Performance

Report

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| Name of service: | BlueCross Autumdale |
| Service address: | 13 Eagland Road CHELTENHAM VIC 3192 |
| Commission ID: | 3236 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 June 2023 |
| Performance report date: | 6 July 2023 |

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 Autumdale (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - 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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

This Requirement was found non-compliant following a Site Audit conducted on 8 March 2022 to 10 March 2022. The service was unable to demonstrate each consumer receives effective pain management in line with best practice, pain management documentation did not reflect regular assessment of consumer’s pain. The service did not demonstrate personal care was provided in line with one consumer’s assessed needs and planned interventions.

The service has implemented several actions in response to the non-compliance identified at the Site Audit conducted on 8 March 2022 to 10 March 2022 which have been effective. These actions include an audit of all the consumers’ pain management care documentation to ensure assessments, appropriate pain charting was completed and evaluated, and pain management interventions and strategies are meeting the needs and preferences of the consumers. The service also provides pain management with a multi-disciplinary team approach. Staff training was undertaken on best practice pain management conducted by the allied health team, and training was conducted on the service’s care documentation practice. The service has strengthened the communication about the consumers’ personal care delivery, with daily handovers and a ‘daily op’s meeting’ for all staff.

During the Assessment Contact on 15 June 2023, the service demonstrated strengthened processes for the provision of personal care and clinical care. Consumers provided positive feedback about the care received and said the staff understand and deliver care that meets their needs and preferences. Staff demonstrated comprehensive knowledge of each of the sampled consumers’ care needs, and the individualised care required for the consumers. Clinical staff provided feedback on the sampled consumers’ care, and care document review reflected individualised strategies implemented to monitor and manage consumers’ pain, ensure medication is administered as prescribed, and the maintenance of skin integrity and provision of wound management as per the service’s policies and processes. The service maintains a psychotropic medication register, with the document reflecting regular reassessments, informed consent documented and regular reviews in conjunction with the medical practitioner. Evidence of review to minimise and cease psychotropic medications was reviewed for one sampled consumer. No consumers were identified as subject to chemical restrictive practice, with consumers having diagnosed medical and mental health conditions that indicate treatment with an appropriate psychotropic medication.

The Assessment Team sampled consumers’ care files, with the care documentation reflecting regular reviews including the evaluation of the effectiveness of pain management, charting personal care provided, effective wound management, and documentation of monitoring consumers whereabouts and recording of behaviours requiring support. I find Requirement 3(3)(a) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)