BlueCross Cresthaven

Performance Report

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**Commission ID:** 3372

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

**Assessment Contact - Site date:** 24 June 2021 to 25 June 2021

**Date of Performance Report:** 22 July 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received 19 July 2021.

# STANDARD 2 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 Assessment Team assessed one specific requirement and found it Compliant.

## An overall rating for the Quality Standard is not provided as not all specific requirements were assessed.

## 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.*

The Assessment Team found that the service demonstrated that the processes for assessment and planning included consideration of risks to consumers’ health and well-being inform the delivery of safe and effective care and services.

Consumers and representatives sampled provided feedback that they are involved in the assessment of the consumers' needs when they first move into the service and are kept informed and involved when reassessment is implemented

The Assessment Team sampled consumer files based on identified risks, including specialised nursing care, restraint, challenging behaviours, falls and pain. Bed pole risk assessments and prescription are conducted by appropriate allied health professionals.

Care plans demonstrate individualised information and assessments included consideration to risks across all domains and regular care plan consultation. Care plans are completed in a timely manner for new or respite consumers.

The Assessment Team received feedback from staff interviewed in relation to sampled consumers, which demonstrated a strong knowledge of consumers' risks, needs and preferences. Feedback included examples of the care they provide consistent with documentation in the care plans reviewed by the Assessment Team.

The service has a suite of policies to guide assessment, care planning and review of consumers.

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

# STANDARD 3 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 Assessment Team assessed three specific requirements and found them Compliant.

## An overall rating for the Quality Standard is not provided as not all specific requirements were assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

The Assessment found that consumers and representatives interviewed were satisfied with the care they receive and provided examples of ways staff provide individualised care which optimises their wellbeing.

Care files sampled by the Assessment Team demonstrated evidence of care delivery that is best practice, individualised to consumer’s needs and optimises their health and well-being. Consumer care files and the psychotropic register demonstrated regular review by the geriatrician and general practitioner, with all consumers reviewed in the past three months and more frequently where medication has been changed. Consumer care files sampled included non-medication approaches to pain management such as heat, massage, diversion activities, one on one time and emotional support and physical exercise. Care planning documents sampled demonstrated comprehensive skin assessments and appropriate strategies to manage pressure injury risk.

All consumers on the psychotropic medication register have been reviewed since the last site audit in relation to prescribed chemical restraint. During these reviews consultation with the consumer representatives occurred by phone with the general practitioner and geriatrician present. The indication, risk and other strategies to manage behaviour were considered in relation to the consumer’s individual diagnosis and needs.

Staff were able to identify what is important to individual consumer’s well-being and could describe their care needs. Staff described care which is in line with best practice.

A recent improvement in the management of skin care has been the introduction of weekly foot checks by care staff for consumers identified with diabetes in addition to daily skin checks. Nursing staff conduct a daily wound audit of care files to ensure wound care is attended to as per the care plan. All wounds are photographed and sighted by a registered nurse at least weekly.

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

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

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

The Assessment Team found that representatives interviewed were satisfied with the way the service manages risk associated with consumers’ care.

Care planning documents demonstrated that risk are appropriately assessed, managed and monitored to provide safe and effective care to consumers. The service demonstrated assessment of risk and underlying factors in the approach to managing behaviours related to dementia, the use of bed poles and falls. Staff were able to describe risks associated with the care of individual consumers and how they managed these. Staff were observed attending to consumers to support their needs and mange risks associated with their care. The Assessment Team observed safe practices in regard to medication management.

Recent changes to the ‘person centre care’ meeting and documentation format have led to consumer risks were reported as relevant to the person. The service documents all incidents through the electronic care system. Management reviews data monthly. Clinical staff review and monitor each consumer following a clinical incident.

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

### 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.*

The Assessment Team found this requirement not met based on observations during the site visit including poor staff practices around PPE use and social distancing. Management commenced investigation and response to the identified issues at the conclusion of the visit. The service has adequate and readily available PPE and sanitising equipment. Visitor screening occurs at the reception desk with donning and doffing stations identified. The reception desk was attended throughout the visit. Sanitising wipes were observed at the electronic sign in at the screening area, and at the location of shared equipment such as lifting equipment, computers and desk spaces. There was hand sanitiser available at lifts and other touchpoints. Signage was visible at relevant locations to instruct cleaning touch points after use and encouraging hand hygiene. Staff are able to describe approaches to minimise antibiotic use within the service and their role in minimising infection.

The approved provider’s response provided additional information in relation to this requirement, including evidence of actions taken in response to staff practice issues identified by the Assessment Team, evidence of staff education and strengthened internal monitoring processes. The response also provides evidence of the service’s COVID-19 preparedness and response plan and antimicrobial stewardship procedure and the service’s influenza vaccine register.

I have considered all the information provided and have come to a different conclusion to that of the Assessment Team and find this requirement Compliant. The responsiveness of the approved provider in relation to the staff practice issues identified on site and the evidence of follow up actions taken including strengthening of internal monitoring systems has provided me with confidence that the issue has been addressed. Overall, I am satisfied that the approved provider has demonstrated that infection related risks are minimised.

# STANDARD 6 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 Assessment Team assessed one of the specific requirements and found it Compliant.

## An overall rating for the Quality Standard is not provided as not all specific requirements were assessed.

## 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.*

The Assessment Team found consumers, representatives and others, are encouraged and supported to provide feedback and were informed of ways to make a complaint. Staff demonstrated an awareness of the complaints system and how to support consumers to provide feedback. The service demonstrated consumers and other stakeholders are encouraged and supported to use internal and external feedback mechanisms.

Consumers and representatives said they are comfortable providing feedback and making complaints and are informed of the ways to provide feedback. It was indicated that the process has improved, and as consumers become more familiar with the service and processes, they provide more feedback.

The Assessment Team observed feedback forms on each floor, at the nursing stations and on the feedback boxes located at the main elevator on each floor. Brochures are available at reception in 20 different languages; the service also has posters across the service reminding consumers of various ways to raise concerns.

The service recently introduced a Consumer Advisory Committee, which provides an independent platform for residents to raise concerns and ideas on improvements across the BlueCross community. All feedback received from the committee is reported monthly in the person-centred care meetings and to the board.

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

# STANDARD 8 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 Assessment Team assessed two of the specific requirements and found them Compliant.

## An overall rating for the Quality Standard is not provided as not all specific requirements were assessed.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found that the organisation has a framework, supported by policies, identifying high impact and high prevalence risks to skin ware, wound management, medication administration, use of bed poles and high transmissible infections. Management demonstrated effective review and management of risk under this framework, and documentation and interviews demonstrated staff are aware of their responsibilities in relation to these policies.

The organisation demonstrated that consumer risk in relation to restraint, skin integrity and pain management is managed, and trends are discussed at the service's clinical and staff meetings. This information is also reported, discussed and reviewed at the organisation's executive clinical governance and board meetings.

A Residents and Clients committee meeting has been established which meets bi-monthly to discuss risks to consumers' care and ways to mitigate and prevent incidents from occurring and/or reducing possible harm. This committee is made up of consumers and their families and provides consumers with an opportunity to discuss risks and issues which are important to them. Information is then reported to the board for consideration

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

### 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.*

The Assessment Team found that there is a clinical governance framework in place with reporting and monitoring occurring and this includes minimising the use of antibiotics. The use of physical and chemical restraint is also monitored and minimised. Open disclosure occurs and is documented. The organisation was able to provide relevant policies.

Clinical reporting occurs monthly on areas including but not limited to falls, medication incidents, infections, wounds, restraint, audits and care planning. Service management follow up outstanding information and seek additional information as needed. Reporting also occurs to the corporate governance team at the organisational level. National quality indicator reports are included in board documentation and discussed at meetings.

Infections must meet the organisation's determined infection criteria and are reported in monthly reports with performance trended. Monthly reports on antimicrobial usage are received and referenced to the infection register. Trending of antimicrobial usage occurs. Monitoring occurs through the medication advisory committee with antimicrobial stewardship included as a standard agenda item.

The use of psychotropic medications is monitored through a register and pharmacy reports. This process has supported the review and amendment of psychotropic medication usage. A regular review process is established with supporting documentation maintained where chemical restraint is required and agreed.

The policy for open disclosure is applied to guide response to incidents that may/or have caused harm to consumers.

I have considered all the information provided and am satisfied that the approved provider has addressed the deficits identified at the last visit. I find this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.