Performance

Report

**1800 951 822**

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| Name: | BlueCross Highgrove |
| Commission ID: | 3957 |
| Address: | 79 Stevenson Street, KEW, Victoria, 3101 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 966 Blue Cross Community Care Services Group Pty Ltd  Service: 8042 BlueCross Highgrove |

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 Highgrove (**the service**) has been prepared by   
Kate Roulston, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* other information and intelligence held by the Commission in relation to the service.

# 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 their culture and backgrounds are valued. Staff were able to demonstrate their understanding of the consumers’ preferences and were observed delivering respectful care. Care documentation included information on how the care is tailored to each consumer to align with their preferences and cultural needs, whilst preserving and maintaining their identity.

Staff described how consumers culture influences how they deliver day-to-day care and services. Care documentation reflects the consumers’ cultural backgrounds, and evidenced how care delivery was changed to accommodate different needs, including adjustments to meals for cultural reasons.

Consumers said they were supported to maintain independence and make choices about the care and services they receive. Furthermore, consumers said they were provided with the opportunity to maintain relationships with people they choose, and to communicate their decisions to staff. Staff described strategies for supporting consumers to exercise choice and independence, including room sharing and the ability to lock room doors. Care planning documentation reflects information about consumers’ individual preference. Policies and procedures provide guidance to staff around consumer choice and independence.

Consumers said they were supported to take risks, which enabled them to live the best life they can. Staff and management were able to discuss areas in which consumers wanted to take risks, and how consumers were supported to understand the benefits and possible harm. Care planning and organisational documentation identified risk mitigation strategies were captured to ensure safety for consumers who have chosen to take risks.

Consumers explained the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Consumers said the information they are provided with is clear and easy to understand. Care documentation reflected individualised consumer needs for communication, including communication cards for consumers whose first language is not English. Management confirmed they translate documents, schedules and menus into languages other than English.

Consumers said their privacy was always respected. Staff described how they ensured the confidentiality of consumers’ personal information, by ensuring consumer information under the electronic care management system is password protected and hardcopy documentation being discarded in a confidential shredding bin. Staff were observed knocking on doors and waiting to be invited into consumer rooms, and doors were shut while consumers were receiving care. The organisation has a privacy policy which is used to guide staff practice.

Based on the evidence above, I find the Approved Provider Compliant with Standard 1 Consumer dignity and choice.

# 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 and management described the assessment and care planning process, which included the identification of risks, and how this informs the delivery of care and services. An established assessment schedule is followed for new consumers on admission and is utilised until a comprehensive care plan is developed. Care planning documentation demonstrates consideration of potential risks to consumers’ health and wellbeing.

Consumers and representatives said they felt supported to discuss consumers’ care needs and preferences, including developing plans for advance care and end of life wishes. Staff described how advance care planning is conducted in partnership with the consumer and their representative during admission, during 3-monthly care plan reviews and when the needs of the consumer needs change. Policies and procedures guide staff in the advance care planning process, identifying and managing palliative and end of life care needs.

Consumers and representatives explained how they are involved in assessment and planning discussions, in partnership with other health professionals where requested and required. Management and staff provided examples of how they access and engage with external providers to support consumer care and described the importance of consumer-centred care planning. Care planning documentation clearly identified an ongoing partnership with the consumer and others involved in their care.

Consumers and representatives said changes relating to their care and services are regularly communicated with them. Management, staff and Allied Health Professionals were able to describe how they communicate outcomes of assessment and planning to consumers and described the processes in place for communicating the changes with representatives. The outcomes of assessment and planning were observed to be documented in the electronic care management system, and accessible to staff and visiting health professionals.

Consumers and representatives confirmed care is reviewed regularly and when changes occur. Staff and management described the 3-monthly care plan review schedule and explained what may prompt the reassessment of a consumer, which included monitoring consumer call bell trends. Care planning documentation identified regular reviews occurred in line with organisational procedures.

Based on the evidence above, I find the Approved Provider Compliant with Standard 2 Ongoing assessment and planning with consumers.

# 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 said they receive safe and effective personal and clinical care that meets their needs and preferences. Management and staff demonstrated knowledge on the delivery of best practice principles. Care planning documentation included comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care.

Consumers and representatives are satisfied with how the service effectively manages high impact and high prevalence risks specific to their health and wellbeing. Management and clinical staff described high-impact, high-prevalence risks, how these were managed, and the measures which had been implemented to mitigate the risks to individual consumers. Care planning documentation evidenced consideration of risks and strategies used to manage and minimise risks.

Staff demonstrated an understanding of the way the delivery of care changes for consumers nearing end of life and recognised the importance in preserving dignity and focusing on comfort. Care planning documentation included advance care plans and evidenced discussions with representatives regarding palliative care. Policies and procedures guide staff practice in providing end of life care.

Consumers and their representatives stated the service responded to changes in consumers’ health and condition in a timely manner. Staff described how they identified the deterioration of a consumer and detailed the partnerships with Medical Officers, Allied Health Professionals and other specialists to ensure deterioration is managed appropriately. Policies and procedures guide staff on actions required when a consumer experiences a change in their health status.

Consumers said their conditions, needs and preferences were effectively communicated between those who provide their care. Staff described how information is recorded and shared and were observed to be clearly communicating changes to consumers' health and care needs during a handover. Care documentation identified input from a range of external provider and included referrals to other healthcare professionals.

Consumers said they had access to other health professionals as required and referrals were made in a timely manner. Staff described the referral process used to engage various external health professionals and care planning documentation identified the timely input of these services in the review and assessment of consumers.

Consumers stated they were satisfied with the measures in place for the minimisation of infection-related risks. Management and staff demonstrated an understanding their roles and responsibilities to minimise the need for antibiotics, practice hand hygiene and use personal protective equipment correctly. Policies and procedures guide staff in antimicrobial stewardship and infection control management, including the management of coronavirus (COVID-19) outbreaks.

Based on the evidence above, I find the Approved Provider compliant with Standard 3 Personal care and clinical care.

# 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 explained how services and supports were available to meet individual preferences. Staff demonstrated an understanding of consumer’s needs, goals, and preferences, which aligned to care planning documentation. The activities calendar evidenced various activities were offered to consumers, catering to their different needs and abilities.

Consumers said they were offered emotional, spiritual, and psychological support. Staff described how a change in mental health and/or wellbeing was identified and managed. Staff were also aware of consumers’ religious beliefs and their preferences to attend church services. Care planning documentation contained information about the emotional, spiritual, or psychological well-being of each consumer, including additional one-on-one social support from care staff where required.

Consumers gave examples of the things they enjoyed doing and explained how they are encouraged to maintain friendships and spend time with family. Staff described how they organised activities for consumers to attend outside of the service and for those who do not feel comfortable with group activities, one-on-one companion time. Care planning documentation contained information on individual consumer interests and identified the people important to them.

Consumers and their representatives felt their health and wellbeing information was effectively communicated between staff, and those who provided their care understood their individual needs. Staff and management explained how they were informed of changes to consumer needs and preferences, through efficient and effective communication channels.

Consumers explained they were referred to and supported by organisations and providers of other care and services. Staff detailed the organisations who work in partnership with the service to ensure appropriate services were available to consumers. Care planning documentation evidenced collaboration with external services to support diverse care needs, such as musical therapy, religious organisations, and volunteers.

Consumers stated they were satisfied with their meals, their food preferences are met, and alternative choices were available to them. Staff could describe the various ways they meet consumers’ dietary needs and preferences and were observed aiding those who required assistance with their meals. The menu was designed in consultation with consumers and processes were in place for consumers to provide feedback on meals.

Consumers expressed they felt safe when using equipment and confirmed it is readily available for use. Staff detailed how equipment is maintained and cleaned, ensuring safety and suitability for consumers. Equipment was observed to be clean and well-maintained.

Based on the evidence above, I find the Approved Provider Compliant with Standard 4 Services and supports for daily living.

# 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 the environment is welcoming and easy to navigate. Consumers’ rooms were observed to be decorated with personal effects and contained features such as maps, diagrams and handrails. Management and staff described how they support consumers to maintain a sense of belonging and staff were observed engaging in warm and welcoming interactions with consumers, other staff and visitors.

Consumers said the environment was clean, well-maintained, comfortable and they felt safe. Whilst the service secures the doors for safety purposes from 5:00pm to 9:00am, management explained the strategies and processes in place to allow consumers free access to the exterior of the service. Consumers and representatives confirmed they were satisfied with the measures and confirmed it contributes to their feelings of safety. Cleaning staff explained consumer rooms are cleaned daily and deep cleaned on a regular basis and a review of the cleaning schedule established regular cleaning occurs as per the schedule.

Consumers confirmed equipment and fittings were cleaned and maintained regularly. Staff described processes for cleaning and maintaining equipment, furniture, and fittings to ensure their suitability for consumers. Maintenance staff detailed the preventative maintenance schedule and processes for repairs to the building or equipment.

Based on the evidence above, I find the Approved Provider Compliant with Standard 5 Organisation service environment.

# 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 said they feel safe and comfortable in providing feedback and complaints and were able to describe the various compliant avenues available to them. Management and staff described processes which encouraged and supported consumers to provide feedback and complaints, including locked feedback letter boxes for forms to be submitted anonymously if desired. A Feedback and Complaints Policy guides staff in supporting consumers to provide feedback or complaints.

Consumers stated they were aware of other avenues for raising a complaint, with assistance of advocacy services. Management and staff demonstrated knowledge of advocacy and language services available for consumers. Information about advocacy and translating services were displayed throughout the service and included in the resident handbook.

Consumers and representatives who had provided feedback or raised complaints said they were satisfied with the outcomes. Staff and management demonstrated an understanding of open disclosure and explained how they took appropriate action in response to complaints. A review of documentation identified complaints were responded to within a reasonable timeframe and an open disclosure policy outlined the best practice application of open disclosure when managing complaints.

Consumers stated feedback and complaints were reviewed, acted on promptly and used to improve the quality of care and services. A continuous improvement plan and accompanying complaint documentation were reviewed and plans of action and resolutions were identified. Staff and management detailed how the information resulted in improvements for consumers and a continuous improvement policy is available.

Based on the evidence above, I find the Approved Provider compliant with Standard 6 Feedback and complaints.

# 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 they received the care and support they required in a timely manner. Staff and management confirmed there was sufficient coverage by staff to deliver safe and effective care to consumers. Management described how the workforce is planned to address the needs of consumers and included strategies around unplanned leave and staff retention.

Consumers said staff were kind, caring and gentle when delivering care. Staff demonstrated their knowledge of consumers and interactions were observed to be kind, caring and respectful. A review of policies identified frameworks which guide staff in supporting a consumer’s identity, culture, and diversity.

Consumers said staff were caring and helpful, believed they performed their duties effectively and expressed confidence in staff competency. A review of documentation evidenced policies which ensured qualified staff were hired, and position descriptions set out the required qualifications for each role. Staff could describe their responsibilities, competencies and qualifications, which aligned with documented position descriptions.

Management described how staff were trained, equipped and supported to deliver care consistent with the Quality Standards, as part of their induction and on an ongoing basis. Staff explained they felt comfortable requesting training when they identified gaps in knowledge and supplementary training was offered to staff. Training records evidenced the mandatory and supplementary training staff received, and confirmed the training was completed within a reasonable timeframe.

Management described how the performance of staff is monitored through annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when required. Staff stated they were supported by management during performance reviews and were provided with opportunities for improvement. A review of documentation evidenced staff performance was regularly monitored and reviewed in line with policies.

Based on the evidence above, I find the Approved Provider compliant with Standard 7 Human resources.

# 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 described how they are engaged in the development and evaluation of care and services, through monthly consumer meetings, food focus meetings, surveys, and other avenues of input. Management described the organisation-wide implementation of consumer engagement committees, including the appointment of a consumer representative to the consumer advisory body. A review of documentation detailed how consumers provided feedback to the governing body on consumer experience and proposals for continuous improvement through the advisory body.

Management outlined how the governing body fosters a culture of safe, inclusive, and quality care and services by overseeing consumer experience and clinical indicators reports, reporting to a clinical governance committee, and continuously monitoring performance against the Standards with the assistance of an external consultant. A review of the organisation chart and governance framework evidenced clear reporting lines between staff, management, executives and the governing body. Furthermore, documentation identified mechanisms for direct feedback through all levels of leadership, escalating to the governing body, which ensured the performance of the service was managed.

Policies and frameworks were in place to guide staff practice and support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff explained they had appropriate access to information relating to consumers’ care needs, policies and training material via the electronic consumer file system and intranet. Management detailed how legislative requirements were monitored by a Legislative Compliance function and explained how the changes were communicated throughout the organisation.

Management and staff outlined the process for managing high impact and high prevalence risks to consumers, including systems to manage incidents, prevent neglect and support consumers to live their best lives. Staff demonstrated their reporting responsibilities and accountabilities in relation to elder abuse and neglect and were familiar with incident reporting processes. Management confirmed the analysis of incidents feedback was used to identify issues and are reported to the organisation’s quality team and governing body.

A review of governance documentation identified clinical governance frameworks, systems, policies, and guidelines, which guide staff on antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff demonstrated knowledge of frameworks and policies, and how to apply their knowledge to the delivery of care and services. Staff described open disclosure principles, how the use of restrictive practice was used once all other alternatives were trialled and were able to explain these alternatives relevant to the type of restrictive practice.

Based on the evidence above, I find the Approved Provider compliant with Standard 8 Organisational governance.

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)