the information they need to deliver safe and quality care and services through the service’s electronic care management system (ECMS), daily handovers and huddles and a weekly newsletter circulated to all staff by management.

Opportunities for improvement are identified through a range of sources including consumer and representative feedback, audit results, clinical indicator trends and clinical incident data. A review of meeting minutes identified trends, including feedback and complaints are discussed at staff meetings.

The service’s Plan for Continuous Improvement (PCI) demonstrated consumer feedback informs continuous improvement actions in the service.

Management advised legislative changes, industry standards and guidelines are monitored by the organisation through subscriptions to various legislative services and peak bodies including the Commission.

Staff interviewed said they are informed of changes to legislative requirements in meetings, huddles, one-to-one discussions and provided training on new requirements.

Following consideration of the above information, I have decided Requirement 8(3)(c) is Compliant.

The service was found to be non-compliant in Requirement 8(3)(d) following a Site Audit Conducted on 13 to 16 June 2023. It was identified processes to manage high impact or high prevalence risks were not effective as there was underreporting of SIRS events, with unreported incidents concerning incorrect medication received and wound management identified as being reportable.

The service has taken actions to address these deficiencies including;

* Incidents of alleged and actual abuse and neglect were effectively identified, logged in the services incident management scheme, investigated by the management team and reported under the SIRS scheme.
* The management team reviewed care plans to identify consumers at high risk for falls, wound management etc.
* Additional training was provided to staff regarding managing high risks and handling serious incidents and accidents.
* Staff have continued access to clinical pathways for managing high impact high prevalence risks when they occur.

The service had policies and procedures in place which detail how high impact and high prevalence risks are managed. Staff demonstrated knowledge of how to locate the policies.

Staff confirmed they receive training from the service on SIRS. Staff stated types of incidents that are mandated as reportable under SIRS and demonstrated an understanding of the different priority levels for reporting.

Staff understood how to protect consumers against neglect and abuse. They were able to state possible early warning signs, and able to explain how to escalate the matter to the management team to ensure consumer safety.

A review of care documentation shows satisfactory identification, reporting and management of falls, medicines incidents, abuse and neglect, pressure injuries and choking.

Risk assessments and care plans are in place for consumers with identified high impact and high prevalence risks. There are regular reviews of the consumers’ risk assessments and care plans.

Following consideration of the above information, I have decided Requirement 8(3)(d) 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)