BlueCross Autumdale

Performance Report

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**Commission ID:** 3236

**Provider name:** Blue Cross Community Care Services Group Pty Ltd

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

Alice Redden, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Site Audit report received on 1 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives felt valued, respected, able to maintain their identity, make informed choices about their care and services and live the life they chose.

All staff spoke about consumers in a respectful manner and were able to demonstrate they are familiar with consumers' individual backgrounds and preferences. Documentation (including assessments, care plans, progress notes, medication charts) demonstrated thorough assessments and consultation with consumers about their priorities and personal preferences for care and services.

Consumers identifying as culturally and linguistically diverse (CALD), said their cultural needs were supported. The service has policies, training and actively researches consumers' backgrounds to provide a foundation for tailored care.

Interactions between staff and consumers were observed to kind, caring and respectful. Staff were able to describe how the consumers’ culture and background influenced how they deliver care and services day to day.For example, lifestyle activities for February 2022 included; church services, St Patrick’s day celebrations, armchair travel to Ireland and ‘all things Greek’ events. Information booklets and contacts for translator services in multiple languages are in the service's lobby.

Consumers and representatives said they are supported to exercise choice and independence and to maintain chosen relationships. Consumers and representatives indicated consumers are supported to take risks to enable them to live the best life they can.

Management described the process for supporting consumers who wish to take risks, including conducting risk assessments for different activities. For example, they support one consumer’s decision to walk without their walking aid. Staff could describe the risk activities for specific consumers and how they are supported to understand the benefits and possible harm, when they make decisions about the activity. Staff described training they have completed in relation to supporting consumers to live the life they choose. There is an annual mandatory training for all staff which includes promoting independent decision making and dignity of risk.

The service was able to demonstrate consumers can communicate their decisions relating to which care and services they wish to access, who their nominated representatives or points of contact are and how they wish to maintain relationships. The service could show how each consumer and representative is provided with timely information that is accurate, current, and easy to understand. Staff were able to describe different ways in which information is provided to consumers, in line with their needs and preferences. Consumers and representatives felt the information they received helped them exercise choice and make decisions, while the monthly consumer meetings provided updates about the service and allowed them to raise and discuss any issues.

Management provided evidence all consumers and representatives were informed about the site audit within an hour of the Assessment Team arriving on site. The poster announcing the site audit was displayed across all notice boards in the service within an hour. The site audit poster was at every table during meal service.

The service’s consumer handbook outlines how consumers and representatives can have input into decisions that directly impact their care and services. The handbook explains meetings are held regularly and the minutes can be emailed to consumers or representatives if requested.

Consumers and representatives said their privacy and personal information was respected. Care planning documentation noted any privacy preferences such as the gender of care staff to attend.

The organisation has a policy setting out consumer’s rights to privacy, dignity and choice provided to staff and volunteers. Staff receive training on privacy and confidentiality and could describe the practical ways they respect the personal privacy of consumers such as; knocking on doors, waiting for permission to enter and always asking for consent before proceeding to provide care. Doors to staff areas containing confidential records were kept closed.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumer interviews and care files demonstrated comprehensive assessment, planning and risk assessment processes were used to inform the delivery of safe and effective care and services. Consumers and representatives felt they were consulted as partners in the ongoing assessment and planning of their care and services including where they choose to provide instructions for advanced care and end of life wishes.

The service has policies and procedures available electronically which guide staff practice regarding the assessment and planning for all consumers. The service follows an admission checklist which ensures that full assessments are completed across areas such as; falls risk, skin integrity, nutrition, pain, medication. The service consults with consumers/representatives, their doctors and health care providers to ensure the care plan meets the needs, goals and preferences of each consumer.

Staff could describe how they deliver care to specific consumers to meet their current needs, goals and preferences. Staff explained how they approach conversations with consumers and/or representatives about end of life wishes and advance care planning. The service has policies and procedures in place to assist with decision making and to support the end of life journey for consumers and their families.

Care assessment and planning is an ongoing partnership with the consumer and others they choose to involve in the process and the plans are documented and updated. Clinical staff described the involvement of a range of health professionals in care planning including; medical officers, dietitians and physiotherapists. Care and services plans were effectively documented in a format that the consumer or representatives can understand and readily access. Staff could describe how the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available to the consumer. Some consumers and representatives interviewed knew there was a care plan but were not aware they can access their care plan whenever they want to.

Care planning documentation was reviewed on both a regular basis and when circumstances change, or incidents occur. However, one care plan did not show evidence of review on a regular basis. Consumers were satisifed their care and services were reviewed regularly for effectiveness, when their needs, goals or preferences change or an incident occurs.

Staff are guided by policies and procedures regarding processes for care plan review. Clinical staff could describe how incidents may trigger a reassessment or review. For example, if a consumer falls the service completes a Falls Risk Assessment Tool with clinical staff and the physiotherapist. The service monitors and trends clinical indicators including; medication incidents, falls, hospitalisations, pressure injuries, and behaviour related incidents.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Non-compliance is in relation to Requirement (3)(a). Reasons for the findings are detailed in the relevant Requirement below.

Some consumers and representatives said they are receiving the personal and clinical care they need. However, other consumers and representatives sampled said they have had issues with their care. The service was not able to consistently demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being.

The service demonstrated effective communication of information within the service and to external care providers. There was timely and appropriate referrals to doctors and allied health professionals where it was appropriate to support consumers’ health and well-being. Care planning documentation reflected the identification of, and response to, changes in the consumer’s condition and/or health status, including the effective management of high-impact or high-prevalence risks to consumers.

Staff were able to describe the clinical risks for particular consumers and the management strategies in place. For example; care planning documentation for one consumer identified the strategies to reduce the risk of pressure injuries, included compression stockings and repositioning.

Consumers and representatives said the service recognises and responds to changes in condition in a timely manner and their care plans reflected their end of life needs and wishes. Staff could explain how they respond to any deterioration or change in a consumer's condition. Staff were able to describe the palliative care needs of the relevant consumers and the practical ways in which they maximise their comfort and dignity.

Consumers and representatives interviewed said they have access to other providers of care and services when they need it. The service has written procedures for making referrals to health professionals outside the service, including the allied health procedure.

Consumers noted staff implement precautions such as; wearing masks and washing hands to prevent and control infection. Staff demonstrated an understanding of how infection related risks are minimised at the service and how they minimise the need for and use of antibiotics. The service environment was clean and tidy with hand washing stations throughout the service. The service maintains vaccination records for staff and consumers. All staff have received the 2 doses of the COVID-19 vaccination.

The service has several outbreak management procedures, including a COVID-19 management procedure. The organisation has policies and procedures related to infection prevention and control and antimicrobial stewardship. The policies and procedures describe how the service aims to optimise the prescribing of antimicrobials to maximise effectiveness and how the service minimises infection related risks.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

Some consumers and representatives sampled said they are receiving the personal and clinical care they need. However, other consumers and representatives sampled said they have had issues with their care. The service was not able to consistently demonstrate that each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being. Evidence relevant to the finding included:

* The Assessment Team found the service could not consistently demonstrate that the management of pain for each consumer was in line with best practice.
  + - * 1. One consumer suffering chronic pain had not had their pain assessment updated since 22 July 2021. The service could also not demonstrate that the pain management plan in place was being followed.
        2. One representative described an incident where they had used the call bell because their loved one was in pain and care staff entered the room and turned off the call bell and went to leave the room without offering assistance.
        3. One consumer was accidentally provided with pain relief medication twice for the same period. This incident was recorded and reported under the Serious Incident Reporting Scheme.
        4. The pain relief patch for one consumer was not changed when required on 5 February 2022. Progress notes indicate the incident was recorded and notified.
* One consumer was not receiving care in line with their assessed care needs. The consumer said staff asked them to dress themselves in the mornings, so they can attend to other consumers. While the consumer did not mind as they enjoy being independent, their care planning documentation indicated they had a deteriorating condition and required assistance with their activities of daily living (ADLs).

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team, some of which had been rectified during the site audit. The Provider submitted a copy of new amendments to the service’s plan for continuous improvement which included actions to address these gaps. These actions included:

* Updating pain assessments, additional staff guidance issued and staff education provided on best practice pain management procedures.
* Reviewing and updating of care plans for particular consumers and issuing additional staff guidance around following care plans.

I acknowledge the service has reviewed the deficits identified by the Assessment Team and has either, completed corrective actions, or included corrective actions to be undertaken on the service’s continuous improvement plan. However, at the time of the site audit, several consumers’ pain management had not always been consistent with best practice and one consumer was not receiving daily personal care in line with their assessed care needs.

Based on the evidence summarised above, I find the service Non-compliant with this Requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Most consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives said the service supports them to pursue activities of interest to them and that their emotional, spiritual, and psychological needs were being met. Consumers said staff are kind and caring and they are comfortable speaking to them when feeling low. They can also stay in touch with family or friends for comfort and emotional support, through visits at the service or by using technology.

On entry to the service, lifestyle staff partner with the consumer and/or their representative to determine the consumer’s individual preferences, including leisure needs, religious beliefs, social and community ties and cultural traditions. This assessment also includes the chaplain to better assess the consumer’s spiritual needs. The service’s lifestyle program accommodates and modifies activities to cater for consumers’ needs, preferences and varying levels of functional ability.

Care documentation showed comprehensive information about the services and supports needed for each consumers well being. Staff could explain the services, supports and preferences for particular consumers and this matched their care planning documentation.

The service was able to demonstrate that information about the consumer’s condition, needs and preferences is communicated effectively within the service and to others involved in their care. Staff could describe ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer.

Consumers and representatives said their condition, needs and preferences are effectively communicated within the service and with others responsible for their care and services. Consumers and representatives were satisifed they were supported by other organisations and providers of care and services whenever needed. Care documents were up to date and confirmed timely referrals were made to other appropriate individuals and providers of care and services.

Most consumers and representatives sampled said they are satisfied with the variety, quality and quantity of food provided at the service. One consumer said the food was not to their taste. Meals were observed to match the menu, be an appropriate size and were being eaten by most consumers. One consumer was offered a variety of alternatives to the meal first offered. The menu included a different meal option for breakfast, lunch and dinner, and alternatives were listed.

Care planning documentation reflected the current dietary needs and preferences of consumers. Staff were aware of the dietary needs and preferences of consumers and described how they tell if consumers enjoy the food and get enough to eat.

The kitchen was observed to be clean and tidy with health and safety guidelines and infection control measures displayed. The daily handover sheet included the dietary requirements of consumers, including food textures, allergies, likes and dislikes.

The consumer handbook stated that all meals are prepared in house to meet nutritional and cultural needs.

The service could demonstrate that equipment used is suitable, clean, and well maintained. Consumers and representatives were satisifed they have access to good equipment such as; mobility aids, shower chairs and manual handling equipment. Staff across all areas said they have access to enough equipment, and it is well maintained. Staff said when issues are identified with equipment, this is reported to maintenance and it is rectified in a timely manner.

Equipment to support daily living was observed to be suitable, clean, and well maintained. The preventative maintenance schedule showed regular servicing of equipment and the reactive maintenance logs showed issues were followed up and rectified by maintenance staff in a timely manner.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Overall consumers considered felt they belong in the service, and felt safe and comfortable in the service environment. Consumers’ rooms were personalised with items such as; family photos, pictures and collectables. The service was decorated with artwork, furnishings and homely décor.

Staff said they are friendly, welcoming, and try to get to know the consumer's family and give families a chance to get to know them. Staff said they offer visitors lunch and/or drinks, and consumers and their friends and family are welcome to have a shared meal experience together.

The service environment was observed to be welcoming, easy to understand and had many functional areas for consumers to use independently or with others. Management explained how the service environment makes consumers and visitors feel at home, and how it supports consumers with a cognitive impairment. The service environment was designed to support aged consumers with clear signage, handrails and lighting. Staff were available to assist, support and direct consumers and visitors around the service. There were large communal lounge areas where consumers could watch television smaller, more secluded sitting areas throughout the service. The courtyard and outdoor areas appeared well-maintained, and consumers were observed sitting outside independently or with visitors or staff. Consumers could move freely both indoors and outdoors.

The service appeared clean and well-maintained and the cleaning and maintenance schedules confirmed regular cleaning and maintenance were completed on time. Cleaning staff confirmed they follow a cleaning schedule and could describe infection control processes and extra cleaning requirements in relation to COVID-19.

The service demonstrated effective preventative and reactive maintenance systems. Maintenance requests were raised via the internal electronic system, which all staff have access too. Consumers can raise requests verbally to staff or can provide feedback in their feedback forms. The service’s maintenance schedule showed regular and timely maintenance is occurring, including for the fire systems and equipment. Equipment such as lifters, weigh chairs, mobility aids, and kitchen appliances were effectively maintained by contracted services.

Consumers and representatives sampled said that furniture, fittings, and equipment were safe, clean, well-maintained, and suitable for them. All furniture, fittings and equipment were observed to be safe, clean, and well-maintained. Staff sampled were able to describe how equipment is cleaned, maintained and made available for use.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Overall consumers felt encouraged and supported to give feedback and make complaints, and that appropriate action was taken by the service. Consumers and their representatives understood how to give feedback or make a complaint and said they felt comfortable doing so, especially when contacting management. They said they could provide feedback on the forms, verbally, in writing, through surveys and at consumer meetings. One representative said the open-door approach of the service management makes the feedback process easy. Most consumers and representatives sampled were able to describe how they could make a complaint if they felt uncomfortable raising concerns with staff at the service.

Staff described how they encourage and support consumers to provide feedback and make complaints and were aware of external complaint avenues, advocacy and language services available to consumers and representatives. The service has complaints information available in different languages and there are advocacy service brochures located on noticeboards around the service. All staff can assist consumers who have difficulty communicating to provide feedback or make complaints.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is employed when things go wrong. Management said open disclosure is embedded in the complaints process and most complaints will be handled at the local level. More serious complaints will be discussed with head office. Care staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Care staff said they would explain what happened to the consumer and ensure the consumer was satisfied with the response. Staff said they would contact the representative as part of the open disclosure process.

The service demonstrated a system for receiving, monitoring, and actioning feedback from consumers and their representatives. Complaints received from various sources including; verbal complaints, consumer meetings and surveys are recorded on the electronic complaints and feedback reporting system. Consumers and representatives said their feedback had been used to improve care and services and could cite examples.

Staff gave examples of how feedback and complaints have been used to inform continuous improvements across the service. The feedback and complaints register for the past 6 months demonstrated that all complaints filed were actioned with an appropriate response.

The service has an opportunity for improvement register which includes feedback and complaints and outlines how feedback is used to improve the quality of care and services. Where service improvement opportunities are identified, these are added to the continuous improvement plan (CIP) for monitoring and action.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Most consumers considered they got quality care and services when they need them from people who are knowledgeable, capable and caring. Most consumers felt that staff were always able to complete their tasks and deliver safe and effective care and did not express concerns with the adequacy of staff numbers. Two consumers said they were not satisfied with the staffing levels currently, or in the past, and indicated a negative impact on their care.

Staff said that while they have busy days, most have enough time to complete their daily tasks comfortably and did not report impact to the quality of care for consumers. Management explained the call bell analysis process and explained that any response time greater than 10 minutes are reviewed and investigated. However, management were unable to provide any recent evidence of this investigation being completed.

Consumers and their representatives said staff are kind, caring and gentle when providing care. One representative said every interaction with staff show they are kind, thoughtful and ‘tick all the boxes’. Consumers and representatives believed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

The service has a suite of documented policies and procedures to guide staff practice, which outline that care and services are to be delivered in a person-centred approach. There is staff training on dignity and respect as part of annual training. Staff were observed interacting with consumers, and each other, in a kind, caring and respectful manner. When staff spoke about consumers it was in a caring and respectful manner.

The service demonstrated they ensure staff are selected and trained to be competent and capable in their role. All roles have position descriptions which include key competencies, qualifications and registrations that are either required or desirable. New staff undergo an orientation and onboarding process which includes mandatory online training and a buddying system with experienced care staff. Staff continue to be buddied in their shift until a level of competency is reached. Staff are required to participate in a 2-month and 5-month probation review, and a performance appraisal process at least annually. The service had policies and procedures with respect to recruitment and training of staff. The service facilitates annual mandatory refresher training that must be completed by staff to be rostered on shifts.

The service regularly assesses, monitors, and reviews the performance of each member in the workforce. The organisation has a staff performance framework that includes probationary performance reviews and annual performance appraisals. Staff confirmed their performance is monitored through formal performance appraisals and informal monitoring and review.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Overall consumers and representatives considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives were able to describe how they are involved in the development, delivery and evaluation of care.

The service demonstrated that the development, delivery and evaluation of care is made in consultation with consumers. The service has established a consumer committee which meets monthly the week before the consumer and representative meetings.

The service management was able to describe the involvement and accountability of the governing body. There were several examples of initiatives driven by the Board aimed at promoting a culture of safe, inclusive and quality care and services. The Board is accountable for the delivery of quality services and compliance with the quality standards and other performance benchmarks. The Board meets regularly and the agenda includes items such as; the clinical governance report, monthly safety report, financial reporting and the leadership capability framework.

In order to satisfy itself that the Quality Standards are being met, the service has internal and external audits conducted against each of the standards and the service uses the data from the audits to improve performance. The data is discussed at Board meetings and the service is bench marked against other BlueCross services.

The service demonstrated it has effective governance systems relating to the management of information, continuous improvement, financial governance, workforce goverance, regulatory and legislative compliance and feedback and complaints. There are a suite of policies and procedures, information and risk management systems and a range of committees, which help ensure that the service delivers safe and effective care and services.

The organisation has a documented risk management framework, including policies describing how:

* high-impact or high-prevalence risks associated with the care of consumers is managed.
* the abuse and neglect of consumers is identified and responded to.
* consumers are supported to live the best life they can.

Staff had been educated about the policies and were able to provide examples of their relevance to their work. The organisation documented clinical governance framework including policies related to:

* antimicrobial stewardship.
* minimising the use of restraint.
* open disclosure.

Staff had been educated about the policies and were able to provide examples of their relevance to their work. For example, staff understood the term ‘antimicrobial stewardship’ and gave examples of how they minimise antibiotic usage at the service such as encouraging fluids at the first signs of a urinary tract infection. Staff were able to describe other practical strategies they used to minimise the use of restraint.

## Assessment of Standard 8 Requirements

## Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 3 Requirement (3)(a): Ensure each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being, including in relation to pain management and assistance with personal care.