Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | BlueCross Elly Kay |
| Service address: | 45-51 Elliot Street MORDIALLOC VIC 3195 |
| Commission ID: | 3398 |
| Approved provider: | Blue Cross Community Care Services (Toorak) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 14 November 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 Elly Kay (**the service**) has been considered by G.Hope-Simpson, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said they were treated with dignity and respect, could maintain their identity, make informed choices about their care, and live the lives they chose. Staff showed respect towards consumers and understood their care preferences. A Diversity and Inclusion Policy outlined the service’s commitment to providing consumers with an environment that fosters empowerment, a sense of belonging, respect, and dignity.

Consumers from varying backgrounds said their culture is respected and they are able to express their cultural identity and interests. Staff described how they deliver culturally safe care, and explained that during the admission process, the service gathered information on the consumer’s background, working history, and cultural preferences. This information was recorded in the electronic care management system and available for all staff.

Consumers and representatives generally considered consumers were supported to exercise choice and independence, decide who was involved in their care, and to maintain significant relationships. The service supported married consumers to maintain their relationship, including respecting couples who had chosen to reside in separate rooms.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff described how they followed risk assessment strategies, and assessments were conducted with the consumer, representatives, and allied health professionals. Staff were supported with a comprehensive dignity of risk procedure and reviewed dignity of risk assessments showed consumers were supported to make informed decisions.

Consumers said they received the information they needed to make informed choices about daily-living and were encouraged ask questions. Staff described how they distributed information to consumers and representatives, including through the bi-monthly newsletter and monthly ‘resident and relative’ meetings. The Assessment Team observed the newsletter, as well as daily menus and monthly activity calendars displayed throughout the service.

Consumers generally reported their privacy and confidentiality was respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. However, observations showed the nurses’ stations were unsecured and easily accessible to consumers and visitors. Management confirmed the service had already identified the issue and provided evidence a capital works request for installation of locks and other renovations to the nurses’ stations had been approved.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The service conducted assessment and planning with consumers and their representatives which took into consideration risks such as falls, weight loss and challenging behaviours. Care planning documents reflected effective processes were in place to identify the needs, goals, and preferences of the consumers, including advance care planning and end of life care.

Consumers and representatives said they were satisfied with the quality of care and services they received, assessment and planning was based on partnership with them, and included others they chose to involve in their care. Care planning documents evidenced involvement and input from the consumer and their representative, medical officers, and other allied health professionals.

Consumers and representatives said staff talked to them and provided them with information and explanations about care and services provided, and most said they had access to care planning documents. Staff described the process for accessing care planning documents and said they communicated outcomes of assessments to consumers, by talking to them and allowing time for them to ask questions.

Care planning documents had been reviewed every 3 months, or earlier if any changes to a consumer’s condition was recognised or any incidents had occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers considered they received safe and effective care that was tailored to their needs and optimised their health and well-being. Staff said they were guided by policies and procedures to direct care that was best practice. Care planning documents reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers. Policies and procedures were in place to guide delivery of care including for wound management, restrictive practices, falls prevention, skin integrity and pressure injury management and prevention.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well-managed.

Care planning documents for consumers who were nearing end of life showed their needs, goals and preferences were recognised, and their comfort maximised. Staff were guided by policies and procedures that directed the management of end of life.

Care planning documents reflected the identification of and response to, deterioration or changes in consumers’ condition and health status. Information was shared through shift handover, progress notes, incident reports, and feedback from the consumers themselves.

Information about consumers’ condition, needs and preferences was documented and communicated where the responsibility of care was shared, as reflected in care planning documents. Staff described how information about consumer needs, conditions, and preferences were documented and communicated. Processes were in place to ensure medical officers and others involved in care had access to information needed to provide safe and effective care.

Consumers and representatives said referrals to other health professionals were timely and occurred when needed. Staff described the process to refer clinical matters to other providers.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes. The service had appointed an Infection Prevention Control Lead who works with senior clinical management to oversee infection control.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were generally satisfied they received safe and effective supports and services for daily living that met their needs, goals and preferences. Staff were familiar with consumers’ needs and preferred activities including supporting some consumers to partake in smaller group activities. Care planning documents identified consumers’ choices and provided information about the services and supports consumers needed to do the things they enjoyed.

Most consumers said their emotional, spiritual, and psychological needs were supported, and they could stay in touch with family and friends for comfort and emotional support. One consumer, however, expressed concerns about access to pastoral support between church services. When raised with management, the service took immediate action to remind all consumers that upon request, church ministers were available for visits outside of service times.

The service supported consumers to participate in activities within the service and the outside community. Staff described how they worked with community groups to enable consumers to follow their interests and community connections. Consumers and representatives confirmed consumers are supported to maintain family connections.

Consumers considered information was adequately communicated between staff. Staff described how communication of consumers’ needs and preferences occured via care plans and shift handover. Information was shared with relevant internal staff and external services and updated on the service’s electronic care management system.

Care planning documents evidenced the service collaborates with external providers to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used external community organisations to connect consumers to their community. Management advised the pandemic had impacted the service’s volunteer base, however documentation confirmed they were actively recruiting for volunteers at the time of site audit.

Most consumers said the meals provided were of suitable variety, quality and quantity, their individual needs and preferences were accommodated, and mealtimes were an enjoyable experience. Hospitality staff explained the seasonal menus, and confirmed all meals were reviewed by a dietician to ensure quality and nutrition. The Assessment Team observed a mealtime where the plating of food and manner of delivery to consumers respectful and pleasant.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist consumers with their daily living activities. Consumers and staff understood how to report maintenance concerns.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 said the service environment was welcoming to their family and friends, they felt safe and comfortable, and had a sense of belonging. Consumers described how they accessed activities in different areas, and observations confirmed reception staff would cheerfully greet visitors on arrival. The service environment had clear signage throughout to help consumers and visitors navigate the service.

Consumers were satisfied the service was clean, safe and well maintained. Consumer rooms had individual air-conditioners, allowing consumers to control room temperature. Consumers were observed moving freely indoors and outdoors. Documents reviewed showed maintenance staff were responsive to requests. Housekeeping staff explained daily cleaning procedures.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for use. Observations showed fire safety signage and equipment throughout the service; and a range of excess equipment including walkers, wheelchairs, lounge chairs and personal care equipment stored safely and appropriately. The maintenance officer explained the equipment was available as back-up for consumers to use when their equipment required maintenance or replacement.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said, and representatives agreed they were supported to provide feedback and make complaints. The service had processes, systems and documentation in place for consumers to raise concerns about their care and services. Observations showed information on internal and external complaints and feedback processes were displayed in the service.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff in the first instance. Staff described how they would assist consumers with communication barriers to raise a complaint or provide feedback. Multilingual information displays and brochures about advocacy services and complaints processes were observed.

Staff described the feedback and complaints-handling process and understood open disclosure and its’ underlying principles. Documentation review showed, and consumer feedback confirmed, the service acted in response to complaints and an open disclosure process was applied.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. For example, recent consumer feedback regarding the quality of food resulted in the service’s chef liaising more with consumers about menu options. Staff said they always asked consumers what they could do better, to support continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there were sufficient staff to meet their needs and when they called for assistance, staff were prompt to attend. The workforce said there was adequate staff to provide care and services in accordance with consumers’ needs and preferences, and they had enough time to undertake their tasks. The service ensured adequate staffing levels, and mix, to meet the needs of consumers. Agency staff were utilised when the service’s staff could not fill shifts.

Consumers and representatives said staff were kind, caring and gentle when providing care and services. This feedback aligned with documentation reviewed by the Assessment Team. The service monitored staff interactions through observations and through formal and informal feedback from consumers themselves and other members of the workforce.

Consumers and representatives felt staff were competent and skilled to meet their care needs. Staff expressed satisfaction with the support other staff and management provided to them. Each role had a position description, minimum qualifications, and credential requirements.

Training records demonstrated the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. Staff confirmed they underwent annual mandatory training which included modules on infection control, manual handling, mandatory reporting, and fire safety.

Staff performance reviews were conducted during the probationary period of employment and then annually. The organisation had policies and procedures to guide management on the selection and recruitment of new staff, orientation, probationary processes, staff performance and the performance management of staff when issues were identified.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 and their representatives were confident the service was well-run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described how consumers were engaged in decisions about changes to the service. For example, changes made at the service following consumer input included memory boxes honouring consumers who had recently passed away, and installation of serveries in each wing.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audits results and monitoring of clinical indicators, consumer/representative and workforce feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the organisation had been responsive to requests for budgetary changes to support the needs of consumers. The Assessment Team reviewed policies and procedures relating to open disclosure, restrictive practice, complaints management, clinical risk management, and clinical governance policy. All reflected the relevant legislative requirements.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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-1)