Performance

Report

**1800 951 822**

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| Name of service: | BlueCross Hansworth |
| Service address: | 181 Hansworth St MULGRAVE VIC 3170 |
| Commission ID: | 3679 |
| Approved provider: | Third Age Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 September 2023 |
| Performance report date: | 18 October 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 Hansworth (**the service**) has been prepared by D. Fekonja, 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 Contact - Site report received 12 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 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

Consumers and representatives are satisfied they receive personal and clinical care that is best practice, individualised and optimises their health and wellbeing. Staff understand the individualised and clinical needs of consumers in relation to wound and pain management, restrictive practices, and medication management. The service has processes in place to effectively monitor and support the delivery of clinical care provided in relation to wound and pain management and restrictive practices.

Chemical restrictive practices are used as a last resort and informed consent has been obtained for all consumers. Behaviour support plans include information about the triggers for consumers behaviours, and individual strategies to mitigate these triggers. The service has appropriate processes in place to monitor the use of psychotropic medication for each consumer, with last review dates recorded. As needed analgesia has not always been evaluated post-administration.

One representative, however, was not satisfied that a consumer received safe and quality clinical care in relation to medication management. The consumer suffered no adverse effects in relation to the medication incidents where they were administered a double dose of their prescribed medication. They were monitored as per the advice provided by the Victorian Poison Information Centre and reviewed by their medical practitioner. The service at the time acknowledged the medication incidents and confirmed they are providing clinical oversight by regularly engaging with clinical staff on the floor. Education sessions are being provided to staff in relation to reporting medication incidents including near misses.

In its response to the assessment contact report, the approved provider submitted a plan for continuous improvement in relation to medication management and reporting incidents. In relation to the consumer the subject of the medication incidents, the service’s clinical care coordinator and the representative have agreed to weekly meetings to discuss any further concerns. Education sessions on medication administration and evaluation of efficacy of medication administration have also been provided.

I am satisfied the service has put measures in place to rectify the deficits identified in the assessment contact report plus ongoing education is to be provided and find Requirement 3(3)(a) compliant.

# 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 |

Findings

Consumers and representatives provided positive feedback on the number of permanent staff at the service and reduction of the use of agency staff. Most consumers and representatives are confident the service is delivering safe and quality care and services other than one representative in relation to medication management as outlined in Requirement 3(3)(a).

Staff provided mixed feedback in relation to the staffing numbers but confirmed that the service had increased staff at all designations and shifts. The roster reflected shifts are filled by permanent staff and where vacant, permanent staff work additional shifts when available rather than the service using agency staff.

Care staff are allocated a cohort of consumers and provide personal care and report any changes observed in the consumers. This allows staff to be accountable and alert to consumers’ changing condition or needs.

Recruitment is now managed by a centralised talent acquisition team and this initiative is said to have resulted in more permanent staff being hired and reduced the reliance of the use of agency staff. The service is also involved with training students who are paired with experienced staff in both care and clinical roles.

Education has been provided to all staff involved in medication management including an online education competency module.

Based on the evidence available I am satisfied the service has a sufficient number and mix of staff to provide safe and quality care to consumers and find Requirement 7(3)(a) 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)