Performance

Report

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| Name: | Blue Care Tallebudgera Talleyhaven Aged Care Facility |
| Commission ID: | 5303 |
| Address: | 54 Dudgeon Drive, TALLEBUDGERA, Queensland, 4228 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3660 Blue Care Tallebudgera Talleyhaven 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 Tallebudgera Talleyhaven Aged Care Facility (**the service**) has been prepared by P. Sherin, 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 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 in order 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 valued as an individual at the service.

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

Staff undertake annual mandatory training on dignity, diversity, and respect and have access to policies in this regard.

Care planning documentation identified detailed information regarding each consumer’s background, culture, personal preferences, and identity to guide staff practice.

Staff were observed interacting with consumers in a caring, respectful, and dignified manner, and addressing consumers by their preferred name.

# 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 |

Findings

The service demonstrated high impact and high prevalence risks to consumers are managed effectively through individualised care plans and ongoing clinical reviews, with input from specialist health professionals where required.

Staff demonstrated knowledge of risks to individual consumers and the strategies in place to manage and mitigate these risks in line with information captured under care planning documentation.

The service’s Care manager advised the service monitors high impact and high prevalence risks to consumers through monthly clinical indicator data analysis and trending, bi-monthly clinical staff meetings, and completion of a daily clinical monitoring tool.

Documented clinical pathways are available to guide clinical staff in the management of high impact and high prevalence risks to consumers.

# 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 sampled expressed satisfaction with the service environment, and said it is safe, clean, well maintained, and comfortable.

The service environment was observed to be kept clean and free of clutter. Fire safety equipment is available on-site and there are 2 designated smoking areas for consumer use.

Staff described how they assist consumers with limited mobility to move within the service and access outdoor areas. Consumers were observed moving freely within indoor and outdoor areas of the service.

Hospitality staff described the service’s cleaning arrangements including a schedule of daily cleaning tasks for communal areas and consumer rooms.

The service utilises an electronic system for staff to lodge maintenance requests to address hazards, faulty equipment, and other maintenance requests. Posters on how to lodge a maintenance request were observed available to guide staff, and staff demonstrated knowledge of this process.

The service implements a preventative maintenance schedule. Review of maintenance logs evidenced ongoing maintenance checks are conducted regularly and any maintenance requests are addressed in a timely manner.

# 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

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

Staff said they generally have enough time to undertake their allocated duties and described how they manage their workload. Roster staff described the process of filling vacant shifts or unplanned leave, including offering extended shifts, sending out messages to staff offering vacant shifts, and utilising agency staff.

Management described how the service monitors staff levels and ensures adequate staffing to enable the delivery of safe and quality care and services.

In response to feedback regarding overlength response time to call bells, management advised the service will implement a range of corrective actions. This includes daily monitoring of call bells, communicating reminders to staff regarding timely response to call bells via daily handovers and staff meetings, investigation of overlength response times, and random checks by clinical staff to monitor call bell response on the floor.

Staff were observed promptly responding to call bells, providing care and services in a calm and patient manner, and engaging with consumers in diversional activities.

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)