Performance

Report

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| Name of service: | BlueCross Ivanhoe |
| Service address: | 250 Waterdale Road IVANHOE VIC 3079 |
| Commission ID: | 3020 |
| Approved provider: | Third Age Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 May 2023 to 25 May 2023 |
| Performance report date: | 28 June 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 Ivanhoe (**the service**) has been prepared by A. Douglas, 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

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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 staff treated them with dignity and respect. Staff spoke of consumers in a respectful manner and described the measures in place to support and respect consumers in the delivery of care and services. Care documents reflected consumers’ culture and identity.

Consumers provided feedback that their identity, culture, and diversity was valued. Staff described how they supported the delivery of culturally safe care and services. Care documents identified consumers’ cultural and religious needs and preferences.

Consumers and representatives considered consumers were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence. Care documents included evidence of consumers exercising choice and independence.

The service demonstrated consumers were supported to take risks which enabled them to live their best lives. Staff outlined supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand potential harm when making decisions about risks.

The Assessment Team observed information displayed throughout the service to inform and support consumers and representatives to exercise choice. Staff described several ways information was delivered to consumers regarding their care and services which enabled them to exercise choice, including those with cognitive impairments.

Consumers felt the service was considerate of their privacy and did not express any concerns regarding the confidentiality of their personal information. Staff demonstrated a shared understanding of the practical measures taken to respect consumer privacy and keep consumer information confidential.

# 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

Care documents demonstrated the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the care planning and assessment processes at the service.

Care documents identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life (EOL) planning. Staff described how they ensured the assessment and care planning process reflected consumers’ current preferences, and explained how they approached EOL care planning discussions.

Consumers and representatives confirmed the involvement of internal and external care providers in the delivery of care and services for consumers. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Management and staff described how they effectively communicated outcomes of planning and assessments to consumers and their representatives in line with their preferences.

Care documents confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives advised staff regularly discussed their care needs with them, and any requested changes were addressed in a timely manner.

# 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 safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff described how they provided safe and quality care to meet the individual needs of each consumer.

The service demonstrated high impact or high prevalence risks were effectively managed through regular clinical data monitoring, trending, reporting and the implementation of suitable risk mitigation strategies for consumers. Consumers and representatives were satisfied with the service’s management of high impact and high prevalence risks.

Staff outlined how they approached conversations with consumers regarding EOL care and explained how EOL care was provided for consumers through regular repositioning, hygiene and comfort care, pain management, and emotional support for the consumer’s family. The care planning documentation for a consumer receiving palliative care evidenced the consumer was receiving EOL care in accordance with their needs and preferences.

Care documents evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff outlined how they monitored signs of deterioration for consumers and described a range of signs in relation to deterioration.

Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system (ECMS) and communicated via the shift handover process. Care documents provided adequate information to support effective and safe care.

Care documents included timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff outlined the service’s referral process, including the notification to a physiotherapist via the ECMS following a fall.

Consumers and representatives expressed satisfaction with the service’s management of recent outbreaks, and infection prevention and control precautions. Staff demonstrated a shared understanding of key infection control practices such as hand hygiene and the donning and doffing of personal protective equipment. The Assessment Team observed the service was following appropriate infection minimisation practices.

# 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 and representatives were satisfied consumers received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Lifestyle staff outlined how they partnered with consumers to conduct a lifestyle assessment upon admission, which identified the consumer’s needs and preferences.

Consumers said their spiritual, emotional, and psychological wellbeing was supported by the service. Staff were able to describe strategies they use to support consumers’ emotional and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how consumers were supported to participate in activities within, and outside of the service.

Care planning documentation provided information regarding the services and supports provided to consumers. Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer.

Care documents identified the involvement of other organisations and providers of care and services. Management and staff advised there were a wide range of external services offered to consumers to broaden the lifestyle services and supports delivered to consumers, including a hairdresser, priests, musicians and volunteer services.

Consumers and representatives mostly indicated the service provided meals which were varied and of suitable quality and quantity. The Assessment Team observed the kitchen to be clean and tidy, with staff adhering to food safety protocols, including the monthly internal food safety audit.

The service demonstrated that where equipment was provided to consumers, it was safe, clean and well maintained. A review of the preventative maintenance schedule evidenced there was regular servicing of equipment utilised for 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

Management described the various aspects of the service environment that made consumers feel welcome and optimised their sense of independence, interaction and function. The Assessment Team observed consumers having warm interactions with staff and engaging in conversations with other consumers and visitors in shared areas within the service.

The Assessment Team observed the service environment was safe, clean, comfortable and well maintained, and allowed consumers to move freely both indoors and outdoors. Maintenance staff described the reactive and preventative maintenance process whereby staff and consumers could report maintenance requests using the ECMS.

Staff advised they had access to the necessary equipment to support consumers and described how the equipment was kept safe, clean and well-maintained. Consumers said furniture and equipment was safe, clean, well maintained and suitable for use.

# 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 understood how to provide feedback or make complaints. Management and staff described the processes in place to encourage and support consumers and their representatives to provide feedback and complaints. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Management outlined the advocacy services available to consumers and described how they made consumers aware of advocacy services. The Assessment Team observed information regarding advocacy services displayed throughout the service.

Consumers and representatives said management responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Management described the systems in place to ensure adequate staffing levels and manage staff leave. A review of documentation by the Assessment Team evidenced the service had adequate staffing levels, and call bell response times were monitored frequently to ensure they were within the service’s performance targets.

Consumers and representatives felt staff were kind and respectful when delivering care. Staff demonstrated they were familiar with consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives said staff were competent, performed their roles effectively, and expressed confidence in their ability to meet their care needs. Staff confirmed could request additional training when required. Staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Management described how they supported staff to ensure they received the training they needed to perform their roles in accordance with the Quality Standards. The Assessment Team reviewed training records which evidenced 85% of staff had completed mandatory training on topics including open disclosure, incident management, discrimination and diversity and inclusion.

Management described how the performance of staff was monitored through formal performance appraisals and informal monitoring and review. The service had a range of policies and documents that informed the expected performance and behaviour of staff.

# 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

The service demonstrated consumers were engaged in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers could provide input and make their own decisions regarding the care and services provided to them.

The service was governed by a Board that was responsible for promoting a culture of safe, inclusive, and quality care and services. Management described the organisational structure and hierarchy, including communications and reporting between service management, clinical governance quality and risk team, management, the senior leadership team, the executive leadership team and the Board.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The service ensured the Board had oversight on the feedback and complaints process at the service by ensuring all feedback and complaints were documented in the feedback register.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. Management advised the service had an online incident management system which generated instructions for staff when they lodged incidents into the system.

The service had a documented clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)