Performance

Report

**1800 951 822**

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| Name: | Blue Care Toowoomba Residential Aged Care Facility |
| Commission ID: | 5817 |
| Address: | 256 Stenner Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 8 November 2023 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3780 Blue Care Toowoomba Residential 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 Toowoomba Residential Aged Care Facility (**the service**) has been prepared by K. Reed, 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 performance report completed 31 August 2023, following an Assessment contact (performance assessment) – site of the service 09 August 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives were satisfied the service was effectively managing high prevalence risks in relation to falls management and the administration of time sensitive medications for consumers. Processes to ensure consumers who experienced falls were monitored effectively and medication administration reports demonstrated consumers received time sensitive medications within prescribed timeframes.

Clinical care and personal care documentation was reviewed for nine consumers who required time sensitive medications or experienced falls. Documents demonstrated, and consumers and representatives and staff interviewed confirmed strategies were implemented to reduce risks to consumers and consumers were being monitored effectively to ensure care delivered met the care needs of each consumer.

Medication administration records for four consumers subject to time sensitive medications demonstrated staff were administering time sensitive medications as prescribed by the Medical Officer.

The service has taken actions to address Non-compliance identified in this Requirement at an Assessment contact -site 09 August 2023, in relation to poor monitoring of consumers who had fallen and time sensitive medication administration. Actions included:

The Clinical manager duty list included daily monitoring of the administration of time sensitive medication to identify any potential omissions. An alert system has been added to the service’s medication electronic care management to ensure staff could identify consumers who were subject to time sensitive medications. Staff confirmed this alert allowed them to prioritise consumers who had time sensitive medications prescribed.

The Care Coordinator was monitoring and ensuring neurological observations were occurring as per the service’s fall prevention policy daily. The service implemented a paper-based neurological observation chart as staff feedback recognised gaps in their ability to record observations in the electronic system. Paper-based neurological observation charts were observed, and staff confirmed they had access to these.

Based on the information recorded above, the service has returned to Compliance in this Requirement.

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)