Performance

Report

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| Name: | BlueCross Ashby |
| Commission ID: | 3605 |
| Address: | 23 - 31 Ashford Street, LOWER TEMPLESTOWE, Victoria, 3107 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 7 December 2023 |
| Performance report date: | 11 January 2024 |
| Service included in this assessment: | Provider: 966 Blue Cross Community Care Services Group Pty Ltd  Service: 5198 BlueCross Ashby |

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 BlueCross Ashby (**the service**) has been prepared by Denise McDonald, 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 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed staff treated them with dignity and respect. Staff demonstrated an understanding of consumers’ personal circumstances, life history and cultural backgrounds. Management stated the service had policies and procedures to ensure consumers were treated with dignity and respect.

Consumers and representatives said their cultural backgrounds were recognised, and care was provided consistent with cultural traditions and preferences. Care documentation demonstrated consumer’s cultural needs and preferences were captured. Staff identified consumers with diverse cultural backgrounds, and explained how they adapted care and service delivery to ensure it was safe for each consumer.

Consumers and representatives advised they received supports to exercise choice and independence, and they had the ability to make their own decisions and maintain personal relationships. Care documentation outlined the consumer’s choices, needs and preferences in relation to who could make decisions regarding the care and services they received. The consumer handbook identified consumers can be involved in the development of their care plans, which reflected their choice of who should be involved in their care.

Staff outlined the supports provided to consumers who chose to engage in activities which included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Consumers and representatives confirmed consumers were supported to take risks enabling them to live their best life. Care documentation demonstrated risks were identified by the use of risk assessments, and appropriate measures were taken to ensure potential risks were mitigated.

Consumers and representatives confirmed they were provided with current information through a variety of avenues, including meetings, newsletters and the information displayed. Staff described several ways information was delivered to consumers, including those with cognitive impairments, regarding their care and services which enabled them to exercise choice. Information was observed to be available, it was clear and written in an easy to understand manner to assist decision making for consumers and representatives.

Consumers and representatives felt their privacy was respected and were confident their information was kept confidential. Staff outlined how they maintained consumers’ privacy when providing care and indicated they kept computers containing personal information password protected. Staff were observed closing consumers’ bedroom doors when providing personal care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed they were actively involved in the development of the consumer’s care plans. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Care documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services.

Consumers and representatives indicated the assessment and planning process identified and addressed their current needs, goals and preferences, inclusive of advance care planning. Care documentation identified and reflected consumers’ needs and preferences and end of life wishes. Staff demonstrated an understanding of the needs and preferences of consumers, and this information was in alignment with consumer feedback.

Care documentation demonstrated an ongoing consultation process with consumers, representatives, medical officers and allied health professionals in the care of consumers. Consumers and representatives confirmed they felt the assessment and planning process occurred in partnership between themselves, staff and external service providers. Staff confirmed consumers and their representatives were engaged in routine care consultations.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans. Care documentation reflected the outcomes of assessment and planning were communicated with consumers and representatives. Management confirmed the outcomes of assessments and planning were documented within the consumer’s care plan and communicated to consumers and representatives.

Consumers and representatives advised they were regularly informed about changes to their care and services. Staff demonstrated an understanding of the incident reporting process and how incidents may trigger a reassessment of consumers’ care plans. Care documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives advised consumers received safe and effective care which was tailored to their needs. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to ensure these needs were met. Care documentation evidenced staff were following documented strategies to meet consumer’s needs and preferences.

Consumers and representatives felt high impact or high prevalence risks were effectively managed. Staff were aware of the high impact or high prevalence risks associated with the care of consumers and the strategies in place to manage these risks. Policies and procedures were in place to guide staff in managing consumers’ high impact or high prevalence risks.

Consumers and representatives confirmed consumers’ end of life wishes were discussed with them. The care documentation for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences. Staff described how they would provide care for a consumer nearing end of life to ensure their comfort was maximised and their dignity was preserved.

Consumers and representatives provided positive feedback on the response to and recognition of deterioration in a consumer’s condition. Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer.

Consumers and representatives stated the consumer's care needs, condition and preferences were effectively communicated between staff. Staff were observed to handover information and communicated any changes to the consumer’s condition or care needs. Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process.

Consumers and representatives reported they received timely and appropriate referrals when required, and had access to relevant health care supports. Staff outlined the process for referring consumers to medical officers and other health care professionals. Care documentation demonstrated timely referrals were made to medical officers and allied health professionals.

Staff confirmed they had received training on infection prevention strategies, hand hygiene and the use of appropriate personal protective equipment. Personal protective equipment and infection control supplies were observed to be accessible, and staff adhered to infection control practices including hand hygiene practices and cleaning shared equipment. An outbreak management plan was in place and policies and procedures had been implemented in relation to antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers confirmed they were supported to engage in activities of interest which allowed them to be independent, and promoted their well-being and quality of life. The monthly activity schedule contained daily activities for consumers and was displayed in communal areas. Staff outlined the services and supports offered to consumers to maximise their independence, well-being and quality of life.

Consumers and representatives felt well supported in maintaining their emotional, spiritual and psychological well-being. Staff outlined how they supported the emotional, psychological and spiritual well-being of consumers, including consumers who preferred not to actively engage in the activities. Care documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers, and described how staff could assist them.

Consumers and representatives felt consumers were assisted to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and engage in activities of interest to them. Care documentation identified information regarding consumers’ interest and the relationships of significance to them. Consumers were observed engaging in a variety of activities, returning from external activities and receiving visitors.

Consumers and representatives confirmed they were provided information regarding the consumer’s condition, needs and preferences, and staff were aware of their needs and preferences. Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded in progress notes. Care documentation evidenced changes in the condition, needs and preferences were captured and was readily accessible.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care documentation identified the collaboration with external organisations and providers of care and services to support the diverse needs of consumers. Consumers advised they would be referred to an external provider of care if their support needs were not able to be met.

Consumers provided positive feedback regarding the meals provided to them. Staff demonstrated an understanding of consumers’ dietary preferences and requirements. Staff were observed to assist and encourage consumers during the meal service, and to offer consumers choices regarding the meals they received.

Consumers indicated they felt safe when using equipment, and confirmed equipment was easily accessible and suitable for their needs. Staff described how maintenance requests were logged in the electronic system for actioning. Maintenance documentation evidenced maintenance requests from consumers regarding their mobility aids were actioned in a timely manner.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives advised the service environment was welcoming and made consumers feel at home. The service environment was observed to be easy to navigate, corridors were sufficiently lit, and maintained at a comfortable temperature. Staff outlined how consumers were made to feel at home, including by encouraging consumers to decorate their rooms with their personal belongings.

Consumers and representatives confirmed the service environment was consistently clean and well maintained, and consumers could move freely, both indoors and outdoors. Staff described the process for reporting maintenance issues and indicated the maintenance system worked effectively. The service environment was observed to be clean and well maintained, with cleaning and maintenance logs, up to date.

Staff outlined the preventative and reactive maintenance systems in place to ensure furniture, fittings and equipment used by consumers were safe, clean, well maintained and suitable for use. Consumers indicated the furniture and equipment was safe, clean, well maintained and suitable for use, and any issues were promptly resolved. Furniture in indoor and outdoor communal areas was observed to comfortable, safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives stated they were supported and understood how to provide feedback or make complaints. Management and staff described the avenues available to consumers and representatives if they wanted to provide a feedback or make a complaint, including through feedback forms, during meetings, surveys or by email. Feedback forms and collection boxes were accessible, and consumers and representatives were able to lodge their feedback anonymously.

Consumers and representatives confirmed they were aware of the Commission and advocacy services. Staff demonstrated an understanding of internal and external feedback and complaints methods and explained how they assisted cognitively impaired consumers to raise a complaint. Posters regarding advocacy services were displayed to promote consumer awareness.

Consumers and representatives stated when feedback was provided, their concerns were responded to in an appropriate and timely manner. Complaints documentation evidenced the use of open disclosure, and the timely management of complaints in accordance with the feedback policy. Management and staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process.

Consumers and representatives confirmed feedback and complaints were used to improve care and services and provided examples of changes implemented as a result of the provision of feedback and complaints. The continuous improvement plan evidenced feedback was used to improve the quality of care and services. Management provided examples of complaints and the actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives stated there were enough staff to meet consumers’ needs and indicated the delivery of their care was prioritised, however some indicated their service was short staffed due to unplanned leave. A review of call bell data for a 3 month period evidenced 93% of call bell requests were answered within a 10 minute timeframe. Management advised the staffing roster was reviewed every fortnight to ensure a suitable number of staff were in place to meet consumers’ care needs.

Consumers and representatives provided positive feedback regarding workforce interactions, and indicated staff engaged with consumers in a respectful, kind and caring manner. Staff demonstrated an in depth understanding of consumers needs and preferences, this information aligned with a review of consumers’ care planning information. Management advised staff were guided by various policies and procedures which outlined care was to be dignifying, respectful and culturally safe.

Consumers and representatives reported staff were skilled in their roles and competent to meet the consumer’s care needs. Management confirmed new staff were provided buddy shifts upon their employment to ensure they were comfortable and competent to effectively perform their roles. Personnel records confirmed staff had the appropriate qualifications and registrations for their respective roles.

Staff outlined the training and professional development they received, and advised they were well supported by management to access additional training when required. Consumers and representatives reported they were confident with the ability of the workforce to meet the consumer’s care needs. Management evidenced their online training and training records management systems which ensured management’s oversight of training completion details for the workforce.

Staff confirmed their performance was monitored through educational competencies, annual performance appraisals and general observations. A review of the performance appraisal register confirmed 85% of the workforce had performance appraisal in place, with the remaining staff scheduled to meet with management. Management confirmed the competency of staff was further assessed utilising a review of internal audit results and clinical data.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives considered the organisation was well run and confirmed they were encouraged to be involved in consumer and representative meetings and provide their feedback. Meeting minutes for consumer meetings and confirmed any identified issues raised were documented alongside management’s response. Management advised the feedback gathered from the quarterly consumer experience survey was used to monitor improvements.

Management described a range of strategies to ensure the governing body promoted a culture of safe and inclusive care, including the occurrence of daily clinical meetings to identify clinical incidents which were reported to the governing body on a monthly basis. Consumers and representatives advised they felt safe, and management communicated updates and changes in an efficient and timely manner. The operations and clinical governance committee meeting minutes confirmed the Board was provided with a range of reports across various topics to ensure effective oversight and the provision of safe, inclusive and quality care and services.

Staff confirmed they had access to the necessary information needed to perform their roles which was accessible via the electronic care management system. Management advised opportunities for continuous improvement were identified through consumer and representative feedback, key performance indicator reporting, incident management data and committee meetings. Complaints documentation evidenced feedback and complaints were logged and reported monthly to the governing body.

A range of policies and procedures to provide guidance to staff regarding reportable incidents. Staff described how they utilised policies and procedures to minimise risks to consumers including falls, infection prevention, restrictive practices and the reporting of incidents. Management advised a monthly clinical indicator report detailing reportable incidents, pressure injuries, weight loss and falls was compiled to identify trends and analyse risks to consumers.

Management described clinical care practice is governed by a clinical governance framework including policies pertaining to AMS, restrictive practices and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)