Performance

Report

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| Name of service: | BlueCross Chelsea Manor |
| Service address: | 7-11 Beardsworth Avenue CHELSEA VIC 3196 |
| Commission ID: | 3645 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 12 May 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 Chelsea Manor (**the service**) has been prepared by E Blance, 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

I find this Standard compliant.

Consumers say staff are kind, treat them with dignity and respect, and make them feel valued. Available information reflected what is important to consumers to maintain their identity, including consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers say they feel safe at the service and the staff respect their individual cultural needs and preferences and staff were familiar with those needs. Lifestyle activities promote cultural safety including traditional ceremonies.

Consumers say they are supported to exercise choice and independence and can spend time with people who are important to them. Policies and procedures support staff to support consumers to be given choice through respecting what they want to do, understanding their background as well as information about their likes and dislikes collected through entry processes.

Consumers say they are supported to take risks to live their best life and described how the service enabled consumers to perform the activities they would like, even if these had associated risks. Assessments support consumers who wish to take risks. The service is guided by a number of policies and process in supporting consumers to take risks.

Consumers say they receive up to date information about activities, meals, and other events occurring in the service. Staff communicate with consumers in a way they can understand. Consumer meeting minutes, lifestyle activities, current menus, and different mechanisms on how to provide feedback or complaints were current, accurate and timely to support consumers to make decisions about their care and services.

Consumers say their privacy is respected. Privacy and confidentiality is supported by the staff and systems to ensure consumer information was kept private.

# 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

I find this Standard compliant.

Consumers say they are actively involved in developing their care plans. They say potential risks to their health and well-being are discussed, and solutions agreed upon to ensure the safe and effective delivery of care and services. There are systems for the assessment and care planning processes and consideration to the mitigation of risks that have the potential to impact on the safe delivery of care and services. Documentation demonstrated the safe and effective delivery of care and services and the communication processes with consumers and others involved in the consumer’s care.

Consumers say the assessment and planning processes address the current needs, goals, and preferences of consumers including their advance care plans and end of life wishes. The needs and preferences of consumers are known to staff, which aligned with consumer feedback and care planning documentation. The service has an end of life and emergency interventions plan procedure that guides staff in the process of discussing care wishes.

Consumers and representatives say they are contacted regularly and are informed in a timely manner when circumstances change and are involved in changes to care processes, including decision-making regarding referrals to other medical, allied health, and therapeutic services. There are services for consumers regularly reviewed in partnership with medical and allied health professionals.

Consumers say care and services are regularly discussed with them and staff ask for their input and if they have any concerns with the care and services received. Processes are followed by staff in relation to any observed changes in condition during regular review of consumers. This information is available for consumers or their representatives.

Consumers say their care and services are reviewed. The service is guided by a number of policies and processes in reviewing consumers care and services. Incidents are captured and forms part of the clinical indicators which are trended and analysed monthly.

# 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

I find this Standard compliant.

Consumers say they receive care that is safe and right for them and meets their needs and preferences. Consumers’ individual needs, preferences, personal and clinical care, and how these were delivered in line with their care plans was evidence by staff. Care delivery strategies and clinical management policies deliver individualised care. Consumers receiving restrictive practices were monitored, had a detailed behaviour support care plan in place with evidence of informed consent from their representatives, and underwent regular medical officer reviews.

Consumers say risks are effectively managed. High-impact high-prevalence risks including, but not limited to pressure injuries, choking, restrictive practices, weight management and behaviour management, deliver appropriate strategies listed for each consumer to guide staff practice. The service are proactively working with consumers and medical officers to reduce psychotropic medications and minimise restrictive practices. Trending and analysis of fall incidents, skin injury incidents, weights, infections, psychotropic medications, and pressure injuries are analysed and informs effective care delivery.

Consumers say their care wishes are discussed with them. Processes guide staff practice for consumers nearing the terminal phase of life to ensure comfort is maximised and their dignity preserved. A Palliative care team is available to support staff, consumers and their families.

Deterioration recognised for consumers was responded to in an appropriate and timely manner. Escalation practices and subsequent referrals are made as clinically indicated. Registered staff are available and have access to the senior clinical team and medical officers. Policies and procedures are accessible to all staff to guide them in the clinical escalation process.

Consumers say staff are aware of the consumer’s preferences and care needs. Handover processes ensure staff receive up to date information about consumers. Electronic care management systems provide adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers say they are happy and have access when needed to their medical officer. Referral processes for medical officers and other health care professionals including but not limited to physiotherapists, dietitians, and speech pathologists are well known by staff.

Consumers are satisfied with infection control management at the service. Staff have received training in infection control including for the management of a COVID -19 or gastroenteritis outbreak. The service has policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and COVID-19 and gastroenteritis outbreak management. The service has 2 infection prevention and control leads (IPCL) who ensure IPC processes are in place and adhered to by staff. Infection data including antibiotic usage is monitored monthly as part of the service’s monthly trending and analysis report.

# 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

I find this Standard compliant.

Consumers say they are supported to do the things they want to do and have supports available to allow them to be as independent as possible and participate in activities that promote their well-being and quality of life. Program activities are tailored to consumers to maintain their independence, health and quality of life.

Consumers feel their emotional, spiritual, and psychological well-being needs are supported by the service through their connection to church, and care delivered by staff. Lifestyle and care staff were observed sitting and talking one-to-one with consumers. Documentation guides staff and includes information relating to consumer’s emotional, spiritual and psychological needs, level of engagement sought by the consumer, consumers’ faith and detailed whether consumers enjoy socialising with others or not. The service is guided by policies and procedures which guides staff practice. During the COVID-19 lockdowns management enabled window visits for visitors and when restrictions were eased, visitors could come at any time to the service.

The service has a wide variety of activities available to consumers and provided examples of services and supports being adapted to consumer needs when their situation changes. Care and lifestyle staff assist consumers to stay in touch through phone calls to their families or mobilising around the service if needed. Regular visits from volunteers and pastoral services engage with consumers at the service. Consumers described the things they like to do including their hobbies, receiving visitors and participating in the greater service community.

Consumers say the service is aware of their care needs and preferences. Information is shared at handovers and recorded in the service’s electronic care management system as well as shared at daily head of department meetings to ensure information about the consumer is shared in a timely manner. Adequate and consistent information about consumer’s condition, needs and preferences is recorded.

External organisations are involved with the service, interacting with both individuals and groups, including local ‘RSL’ to bring visitors on site for special celebrations such as Anzac Day. The service also works with the Community Visitors Scheme (CVS), which visitors will go to the service and have one-on-one conversations with consumers from culturally diverse backgrounds to support them emotionally. Other processes are in place to organise external groups, entertainers, and organisations to supplement the care and services provided at the service.

Overall, consumers were happy with the variety, quality, temperature, and quantity of food being provided through the 4-week rotational seasonal menu. Feedback from consumers to confirm their satisfaction with meals is provided to the Kitchen staff. The head chef personally visits consumers who have made a complaint in relation to the meals provided to work with the consumer and come to a resolution. Dietary requirements and preferences were captured and consistent with consumer’s preferences.

Consumers say equipment provided is safe, suitable, clean, and well maintained. There are processes for reporting any issues with equipment. Equipment used to support consumers engagement with activities of daily living, and lifestyle activities, was observed to be safe, suitable, clean, and well maintained. Preventative and reactive maintenance ensure equipment is safe and maintained.

# 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

I find this Standard compliant.

The service provides an open, spacious, and welcoming environment. The service has one level and a large parking area. Consumers say the service is welcoming and easy to navigate. Consumers can use several areas, including outdoor green spaces, and lounges to watch TV, read, and participate in activities. Each consumer has a single occupancy bedroom with a private ensuite bathroom and are encouraged to personalise their bedrooms and bring any furniture they would like. Clear signage is placed throughout to assist consumers with navigating the service.

Consumers say the service is kept clean, and is well maintained, and they can move freely both indoors and outdoors, with care staff assistance if requested or necessary. Cleaning processes ensure the service is clean, safe, and well maintained. External providers undertake preventative and reactive servicing as well as auditing to ensure equipment is safe. The service has a memory support unit which is environmentally restrictive due to keypad coded locked doors. All doors leading into the courtyards are open and of easy access.

Consumers say furniture, fittings and equipment are safe, clean, and well kept. There is a call bell system for consumers who require assistance from staff. Processes are in place for preventative and reactive maintenance, and cleaning. Shared equipment, furniture and fittings are overseen and maintained by external contractors.

# 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

I find this Standard compliant.

Consumers and representatives say they were supported to provide feedback and make complaints. The service has processes and systems for consumers to raise concerns about their care and services. ‘BlueCross Action for improvement forms’ and collection boxes are located throughout the service for ease of access.

Consumers and representatives said they are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Brochures about consumer advocacy services and language services are available in the service. The ‘BlueCross resident handbook’ contains telephone interpreter services and Elder Rights Advocacy information.

Consumers and representatives say when feedback is provided, the service responds appropriately and in a timely manner. When things go wrong, the service practices open disclosure and there are effective organisation responses. Where some consumers and representatives said their past feedback and complaints were not always acted on effectively, the new management team demonstrated they had engaged with those consumers and representatives who had been affected by this inaction and had either commenced improvements where required or had planned these improvements. An open disclosure procedure guides staff practice.

Consumers say they had seen feedback and complaints used to improve the care and services. Feedback and complaints are trended, analysed, and used to improve the quality of care and services. The continuous improvement register includes evaluation to track the effectiveness of improvement actions. The continuous improvement register demonstrated action for improvement items are reviewed in a timely manner

# 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

I find this Standard compliant.

While some consumers, representatives and staff felt previously there were not enough staff, most now say improvements had been made in recent months, and there was an adequate mix and quantity of staff to meet the needs of consumers. The service demonstrated that workforce planning is undertaken to ensure the service has enough staff to provide quality care that was appropriate for the consumer group. For consumers who had raised delays in call bell responses, management described the systems and processes in place to monitor, respond and identify actions for improvement. Where some staff raised concerns for the continuity of care due to the use of agency staff, no impact was identified by the Assessment Team through interviews with the consumer cohort. The use of agency staff has been decreasing in recent months following an action for improvement item raised for workforce management.

Consumers say the staff treated them kindly and respectfully. Consumers’ cultural and religious preferences are recorded and accommodated. Staff were able to describe consumers’ needs and preferences and were observed to be attentive and respectful in their interactions with consumers. Staff receive training in relation to the Code of Conduct and policies and procedures promote a culture and practice of kind and respectful care.

While some consumers and representatives felt the use of agency staff had impacted the continuity of care provided to consumers, they said this was improving, and current staff are competent in providing care and know what they are doing. The approved provider has systems which ensure the qualifications for staff are verified through the approved provider's human resource division.

Recruitment and induction programs provide the information staff need to ensure they are competent in their role. Consumers and representatives had confidence in the abilities of staff and thought they had been trained well to perform their duties. Where concerns were raised related to the competency of agency staff, management could demonstrate that steps had been actioned and planned to improve the knowledge and skills of agency staff and there are processes in place to support agency staff to effectively care for consumers. Mandatory and ongoing training is provided to all staff. An online training system and training records management system monitors completion of staff training. Policies and procedures support training at the service. The service demonstrated how the outcomes required by the Quality Standards are delivered by a workforce that is adequately recruited, trained, and supported.

The service was regularly assessing, monitoring, and reviewing the performance of the workforce. Policies and procedures support the management of staff performance by management and instruct management when issues in performance are identified.

# 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

I find this Standard compliant.

The development, delivery and evaluation of care is made in consultation with consumers. Consumers and representatives say the service has improved, was well run, and they could provide feedback to the service through meetings, feedback forms, resident-of-the-day meetings and the resident advisory group meeting.

The Board is accountable for the delivery of care and services and promotes a culture of safe, inclusive, and quality-driven care. Consumers feel safe in the service and said the environment was inclusive. The approved provider has implemented systems and processes to monitor the performance of the service. A policy framework ensures a culture of safe and inclusive care is maintained. Regular trending and analysis reports as well as regular meetings are conducted and information is cascaded through various committees and stewards through to the Board.

The approved provider was able to demonstrate effective organisation-wide governance systems which guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. However, incidents were not always reported according to the requirements of the Serious Incident Reporting Scheme. Management could show that this issue had been identified, reports had been submitted, and action for improvement items had been raised which included the retraining of staff. The Board maintains effective oversight of the governance system through a structured reporting and management framework. Accurate, accessible, and protected information for optimal care is available for staff to access and training is provided. Regular internal audits monitor and review the approved provider’s performance against Quality Standards. Continuous quality improvement is informed by consumer feedback as well as clinical trending and analysis and auditing results. An annual submission of prudential compliance is completed for each financial year and reported via the aged care portal. The organisation is audited by an accredited financial auditor each year. The service is supported by effective financial management systems with an approval process for spending and budgeting. The use of central workforce management data and clinical data assists with workforce governance arrangements. Workforce budgeting and review processes assist workforce management, and rosters are reviewed regularly and as needed in response to various factors. The service could demonstrate effective regulatory compliance with the use of restrictive practices and mandatory COVID-19 vaccination for aged care staff. Policies and procedures for open disclosure, incident reporting, complaints and feedback management, restrictive practice, and clinical governance guide staff practice. Current relevant legislative requirements was documented in suitable language for staff. This information is easily accessible on the organisation’s online document portal. A suitable feedback and complaint system is in place.

Risk management systems support high-impact or high-prevalence risks associated with the care of consumers and is part of an established risk management framework. All staff were able to explain the reportable incident system and outline their responsibilities based on their position.

A clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process was effective. The clinical governance framework includes key policies, systems and processes that enable accountability for the delivery of quality care. This describes the provider's culture of clinical safety, and the policy statement references framework roles and responsibilities.

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)