Performance

Report

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| Name of service: | Performance report date: |
| BlueCross Box Hill | 27 July 2022 |
| Commission ID: | Activity type: |
| 3125 | Site audit |
| Approved provider: | Activity date: |
| Blue Cross Community Care Services Group Pty Ltd | 20 June 2022 to 22 June 2022 |

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 Box Hill (**the service**) has been considered by Dee Kemsley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the Assessment Team’s report on 22 July 2022
* other information and intelligence held by the Commission in relation to this 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 | | Compliant |
| 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 advised they were treated with dignity and respect, supported to maintain their identity, and could make informed choices about their care and services to live the life they chose. Staff demonstrated familiarity with consumers life journey, including their culture and diversity, and explained how they tailored care and services for consumer needs. Staff described practical strategies of how they supported consumers to ensure care was delivered in a culturally appropriate and inclusive manner, such as hosting activities of cultural significance for consumers.

Consumers and representatives said consumers were supported to make decisions about care, how it should be delivered, and who should be involved. Staff interviews and care planning documentation demonstrated how consumers were supported to communicate their decisions, and to maintain relationships within and outside the service.

Consumers, representatives, and staff confirmed consumers were supported to undertake activities of their choice, which might have included an element of risk. Care plans substantiated risk was considered through a collaborative, multidisciplinary approach, using clinical and non-clinical information to inform care provided and management of the risk. Care plans demonstrated consultation occurred with consumers and representatives, medical officers, registered nurses, allied health professionals, and other providers of care and services.

Consumers reported information about care and services was provided in a timely, easy to understand manner, which helped consumers to make decisions. Information about care and services were available throughout the service environment, and translated in other languages to support consumers.

Staff described in practical terms how they respected consumers privacy, such as, knocking on a consumer’s door and asking permission to enter, which aligned with site observations. Staff explained consumers personal information was kept confidential through various ways, such as: a password protected electronic records management system, locking the nurse’s station when not in use, and shredding hard copy information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 reflected consumers were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being.

Consumer, representative, and staff feedback confirmed risks to consumers’ health and well-being was considered to inform the delivery of safe and effective care and services. Care plans demonstrated clinical and non-clinical assessment tools were used to capture a holistic understanding of consumers’ needs, goals and preferences. Care plans evidenced consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services. Advance care and end of life planning was identified and addressed in line with consumers wishes.

Consumers and representatives reflected, and care planning documentation demonstrated, consumers partnered with other providers of care, in the ongoing assessment and planning of consumers’ care and services.

Consumers and representatives said staff explained the outcomes of care planning in an easy to understand, timely manner. Staff confirmed they had relevant access to care planning documentation to assist with the delivery of care and services, and updates were provided through progress notes and shift handover. Consumers and representatives said they either had, or knew how to access a copy of the consumer’s care plan.

Care planning documentation, inclusive of progress notes and assessments, confirmed the service regularly reviewed consumers’ care and services for effectiveness. Care plans consistently demonstrated they were reviewed every 3 to 4 months, and when circumstances changed which impacted on the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 confirmed consumers received personal and clinical care which was safe and right for their needs. Staff advised they had access to work instructions to guide the provision of consumers’ personal and clinical care in a safe and effective manner. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and optimised consumers’ health and well-being.

Care plans and staff feedback demonstrated clinical risks associated with the care provided for each consumer including falls, skin integrity, pain, and restrictive practices were effectively managed through evidence-based assessment and planning. Staff explained in practical terms how care and services changed for consumers nearing end of life, to support consumers’ comfort and dignity. Representatives confirmed the service adhered to consumers’ end of life preferences and needs, to ensure consumers were comfortable and supported.

Care planning documentation demonstrated changes to consumers’ mental health, cognitive or physical function was recognised and responded to in a timely manner, through assessment and referral to medical officers and other health professionals. Care plans confirmed consumer referrals were completed in a timely and appropriate manner to various allied health professionals and medical specialists.

Staff explained changes to consumers’ needs or conditions was shared with staff and other providers of care through case conferences, progress notes, verbal handover, referrals, and other notifications.

Consumers said the service followed measures to prevent and control infection, such as staff washing their hands. Staff were observed to follow infection control precautions, such as wearing appropriate personal protective equipment, social distancing, and frequent hand washing. The service had an outbreak management plan to support the service’s preparedness in the event of a COVID-19 outbreak. Staff explained the various methods they used to promote appropriate antibiotic prescribing, such as, obtaining pathology test results to determine if antibiotics were required.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do. Staff advised they partnered with consumers, representatives, and other providers of care and services to support each consumer’s lifestyle needs and preferences, in a safe and effective manner. Staff explained the lifestyle program accommodated and modified activities to cater to consumers varying requirements, and levels of functional ability.

Staff said they supported consumers emotional, spiritual and psychological well-being in various ways, such as: connecting consumers with volunteers, community referrals, facilitating conversations with family and friends through technology, and directly engaging with consumers. Staff explained if they identified a change in a consumer’s mood or emotional need, they would engage the consumer in conversation and offer support, and as required, report the matter to registered staff or outside services to provide additional support. Consumers indicated their emotional, spiritual and psychological needs were supported by the service.

Staff supported consumers to maintain relationships of choice, do things of interest and participate in their community within and outside the service through various activities, such as: church service, prayer group, meditation, and community outings. Consumers advised they could leave the service to participate in activities of interest, visit family and friends.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals.

Care planning documentation demonstrated timely and appropriate referrals were completed for other providers of care and services, to best support consumers’ needs.

Overall, consumers reflected they were satisfied with the meal quality and quantity provided at the service, and could ask for alternative options if required. Site observations and staff interviews confirmed hospitality had access to consumers’ dietary information, to ensure appropriate meals were provided.

Equipment required for activities for daily living was observed to be suitable, clean and well maintained. Maintaince documentation demonstrated regular cleaning and servicing of equipment was undertaken.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. The service environment was observed to have dementia enabling principles of design, sufficient light and handrails to support consumers interaction and function.

The service environment was observed to be safe, clean, well maintained, which aligned with feedback from consumers, representatives and review of the service’s preventative maintaince and faults register. Staff explained the service environment was cleaned 7 days a week in accordance to a daily schedule, inclusive of cleaning high touch point areas and deep cleans.

Consumers, including those with mobility aids, were observed to be moving freely about the service environment. Consumers confirmed they could move within and outside the service environment.

Consumers were observed to have access to a range of equipment which was safe and clean. Staff explained equipment was cleaned and disinfected daily, and annual audits and safety checks were conducted to ensure equipment was fit for purpose. Furniture was observed to be clean and in good condition.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 advised they felt supported to provide feedback and complaints, and were engaged in processes to ensure appropriate action was taken. Staff explained consumers and representatives were able to provide feedback and complaints through the service’s feedback form, direct feedback to staff, emails, surveys, and at consumer meetings.

Information about complaints mechanisms and services was displayed throughout the service environment, inclusive of advocacy and language services, and external services such as the Aged Care and Quality Safety Commission (the Commission) and the Older Persons Advocacy Network (OPAN). Consumers and representatives confirmed they were aware of external complaints services available.

Staff demonstrated an understanding of the open disclosure process, and required actions to ensure the issue did not reoccur. The service’s feedback and complaints register confirmed open disclosure was used in practice, with an apology provided to the complainant, and actions and outcomes recorded following an investigation.

The feedback and complaints register demonstrated, and consumer, representative and staff advised, the service used information from feedback and complaints to make improvements to the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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 said they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Staff explained due to COVID-19 there were some staff shortages, however, with no impact to the level and quality of care provided for consumers. Overall, staff reflected they were appropriately staffed, with the right number and mix of staff available. Staff rosters, leave sheets, and call bell response times substantiated the service was appropriately staffed.

Consumers reflected staff were kind and respectful, which aligned with site observations. Staff were supported to provide care and services in a manner respectful of each consumer’s identity, culture and diversity through training, policies and procedures.

Staff confirmed they received training which equipped them with the right knowledge and skills to provide appropriate care and services for consumers. Management explained they ensured staff were competent and capable in their role through on the job feedback, ongoing training, and performance appraisals. Management advised if a staff member were to make a mistake, they would talk to the staff member to understand how it happened, discuss training requirements, and review results to determine further performance management as required.

The service provided up to date evidence which confirmed they monitored and tracked professional qualifications and registrations required by staff in their role. The service’s learning and development induction training program, and mandatory training was noted to be up to date, and completed by staff.

Overall, a majority of performance reviews were completed, and evidence was provided of the plan to address the outstanding reviews. Staff performance plans confirmed staff were supported through further training, evaluation, and goal setting.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Overall, consumers and representatives reported the service was well run, and consumers’ input was used to improve care and service delivery. The governing body demonstrated accountability for the delivery of safe, inclusive, quality care and services through various committees, forums, and reports.

Organisational documentation, such as policies and reports, and staff interviews demonstrated the service had effective organisation wide systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, supported consumers to live their best life, and managed and prevented incidents. Staff were guided to understand risk and what their responsibilities were in the event of a critical incident, through policies, procedures, training, and the service’s risk assessment table.

The service’s documented clinical governance framework included policies relating to: antimicrobial stewardship, minimising the use of restraint, and open disclosure. The clinical governance framework was implemented in the day to day delivery of care and services, such as:

* Staff were observed following best practice infection control practices relevant to their duties, in accordance to the service’s policies, such as appropriate use of personal protective equipment.
* Staff demonstrated knowledge of antimicrobial resistance, and described strategies to minimise the use of antibiotics in keeping with policy.
* The service’s incident, feedback and complaints registers demonstrated the service used an open disclosure process in resolving mattes, in line with the service’s policy.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)