Performance

Report

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| Name of service: | BlueCross Cresthaven |
| Service address: | 1A The Avenue MALVERN EAST VIC 3145 |
| Commission ID: | 3372 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 22 February 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 Cresthaven (**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

# 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 said consumers were treated with dignity, and respect, and their identities were acknowledged. Staff spoke about individual consumers' needs and things of importance to them, and were observed being respectful during interactions. Care planning documentation aligned with the information provided by consumers and staff concerning the individual consumers’ needs, preferences, and what was important to them.

Consumers from culturally diverse backgrounds said described how staff supported them to meet their cultural preferences. Staff explained how they ensured consumers' cultural identities and spiritual needs were respected. Care documentation evidenced personalised information relating to consumers’ religious, spiritual, cultural needs, and personal preferences was recorded.

Consumers and representatives said consumers were supported to exercise choice and independence regarding how their care and services were delivered and to maintain connections and relationships. Staff described ways in which each consumer was supported to maintain relationships of choice. Care planning documentation identified consumer choices for care and services and supports for maintaining independence.

Care planning documentation identified areas in which consumers were supported to take risks to live the life they wished and contained risk assessment and waiver forms for consumers who chose to self-medicate of exit the service independently. Staff said assessment of risk-taking activity occurred in consultation with the consumer, representative, and health professionals.

Consumers advised information was provided to assist them in making choices about their lifestyle and care, including activities of daily living. Staff described ways information was delivered to consumers which enabled them to make their own choices. Lifestyle timetables, newsletters, and menu order forms were observed in consumers' bedrooms supporting consumers to make independent choices.

Consumers confirmed their privacy was respected. Staff identified the primary points of contact for consumers and were aware of their responsibility concerning disclosing personal information. Policies and procedures regarding privacy and personal information guided staff practice in maintaining consumer privacy and use of information relating to consumers.

# 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

Care planning documentation was individualised, and included identified risks to each consumer’s health and well-being. Care documentation evidenced the assessment of each consumer using a standard suite of assessments and additional assessments were added where individualise care was needed. Policies, procedures, and guidelines were used by staff in undertaking assessment and care planning processes.

Staff detailed how specific information on the care needs for individual consumers was obtained and confirmed they had undertaken discussions with the consumer to understand their end-of-life wishes. Consumers and representatives described consumers’ end-of-life wishes and advised these were discussed regularly with staff and the medical officer. Care planning documentation detailed consumers' current needs, goals, and preferences, including for advance care.

Consumers and representatives confirmed their ongoing involvement in assessment and care planning. Staff described the process as a partnership with the consumer and representatives, and information about the consumer’s life history, needs, goals, and preferences. Care documentation evidenced the involvement of other health and medical professionals in assessing and planning the care of consumers.

Consumers and representatives said staff explained their care and services to them, and they could access a copy of their care plan. Staff explained a ‘Resident of the Day’ review conducted in consultation with the consumer and representative monitored care provided, and feedback was obtained. Changes in consumers' needs, goals, and preferences were observed to be well communicated between staff members and external health providers.

Care documentation evidenced the regular review of care was undertaken using a planned schedule, and when circumstances changed, such as an hospital admission or deterioration, subsequent reviews occurred. Staff said they were aware incidents may trigger a reassessment or review. Clinical incident data was monitored to ensure care was effective.

# 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

Care documentation demonstrated consumers were receiving individualised care, which was tailored to their specific needs. Consumers and representatives stated consumers were receiving care, which was safe, right for them and met their preferences. Staff described how the monitoring of weight, pain, pressure area care and mobility needs ensured care was safe and effective.

Consumer and representatives believed high impact or high prevalence risks were well managed. Care documentation evidenced strategies to effectively manage key risks were recorded and implemented. Staff demonstrated knowledge of the strategies to be used to manage the risks associated with individual consumers.

Staff detailed how the dignity of consumers nearing the end of life was preserved by following their palliative care plan. Care documentation included advance care plans and identified the needs goals and preferences of consumers’ end-of-life care. Consumers and representatives confirmed they had discussed the consumers’ end-of-life plan and this had been documented accordingly.

Consumers and representatives provided positive feedback about the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided the early detection of coronavirus (COVID-19) as an example of how deterioration or change in a consumer’s condition was recognised and responded to promptly. Care documentation reflected the response to deterioration or changes in condition was timely.

Consumers and representatives advised consumers’ needs, and preferences were effectively communicated between staff. Staff described the processes for sharing information, internally and externally, when others such as the hospitals were involved in the care of the consumer. Care documentation included adequate and accurate information to support the effective and safe delivery of care.

Consumers stated they were offered timely and appropriate referrals to other providers, such as podiatry. Staff detailed the process of referring consumers to other individuals and organisations. Care documentation reflected referrals to specialists and external services, were undertaken in a timely manner.

Consumers and representatives described the strategies used to manage and prevent infection within the service. Staff detailed the strategies around ensuring the appropriate use of antibiotics and advised they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment, and outbreak management processes. The service environment was observed to be clean, and staff had access to hand washing stations and hand sanitiser.

# 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 and representatives said services and supports for daily living met their needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care documentation captured the consumers’ life story, choices, lifestyle likes and dislikes, and provided information about the supports required to do the things consumers wanted to do.

Consumers said their emotional and spiritual well-being was promoted. Staff described the how they spend one-on-one time with consumers who don’t wish to participate in group activities or stayed in their room. Care documentation outlined consumers’ emotional and spiritual needs with strategies in place to ensure these needs were met.

The activity program contained a variety of activities for consumers of different levels of ability and incorporated activities suggested by consumers. Consumers said they were supported to participate in their community within and outside the service environment as they chose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships.

Consumers said services and supports met their needs and preferences. Care documentation outlined the conditions, needs and preferences for activities of daily living. Staff confirmed they were informed of any changes to consumers' needs via verbal handover, handover sheets, and the electronic care management system.

Consumers said they were referred to external providers to support their care and service needs. Staff described how consumers were referred to other providers of care and services. Care documentation showed the service collaborated with external providers, including allied health and mental health services.

Consumers said the meals provided were varied and of suitable quality and quantity and alternatives were available if they were not happy with the choices. Staff demonstrated knowledge of individual consumers dietary needs and preference, and how changes were communicated. Dietary documentation contained details about consumers' diets, allergies, likes, and dislikes.

Consumers said they felt safe using the provided equipment, it was clean, well maintained, and suitable for their use. Staff were aware of how to report any maintenance issues and advised repairs were attended to promptly by maintenance staff. Equipment was readily available and was observed to be clean and well-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

Consumers and representatives found the service welcoming, easy to navigate and consumers could personalise their rooms, including bringing furniture and possessions of choice. Staff described how they support consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence. Consumers were observed to have access to the central courtyard and gardens, with signage to direct consumers and visitors to different areas of the service.

Consumers and representatives reported the service was cleaned regularly, and maintenance was done quickly. Consumers were observed to have access to well-maintained garden areas, and staff were observed moving care equipment throughout the service, without impacting the movements of others in the corridors. Staff explained their daily cleaning regimes and provided cleaning schedules for their areas of responsibility in the service, as well as additional high-frequency touch point cleaning due to COVID-19.

Staff said they had access to sufficient, well-maintained equipment needed for consumer care. Consumers said the equipment was well maintained and clean. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place and disinfectant wipes were available to clean shared equipment between use.

# 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 advised they were aware of the feedback and complaints mechanisms available and felt comfortable providing feedback or making a complaint. Staff described the feedback and complaint processes and how those wishing to make complaints both informally and formally were supported. Posters were displayed inviting feedback and advising of complaint avenues including through the observed feedback forms and lodgement boxes.

Consumers and representatives knew how to access advocacy services or other methods for raising and resolving complaints. Staff described various ways information about advocacy services, language services, and external complaints services was provided to consumers. Policies and procedures included information about advocacy, language, and external complaints services and were provided to consumers and representatives.

Consumers and representatives felt appropriate action had been taken in response to their complaint. Management stated during complaints processes open discussions were held, an apology was offered, and steps identified to prevent a recurrence. Policies and an open disclosure framework guided staff on steps to follow upon receipt of a complaint.

Consumers and representatives felt their feedback was used to improve the quality of care and services. Management described how consumer suggestions to increase their awareness of activities, had been adopted and evaluation of the improvements confirmed in increased consumer participation in activities.

# 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 said staff respond to consumer requests for assistance promptly and gave positive feedback on the quality of care provided. Staff stated there was enough staff to care for consumers as the workforce was planned and had processes were used to replace staff when planned and unplanned leave was taken.

Consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Management staff interactions were monitored through observations, formal and informal feedback, and complaints. Staff interactions with consumers and representatives were observed to kind and of a caring nature.

Consumers and representatives felt confident staff were suitably skilled and competent to meet their care needs. Management described staff were monitored for competency through observations, audits, buddy/mentor shifts, theory and practical assessments. Position descriptions were available for all roles and staff were required to meet the minimum qualification and registration requirements outlined, including criminal history checks.

Consumers and representatives expressed confidence in the abilities of staff and felt staff were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Training records demonstrated the service orientates, trains, and monitors staff training to ensure the workforce had the skills to perform their roles effectively.

Management advised, and staff interviews confirmed, the service had probationary and ongoing performance review systems in place. Personnel records held the outcomes of performance reviews. Performance reviews had been scheduled in line with the organisation's policy and procedures.

# 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 felt they were involved in the development and delivery of their care. Customer experience surveys, feedback mechanisms, and resident meetings were used to involve consumers in the development of service delivery and sought consumer views and suggestions had been sought on the service environment, lifestyle activities, staffing, food and meal service.

Consumers and representatives felt safe and said it was an inclusive environment with access to quality care and services. A strategic plan confirmed consumers were enabled through choice, respect, and engagement; appreciation and understanding of consumers' life experiences promoted their independence, well-being and fostered their personal relationships.

Management described effective organisation-wide governance systems concerning areas including but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Consumers and representatives stated they felt the service encouraged feedback and used this information for continuous improvement. Staff described key principles of the organisation wide governance systems such as feedback and complaints, workforce governance, and regulatory compliance.

Risk management systems had been implemented to monitor and assess high impact or high prevalence risks, identify and respond to abuse and neglect of consumers and which supported consumers to live their best life. Incidents were reported, escalated, and reviewed through an incident management system and was used to improve care and services for consumers. Staff explained risk management processes and accurately identified key areas of risk and appropriate mitigation strategies.

A clinical governance framework was implemented and policies on antimicrobial stewardship, minimising the use of restraint, and open disclosure were available. Management and staff had been trained in the framework and provided examples of how the policies were implemented. Staff described processes the service adopted to minimise the use of restrictive practices and discussed the principles of open disclosure used when a complaint or an incident occurred.

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)