Performance

Report

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| Name of service: | BlueCross Gardenia |
| Service address: | 87 Argyle Avenue CHELSEA VIC 3196 |
| Commission ID: | 4105 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 10 April 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 Gardenia (**the service**) has been prepared by M. Nassif 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 said they were treated with dignity and respect and felt valued. Staff knew consumers’ backgrounds, rights and preferences and were observed interacting with consumers in a respectful manner. Care planning documents recorded consumers’ culture, identity, and diversity needs.

Consumers said their culture was recognised and care provided consistent with traditions and preferences. Staff described consumers’ backgrounds and utilised digital language translators and communication cards to assist linguistically diverse consumers. Care planning documents included information about individualised religious, spiritual, and cultural preferences.

Consumers and representatives said consumers were supported to make decisions regarding care and services. Staff described strategies to support consumers to exercise choice and independence. Staff were guided by polices and procedures regarding dignity and choice for consumers.

Staff described consulting with consumers to assess risk-based activities, as well as representatives and allied health professionals. Documents evidenced risk assessments, informed consent and reviews in line with organisational policy.

Consumers and representatives said they received timely and accurate information in way they could understand during meetings, where they were encouraged to ask questions. Staff described different ways information is communicated to make sure it’s easy to understand and accessible to consumers including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers said their privacy was respected and personal information kept confidential. Staff described their responsibilities around information disclosure and were observed knocking on consumers’ doors prior to entry. Staff exchanged consumer information during shift handover in private areas and followed procedures regarding the collection and safeguarding of personal information.

# 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

Staff described undertaking initial consumer assessment and care planning upon entry, including risk assessments using validated tools, and plan finalisation within 28 days. Care planning documents evidenced assessments to identify, discuss and determine consumers’ needs, goals, preferences and risks, and included risk mitigation strategies. Consumers and representatives said risks are identified and managed to promote consumers’ independence and safe care.

Consumers and representatives said consumers’ care needs, including advance care and end of life preferences had been discussed. Staff described identifying consumers’ needs, goals and preferences during assessment, including for palliative care if the consumer wished. Care planning documents reflected consumers’ end of life preferences.

Consumers and representatives said they were involved in discussions about care. Staff confirmed collaboration with various allied health professionals, such as speech pathologists and dieticians. Care planning documents evidenced assessment and planning undertaken in partnership with consumers, representatives, and allied health professionals.

Consumers and representatives said they were informed of care and service assessment outcomes. Staff confirmed representatives were advised of outcomes and offered copies of care plans during consultation and review processes. Communication between the service, the consumer and representatives was reflected in care planning documents.

Staff were knowledgeable of processes to review care and services in response to changes, and care planning documents evidenced recent review undertaken within the previous 3 months or following an incident or change to a consumer’s condition. Staff were guided by policies and procedures to undertake review of care and services.

# 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

Consumers and representatives said consumers’ received care that was tailored to their needs and preferences. Care planning documents demonstrated consumers received safe and effective personal and clinical care that was best practice. Restrictive practices aligned with legislative requirements, including having behaviour support plans and consent in place. The service had policies and procedures available to staff for key areas of care including restrictive practice and wound management.

Consumers and representatives expressed satisfaction at the way the service managed risks. Staff knew about risks to consumers and ways in which they were mitigated. Care planning documents identified risks to consumers and effective strategies to manage key risks. Management provided examples of ways the service and organisation had adapted to prevalent risks.

Management described providing care for consumers nearing the end of their lives with support from specialist palliative services. Care planning documents reflected progress notes for palliating consumers which ensured their preferences were being met and comfort prioritised. Staff were guided by policies and procedures to assess and deliver end of life needs and preferences, including involvement of specialist providers.

Staff provided examples of identifying consumers’ deteriorating condition and taking responsive action, including referring to allied health professionals for assessment. Care planning documents reflected identification of, and response to, consumer deterioration. Representatives confirmed the service provided ongoing updates regarding consumers’ condition and care.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Staff described sharing consumer information during shift handovers and meetings, or through the electronic care management system. Care planning documents included adequate information to support effective and appropriate sharing of consumers’ information to support care.

Consumers said referrals to other care providers were timely and appropriate. Staff were knowledgeable of referral pathways and appropriate selection of allied health professionals. Documents reflected timely and appropriate referrals to specialists.

Consumers and representatives were positive regarding infection control precautions and staff were observed screening all visitors upon entry and wearing personal protective equipment. Management used infection data to inform practice improvements and staff were guided by an Infection Prevention Control Lead officer, training and policies.

# 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 said they were supported to participate in activities of their choosing that optimised their quality of life. Care planning documents recorded consumers’ leisure preferences, interests, and specialised activities for those with dementia. Staff demonstrated knowledge of consumers’ needs and preferred activities. An activities calendar reflected a range of recreational events tailored to the needs and preferences of consumers.

Consumers said they were provided emotional, spiritual and psychological support when needed. Staff described provision of such support through one-to-one discussions, participation in community religious services and visits from lifestyle volunteers. Care planning documents reflected consumers’ spiritual and psychological needs and strategies to support needs.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. Staff described supporting consumers to participate in activities of interest to them and maintain relationships. Care planning documents identified activities of interest for the consumers, how they are supported to participate in these activities and also in the wider community.

Consumers said services and supports were consistent with their needs and preferences. Staff described exchanging relevant information during shift handover, within emails or through the electronic care management system. Care planning documents evidenced information shared with those involved in consumers’ care and responsive actions.

Consumers said the service has referred them to external providers to support their care and service needs. Staff described the referral process and appropriate selection of providers to meet consumer needs. Care planning documents reflected timely and appropriate referrals to other organisations and services and responsive changes.

Consumers provided positive feedback regarding the variety, quality and quantity of meals. Staff said consumers provided feedback during meetings and through surveys and dietary changes were promptly communicated to catering staff. Consumers were observed choosing their preferred meals from daily menus and were offered alternative options.

Consumers said they felt safe using provided equipment which was readily available when needed. Staff were aware of processes to request maintenance and advised requests for new equipment was promptly approved. Equipment was observed to be clean 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

Consumers and representatives said they found the service welcoming and easy to navigate. The service included navigational signage, outdoor courtyards and consumers said they personalised their rooms with photographs and artwork. Staff described how they support consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence.

The service was observed to be safe, clean, well-maintained and staff were knowledgeable of maintenance and cleaning processes. Consumers said they could exit the service at their discretion and were observed moving between various areas. Records evidenced timely resolution of maintenance requests by internal or contracted staff.

Consumers said equipment was clean, maintained and could be repaired by the service’s staff or specialist repairers, including for mobility aides. Staff described a preventative maintenance schedule and processes to update fittings, furniture and equipment.

# 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 said they felt comfortable to provide feedback or make complaints and knew how to do so. Staff knew of relevant lodgement processes, including forms, meetings, and direct discussion with staff. Information on how to make a complaint, as well as feedback forms, were observed in common areas of the service.

Consumers were aware of external complaint mechanisms. Information regarding advocacy and language services was observed on posters and brochures which were available in various languages. Staff and management were aware of how to access interpreter and advocacy services for consumers.

Consumers and representatives said prompt action was taken in response to their complaints and open disclosure was practiced. Management gave examples of how complaints were managed and resolved in a timely manner and described these processes. A register recorded feedback, complaints and responsive actions, and an incident management system demonstrated staff adhered to the principles of open disclosure.

Consumers and representatives provided positive comments regarding improvements made in response to their feedback. Management described the processes to record and address feedback and complaints within required timeframes and registers reflected responsive improvements and analysis of trending issues.

# 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 said there were sufficient staff to provide care and calls for assistance were responded to promptly. Staff said they had enough time to complete their tasks and management advised they infrequently utilised agency staff to fill service gaps, instead offered overtime to permanent staff. Rosters evidenced a limited number of unfulfilled shifts and call bells responded to in a timely manner.

Consumers and representatives said staff were kind, caring and respectful. Staff demonstrated an understanding of consumers’ individual needs and preferences which aligned with care planning documents. Management advised they monitor staff interaction with consumers through observations and consumer feedback and staff were observed treating consumers with respect.

Consumers and representatives were confident staff had the competencies to meet consumers’ care needs. Records evidenced staff held valid registrations and recruitment documentation noted staff held the required qualifications, competencies, and were experienced.

Consumers and representatives were confident staff were trained and equipped to deliver quality care and services. Training records evidenced high completion rates for topics including, but not limited to, serious incidents, restrictive practice, and antimicrobial stewardship.

Records demonstrated staff underwent annual appraisals to measure their overall performance. Management described consideration of consumer feedback and complaints during the appraisal process and were guided by polices and procedures regarding workforce management, recruitment and performance assessment.

# 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 and representatives said they were engaged in the development, delivery and evaluation of care and services. Management described ways in which consumers are encouraged to be engaged and involved in the development, delivery and evaluation of care and services. Records evidenced consumer feedback received through meetings, feedback forms, surveys and food focus groups.

Management and documents demonstrated the governing body received various consolidated reports, generated by the service on a monthly basis, which is used to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, management discussed expenditure to support the changing needs of consumers.

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers and managing and preventing incidents. Staff explained the processes of risk management at the service and detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraints, and the principles of open disclosure. Staff were knowledgeable in these areas and meeting minutes confirmed the committee discussed strategies around implementing the governance framework.

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)