Performance

Report

**1800 951 822**

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| Name: | BlueCross Cresthaven |
| Commission ID: | 3372 |
| Address: | 1A The Avenue, MALVERN EAST, Victoria, 3145 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 May 2024 |
| Performance report date: | 7 June 2024 |
| Service included in this assessment: | Provider: 966 Blue Cross Community Care Services Group Pty Ltd  Service: 2130 BlueCross Cresthaven |

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 Cresthaven (**the service**) has been prepared by D Utting, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response acknowledging the assessment team’s report received 7 June 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as all requirements were not assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as all requirements were not assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as all requirements were not 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

With consideration to the available information, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(a).

Consumers and representatives said they were satisfied, and confident personal and clinical care was managed competently, and consumers receive effective personal care in line with their preferences. Care planning documentation detailed individualised strategies to manage restrictive practices, personal care, skin integrity, and pain management. Consumers subject to restraint had current behavioural support plans (BSPs). The behavioural support plans evidenced regular review and the use of individualised, non-pharmacological strategies and interventions. Staff described how access to policies, procedures and training supports them to deliver best practice clinical and personal care. The service demonstrated effective use of the systems and processes to ensure consumers are receiving the care they require to optimise their health and wellbeing.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

With consideration to the available information, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

Consumers and representatives said they were satisfied with the meals provided and confirmed they are of suitable quality and quantity. They said they have choices for every meal, and individual choices available upon request. The service had a seasonal menu approved by a dietician and reviewed by consumers. Food safety and dining experience training was delivered to staff. Staff described how they check consumers’ dietary restrictions to ensure the consumers are receiving a meal in line with their assessed needs and preferences. Care planning documentation included information about consumers’ known allergies, food and fluid modification, and preferences.

# Standard about

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| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

With consideration to the available information, I agree with the Assessment Team recommendations and find the service compliant with Requirement 5(3)(b).

Consumers and representatives were satisfied with the cleanliness of the service environment, and said it is well maintained. Consumers said they move freely inside and outside the service. Maintenance staff explained how they monitor both reactive and preventative maintenance which includes services provided by external contractors. A review of the online maintenance logs evidenced no outstanding maintenance tasks posing significant risks to consumers. The Assessment Team observed the service environment to be clean and uncluttered.

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)