Performance

Report

**1800 951 822**

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| Name of service: | BlueCross Karinya Grove |
| Service address: | 3 Aberdeen Road SANDRINGHAM VIC 3191 |
| Commission ID: | 3828 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 December 2022 to 15 December 2022 |
| Performance report date: | 12 January 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 Karinya Grove (**the service**) has been prepared by C Spiller, 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 January 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

An Assessment Contact Audit was conducted at the service from 14 to 15 December 2022.

Where the Quality Standard is Met, all requirements of that Quality Standard have been assessed as Met.

Where the Quality Standard is Not Met, one or more requirements of that Quality Standard has been assessed as Not Met. Note that this does not mean that all requirements were 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 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)(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

I am satisfied, on balance, that Requirements 1(3)(a), 1(3)(e) and 1(3)(f) are compliant.

Requirements 1(3)(a), 1(3)(e) and 1(3)(f) was found non-compliant following a Site Audit from 22 to 24 June 2022.

The service was unable to demonstrate that all consumers are treated with dignity and respect, with a number of consumers and representatives reporting staff shortages diminished the dignity and respect shown. Unkind behaviour from staff, and a lack of awareness of appropriate interventions for individual consumers, were reported.

The service was unable to demonstrate that all consumers received communication in relation to menus and the activities schedule, and that their representatives received information regarding care provided by staff.

The service was unable to demonstrate that all consumers received communication in relation to menus and the activities schedule, and that their representatives received information regarding care provided by staff.

The service was unable to demonstrate that personal information was always protected

During the Assessment Contact conducted 14 to 15 December 2022, the Assessment Team found the service has implemented actions in response to the non-compliance found at the Site Audit, which have resulted in some improvements. This included; staff training in dignity and privacy. Consumers and their representatives provided mixed feedback regarding whether consumers are treated with dignity and respect, however most were satisfied overall. Interactions between staff and consumers observed by the Assessment Team were mostly respectful and kind.

To address communication deficits, a bimonthly newsletter is sent to representatives and distributed to consumers. Management stated consumer and representative meeting minutes are sent to representatives, distributed to consumers, and placed on noticeboards. They said a stand has also been purchased, to display the minutes at reception.

Overall consumers provided positive feedback regarding communication enabling consumers to make choices. Nursing, care and lifestyle staff interviewed felt consumers are provided with information that is current, timely, accurate and clear to enable them to make choices. The service has policy documents to guide staff in their interactions and communication with consumers and / or their representatives, and evidence was provided of training for staff in consumer choice.

The interactions between staff and consumers observed by the Assessment Team were mostly engaging and informative, enabling choice including activities in progress such as exercises and a Christmas service.

To address privacy concerns, the service has implemented a number of improvement actions, including; ensuring doors on the nurses’ stations have working locks, and education has been provided in relation to these, key safes have been installed, and education on privacy and dignity has been provided. Overall, consumers and representatives provided positive feedback regarding privacy and said staff respect their privacy through their actions. They were confident their personal information is kept confidential. The service has policy documents to guide staff in information privacy and evidence was provided of training for staff. Staff and management described recent and proposed initiatives to ensure privacy of consumer personal information. The Assessment Team observed staff adhering to privacy practices, knocking on consumers’ door before entering, doors closed while providing personal care and most of the time doors to nurses’ stations locked when unattended.

The approved provider submitted a response addressing some mixed consumer feedback in the Assessment Team report. This included; additional information in relation to access and availability of information to consumer, newsletters and meeting minutes and menus, and follow up actions from consumer feedback. In addition, information regarding installing doors locking mechanisms nursing stations to enhance data privacy was submitted.

# 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

Requirement 7(3)(a) on balance, is assessed as compliant.

This Requirement was found non-compliant following a Site Audit from 22 to 24 June 2022. The service was unable to demonstrate the number and mix of staff enabled the delivery of quality care and services. Consumers and representatives said inadequate staff numbers and the use of unfamiliar staff impacted their care.

During the Assessment Contact conducted 14 to 15 December 2022, most consumers and representatives interviewed provided mixed feedback regarding staffing. While a number noted there have been improvements, some felt staffing levels remain inadequate but the Assessment team were unable to link to adverse outcomes and management responded promptly to any issues raised during the audit. A review of the nurse call bell report for the service for the period 1 October 2022 to 30 November 2022 showed 79.82% of call bells were responded to in less than 10 minutes

The organisation has implemented several actions in response to the non-compliance identified at the Site Audit 22 to 24 June 2022 which have resulted in improvements. These include; changes to the recruitment and screening strategies, offering bonuses and incentives, consumer participation in interview panels, flexible shift times, and forward booking agency.

While most consumers, representatives and staff feel the service continues to be inadequately staffed, management are employing numerous strategies to address this and improvement is evident. No significant impact on current consumers was confirmed.

In their response, the approved provider, clarified some findings from the Assessment Team report, stating that call bell times, clinical KPIs, staff, and consumer/representative feedback are closely monitored to support determination of care hours required and overnight, the service is staffed with a Registered Nurse, an Enrolled Nurse and three Personal Care Attendants, and no shifts are left unfilled overnight.

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