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: | Assessment Contact - Site |
| Activity date: | 17 August 2023 |
| Performance report date: | 20 September 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 Elly Kay (**the service**) has been prepared by L. Malone, 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 - Site; the Assessment Contact - 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 to the assessment team’s report received 5 September 2023

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been 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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback about the timeliness of reviews and how care reviews meet the changing needs of consumers. Staff said reviews are prompted by a change in consumer presentation, a clinical incident or occur as part of a regular schedule. Staff described how they utilise information from a range of sources to understand consumers changed in needs and engage other providers of care in assessment and care planning. Documentation provided evidence of timely and responsive evaluation and review of care and services following incidents, deterioration in health, changes in clinical presentations and hospital admissions. Regular and comprehensive reviews are completed and changes to care are implemented to ensure care and services effectively meet the needs, goals and preferences of consumers.

I have considered the evidence as summarised above and I am satisfied it demonstrates this requirement is complaint.

# 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 |

Findings

The Assessment Team found personal and clinical care is safe and right for consumers living at the service, and that care delivered is in line with best practice. Consumers and representatives provided positive feedback regarding personal and clinical care and described how it meets their needs or optimises wellbeing, specifically related to pain management and personal care. Evidence demonstrated staff are considerate of pain when attending to other aspects of care such as wound dressings and assisting with hygiene. Staff described how they utilise pharmacological and non-pharmacological strategies to manage consumer’s pain and provided information relevant to the care of individual consumers. Care documentation demonstrated comprehensive assessment, monitoring, and consultation with consumers, representatives and other providers of care to tailor care to the individual.

Further information in the form of care planning documents, submitted by the approved provider in their response dated 5 September 2023, provided evidence of individualised approaches, reference to some best practice principles in restrictive practices and evidence of effective wound care optimising wellbeing.

I have considered the evidence submitted by the approved provider, and that presented in the Assessment Contact – Site report and am satisfied Requirement 3(3)a is complaint.

The service demonstrated they have processes in place to identify and manage high-impact or high-prevalence risks effectively. Consumers and representatives said they felt risks are well-managed. Staff demonstrated understanding of these risks and how they are managed for individual consumers. Evidence in the form of interviews and documentation demonstrated effective assessment, monitoring and management of changed behaviours in consumers with dementia. In the management of falls, the service has effective processes to prevent falls from occurring and minimise complications or injury if a fall does occur.

Further information was sought from the approved provider regarding consideration and actions undertaken when a consumer refuses a particular falls risk strategy, and in response to an example of not recognising and responding to weight loss for a consumer identified in the Assessment Contact – Site report. The approved provider has submitted the requested information along with other supporting evidence in their response dated 5 September 2023. The evidence presented demonstrates effective management of high-impact, high-prevalence risks for the consumers identified, while also providing details on system improvements in the recognition and management of weight loss and planned future evaluations of these implemented actions.

I have considered the evidence as summarised above and am satisfied Requirement 3(3)b is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)