Performance

Report

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| Name of service: | BlueCross Monterey |
| Service address: | 858 Pascoe Vale Road GLENROY VIC 3046 |
| Commission ID: | 3650 |
| Approved provider: | Third Age Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 27 October 2022 |

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 Monterey (**the service**) has been prepared by G.Hope-Simpson, 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 and their representatives said consumers are treated with dignity and their culture is respected. Staff are familiar with consumers’ backgrounds and described how consumers’ culture influences care. The service has a religious calendar that supports consumers’ cultural events and celebrations. Care planning documents include details regarding consumers identity, preferences and spiritual practices.

Consumers said they are able to maintain independence and are given choices about how their care and services are delivered. Staff said they support consumers to maintain relationships outside the service. Care plans reflect consumers’ choice and decisions.

Staff described how they support consumers to take risks. Staff identify consumers’ preferences and continuously monitor consumers and conduct risk assessments with health professionals and other services where relevant.

Consumers and representatives said information is provided in a timely and clear manner to support consumers to make daily choices regarding their care needs and lifestyle activities. The service communicates with consumers through the activity’s noticeboard, meetings and daily menu planning.

Consumers described how their privacy is respected and were confident personal information is kept confidential. Staff were observed knocking on doors before opening, as well as closing doors during provision of personal care. Observations confirmed consumers’ confidential information is secured and computers are locked when not being used.

# 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

Assessment and planning processes are completed to inform the delivery of safe and effective care and consideration of individual consumers’ risks. Staff described the needs and preferences of consumers, which aligned to care planning documents. Consumers and representatives confirmed advance care and end of life planning is discussed and documented.

Consumers and their representatives confirmed they are involved in assessment and planning. Staff described how updates to care and services are communicated to consumers and representatives. Care plans reflected referrals and directives from allied health professionals, medical officers and specialist services

Staff confirmed their ready access to care plans through the electronic care management system. Care plans documented communication with consumers and representatives and showed that consumers are offered copies of their care plans. Consumers said staff regularly discuss their care and services with them.

Care plans were reviewed every 3 months or when incidents, deterioration or changes to consumers’ health and well-being were identified.

# 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 receive safe, tailored care that optimises their health and wellbeing. Care planning documents documented personal and clinical care needs and reflected consumers receive safe and effective care. Consumers subject to restrictive practices have relevant consents, monitoring and review.

Consumers and representatives said the service effectively managed high impact and high prevalence risks. Care plans showed tailored strategies are applied to manage risks. Staff could identify sampled consumers’ risks and most of the strategies in place to mitigate these.

Staff described how they maximise consumers’ comfort and maintain dignity during end of life care. Staff have access to external palliative specialists. Care plans confirmed staff involve representatives regularly and provide effective palliative care with symptoms well controlled.

The service has a procedure and practice standard to guide staff response when a consumer’s condition changes or deteriorates. The service utilised several avenues to identify changes, including progress notes, scheduled reviews, incident reports and clinical charting. Consumers and representatives were confident the service would respond effectively to any deterioration in consumer condition.

Consumers and their representatives were satisfied with the communication of information about changes to consumers’ condition. Staff described how information is shared through verbal handover, care plans and electronic notifications.

Care planning documents reflected timely referrals and input from a range of health service providers and professionals.

Consumers and representatives said they have observed staff consistently using personal protective equipment (PPE). Staff said they received training on how to minimise infection related risks and manage outbreaks. Staff described their understanding of appropriate use of antibiotics.

# 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 said services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Staff described what is important to consumers, and their preferred activities. While the lifestyle calendar is developed based on consumer interests and feedback, observations showed some consumers with cognitive and physical impairments were not participating in activities. Service management and lifestyle staff acknowledged the issue and gave an undertaking to address it. Representatives interviewed did not raise any concerns about the matter and no impact to any specific consumer was identified.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff provided examples of how they support consumers’ well-being when consumers have a change in mood, or if a consumer is feeling low. Care documentation reflected strategies to fulfil spiritual, emotional and psychological needs.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections of their choice. Care planning documented individual consumers’ preferred community activities.

Information about consumers’ services, supports, changes, needs and preferences are communicated and shared between staff, through daily handovers and via electronic care plans and alerts.

Care planning documentation showed referrals are made to other services, providers and individuals, to optimise consumers’ well-being. Consumers said the service refers them to external providers to supplement their needs as required. The service has policies and procedures to support the referral of consumers to allied health professionals and other organisations.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Staff described how consumers are involved with menu planning. The kitchen was observed to be clean and menu preference sheets located in the servery clearly identified meal choice and dietary requirements.

Equipment that supports consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers said they had access to suitable equipment and felt safe during use. Staff said they have access to necessary equipment, ensure it is safe and report maintenance requirements.

# 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 their representatives said the service is welcoming, inviting, safe and well- maintained. Consumers personalised their rooms with furniture, decorations and belongings. Consumers were observed accessing different service areas and interacting with each other.

Consumers and representatives said the service is clean and well maintained. Documentation review showed service areas are regularly cleaned in line with a schedule. The internal service was observed to be safe, and garden areas were neat and tidy. Consumers were moving around freely inside the service and leaving the service independently or with support, however observations showed limited outdoor space for consumers to access.

Observations showed, and consumers confirmed, that furniture, fittings, and equipment are generally safe, clean and suitable for use. Staff said there is sufficient equipment to meet consumers’ needs. Staff described how they report maintenance needs and requests. The service performs cleaning reviews, audits and maintains a planned maintenance schedule.

# 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 their representatives said they understand how to give feedback and make complaints through meetings, resident surveys, and discussions with management. The service has documents and processes in place for consumers to raise concerns about their care and services. Staff described how they support consumers to raise a complaint or provide feedback. Brochures about complaints and compliments, feedback forms and collection boxes were observed throughout the service.

Consumers and representatives were aware of advocacy and external complaint services. Information about advocacy services, external complaint avenues and translating and interpreting services was displayed throughout the service. Staff were aware of external advocates and language services.

Consumers and their representatives said the service takes appropriate action when complaints are made. Consumers said the service apologises when things go wrong and addresses the issues raised. Review of the integrated continuous improvement and feedback register showed open disclosure is used, and timely action is taken in response to complaints and feedback.

Consumers said feedback and complaints were used to improve the care and services. Review of complaints data demonstrated the service identified key issues raised by stakeholders and responded appropriately. Improvements are discussed and evaluated with consumers at monthly resident meetings.

# 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

Most consumers and representatives said the service had a sufficient number and mix of staff to provide safe and effective care. However, call bell records reflected, and some consumers reported, experiencing longer response times to call bells. Consumers said they had raised concerns with management prior to site audit and response times were improving. The Assessment Team reviewed continuous improvement items in place to address the issue and identified steps that had been taken to improve response times, including rostering additional casual staff and purchase of additional call bells. Management confirmed rosters are monitored and the service uses casual staff and extended shifts, rather than agency staff, to promote continuity of care.

Consumers said staff interactions were very caring and considerate. Staff were observed to treat consumers with dignity and respect. Staff said the service promotes a culture of respect through training and resources.

Staff have position descriptions for their roles that align with their duties and detail competencies, responsibilities, skills and qualifications. Staff said they receive comprehensive training to improve their skills. Document review confirmed training topics aligned with the Quality Standards. The service has processes and infrastructure to monitor training completion. Mandatory training due in the calendar year was on track for timely completion.

Staff performance is measured through annual performance appraisals. Performance is documented and evaluated through the staff reviews by management. Staff described how appraisals worked effectively to improve their professional practice.

# 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 are engaged in the development and delivery of care and services, including through feedback, surveys and the consumer advisory committee. Management gave examples of changes made in response to consumer feedback.

The governing body promotes a culture of quality care and is accountable for the delivery of safe, quality care and services. The Board receives audits and regular quality and safety reports from the service’s quality team. Regular communication occurs between the governing body, management and the service.

The service has effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs, including information derived from feedback and complaints and audit reports. Regulatory compliance systems are in place.

The service’s risk management framework includes policies and practices relating to high impact and high prevalence risks, dignity of risk and incidents management. The service’s incident management system shows incident reporting and reviews occur in a timely manner and follow up action is taken. The service’s policies and procedures, review of the SIRS register and review of the incident management system reflected effective processes in place to identify and respond to abuse and neglect.

The service has a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure. Staff generally understood how the principles applied to their work.

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)