Performance

Report

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| Name of service: | BlueCross Oakleigh |
| Service address: | 1055 Centre Road OAKLEIGH SOUTH VIC 3166 |
| Commission ID: | 3985 |
| Approved provider: | Blue Cross Community Care Services (Toorak) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 1 March 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 Oakleigh (**the service**) has been prepared by Denise McDonald, 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
* the provider’s response to the assessment team’s report dated 25 January 2023 included supporting documentation including:
  + a plan for continuous improvement
  + training programs and attendance records
  + minutes of staff and consumer meetings
  + care documentation supporting continence and meal assistance assessment and reviews were completed
  + rostering and staff performance monitoring documentation
  + call bell trending reports

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 1(3)(a)** – The service ensures each consumer is treated with dignity by improving the provision of continence care.
* **Requirement 7(3)(a)** – The service ensures the number and mix of members deployed enables the timely provision of continence care, transfers to and from the toilet are undertaken when required and scheduled meal service times are met including for tray service.

# 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. | Non-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

The Site Audit report recommended Requirement 1(3)(a) was not met as consumers were not assisted to the toilet when they needed it, were left in soiled continence aids resulting in the consumer smelling of urine.

For 4 named consumers, they or their representative, advised consumers are left in soiled continence aids, are often incontinent following calling for toileting assistance due to lengthy staff response times or if they were assisted to the toilet, they are left sitting on the toilet for long periods while they wait to be transferred.

Two representatives provided examples of waiting with consumers, following their call for assistance to the toilet or to be transferred from the toilet and confirmed wait times of 40 minutes or higher had occurred on at least 2 occasions and as frequent visitors, they often find the consumers smells of urine, with one confirming their mother is often not dressed or showered, describing it as undignified.

The providers response acknowledged the deficits identified in the Site Audit report and providing supporting documentation of actions undertaken, commenced and planned to remedy the non-compliance. The plan for continuous improvement included the provision of education sessions to staff on consumer dignity, rights and training in continence, reviewing the toileting schedule and continence aids allocated to consumers and introducing continence champions.

While the provider has submitted supporting documentation to evidence responsive actions have been commenced, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness in improving consumers being treated with dignity.

Therefore, I find Requirement 1(3)(a) is non-compliant.

I find the remaining 5 requirements of Quality Standard 1 compliant as:

Consumers and representatives stated care and services were delivered by staff who valued the consumer’s culture, values, and diversity. Staff identified consumers with diverse cultural backgrounds and explained how cue cards and picture cards were used to facilitate communication with consumers from a non-English speaking background. Care planning documentation reflected consumers' cultural needs and preferences.

Consumers said they were supported to exercise choice and make decisions independently about how care and services were delivered to them. Staff provided examples of how consumers could make choices and how they supported them to maintain relationships, including for married couples who described being assisted to eat their meals together. Care documentation identified consumers had made decisions about when and how they wanted their care delivered.

Consumers said they were supported to take risks, such as continuing to smoke cigarettes, as they were provided with information about the risks and strategies were discussed to keep them safe. Staff described and care documentation confirmed risk assessments were conducted for each consumer on entry, were reviewed regularly and updated, as necessary.

Consumer and representatives confirmed various means are used to provide them with up-to- date information. Minutes of consumer meetings were recorded, displayed and disseminated to consumers and representatives who were unable to attend. The lifestyle calendar was available within consumer’s rooms and menus were displayed in dining rooms to promote meal choice.

Consumers and representatives said they were confident consumer’s information was kept confidential. Staff described how they maintained consumers’ privacy when providing care and advised computers were locked and a password was needed to access consumers’ information. All computers were observed to be locked when unattended.

# 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

Consumers and representatives provided positive feedback on their involvement in the assessment and care planning process. Care documentation assessed the likelihood of the consumer falling, developing a pressure injury, losing weight unexpectedly, and experiencing responsive behaviours, with appropriate strategies listed to minimise those risks. Staff described the risks relevant to each consumer and their planned care requirements to ensure consumers were safe, and their risks effective managed.

Consumers and representatives stated the consumer’s needs and preferences were known as staff discussed their care needs, including for end-of-life care, with them. Staff demonstrated knowledge of, and care documentation accurately reflected, the assessed needs and expressed preferences of consumers.

Consumers and representatives confirmed they provided input to assessment and care plans through formalised conversations and regular feedback. Staff reported consultation occurs with consumers and representatives on a 3 monthly or as required basis. Care documentation reflected consumer’s assessment and care planning, included allied health, medical officers, and specialists.

Consumers and representatives recalled they were offered a copy of the consumer’s care plan as part of review processes. Care documentation evidenced consumers and representatives were informed of the outcome of assessments and a copy of the care plan was offered. An electronic care management system was used to ensure ready access to the consumer’s care plan for consumers, representatives, staff and health professionals.

Consumers and representatives staff regularly reviewed their care and provided them with an opportunity to give feedback or discuss changes to their preferences. Staff said care was reviewed regularly and in response to an incident or a change in circumstances. Care documentation evidenced reviews of care strategies had occurred within the last 3 months and as per the designated schedule.

# 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 felt consumers were receiving care which was safe and right for the consumer, however deficiencies were identified in the provision of continence care or toileting assistance. Care documentation evidenced individualised care was generally provided in line with the specific needs and preferences of each consumer. Staff reported they consistently accessed senior clinical staff to receive support and guidance in relation to best practice care and processes.

Consumers and representatives said consumers' high impact or high prevalence risks, such as falls, weight loss, and pain, were effectively managed. Staff identified individual consumer’s risks and care documentation evidenced the planned strategies were being delivered. Policies and procedures on high-impact or high-prevalence risks were available for staff to refer to, if required.

Staff described the care provided to a consumer who had recently passed away with care documentation supporting the consumers preferences had been met and end of life symptoms well controlled. Procedures and practice standards on palliative care guided staff.

Consumers and representatives said the staff recognised and responded in a timely manner when they became unwell. Procedure and practice standards guided staff on escalation pathways when responding to clinical deterioration. Clinical deterioration and escalation flowcharts were displayed in nurse’s stations.

Consumers where confident relevant information was shared between those caring for them. Care documentation reflected information on health changes or upcoming appointments was shared between staff and external organisation. Consumers needs and preferences were documented accurately, and staff were observed to attend shift handover.

Consumers and representatives advised they were referred to external health professionals when required. Care planning documentation reflected timely referrals to a range of services and providers. Referral processes were documented to guide staff.

Consumers provided positive feedback on the minimisation of infection related risks. A suite of infection prevention policies and procedures, including outbreak management plan ensure a consistent response to any infection outbreak. Staff demonstrated knowledge of practices to minimise infection-related risks and the steps they could take to minimise the need for 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 the services and supports for daily living met the consumer’s needs and preferences. Staff demonstrated knowledge of what consumers liked to do independently. Care documentation reflected what was important to consumers and what they liked doing.

Consumers stated their emotional, spiritual, and psychological needs were supported as staff visited them daily. Staff advised and care documentation evidenced consumers’ emotional and spiritual needs were recorded and emotional support strategies were delivered aligned with consumer choice.

Consumers stated they were supported to participate in activities within and outside the service, and to keep in touch with people who were important to them. Care documentation evidenced people important to individual consumers and the activities of interest to them were noted. Consumers were observed to be participating in a variety of activities.

Consumers said their services and supports needs did not have to be repeated to multiple staff members. Staff said information on any changes to the condition, needs and preferences of the consumers shared through a variety of communication channels. Care documentation provided adequate information to support the delivery of safe and effective services and supports for daily living.

Care documentation evidenced and staff confirmed consumers had been referred to external providers. Consumers advised they had been referred to the library, volunteers and the hairdresser to support their needs and preferences.

Consumers said there was sufficient variety in the meals available and a new chef had improved the quality of meals served. Staff advised consumers had input into the menu through a food focus group which met every month. Care documentation evidenced consumers' dietary requirements and preferences were captured.

Consumers said the equipment provided, was safe, suitable, clean, and well maintained. Staff said the service conducted regular inspections on all mobility equipment and consumers mobility aids were observed to be clean and well-maintained.

# 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

The service environment was observed to be welcoming with living areas having natural light and corridors lit, there was a spacious courtyard with garden beds, seating, and shaded areas for the consumers. The dining areas were large and there was adequate signage to assist consumers to move around the service easily. Consumers advised they were comfortable in the service and had no concerns about the environment. Staff confirmed walkways were kept free of obstructions and hazards and if a hazard were spotted it would be immediately reported and actioned promptly.

Consumers said the service was safe, clean, well-maintained and they were free to move indoors and outdoors. All doors to external areas were observed to be kept unlocked, staff were supporting consumers to move around as they wished, and the building was maintained at a comfortable temperature. Staff confirmed consumers could access all areas and understood how to report any repairs to maintenance.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for the needs of the consumers. Consumers said maintenance staff were quick to respond to repairs and the equipment was well-maintained, safe and clean. Staff described and demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 were supported to provide feedback and complaints and felt comfortable doing so. Staff demonstrated knowledge of feedback and complaints processes and confirmed they would assist consumer to raise concerns if they were unable to do it independently. Information on how to lodge complaints or feedback was displayed, with feedback forms and a lodgement box readily available.

Consumers and representatives felt comfortable raising concerns inside the service, had not needed, but were aware of external complaints services. Management confirmed access to advocacy and language service arrangements were in place. Brochures and posters were promoted awareness of internal and external complaints agencies and were available in various languages.

Consumers and representatives said the service listened and acted when they had raised concerns and confirmed open disclosure had been used when things went wrong. Complaint documentation showed open disclosure was used, and there was timely management of complaints. Staff knew what open disclosure meant.

Consumers and representatives stated their feedback had been used to improve care and services. Complaints data demonstrated the service had identified key issues and had responded appropriately. Staff gave examples of improvements to cleaning and catering service following consumers raising concerns.

# 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. | Non-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

The Site Audit report recommended Requirement 7(3)(a) was not met as rostered staffing allocations did not enable staff to meet the consumers' care needs, with consumers and representatives, advising staff seemed rushed, call bells were not responded to in a timely manner with toileting, hygiene and meal assistance not available when needed. Staff confirmed they were unable to respond to calls for assistance promptly, despite working as a team to meet consumer needs.

For 6 named consumers, they or their representative advised the consumer experienced delays, of up to an hour, when requiring assistance to use the toilet resulting in them being incontinent, they were left on the toilet unattended for long periods of time or the consumer was supported by representatives to eat their meals as staff were too busy.

Staff feedback aligned with the concerns raised by consumers and their representatives, advising consumers are unable to be taken to or are left on the toilet, those who require multiple staff to assist with transfers are most effected as the consumer is required to wait until an additional staff member is available and staff often rush consumers during hygiene care and toileting to be able to meet the care needs of all consumers in a timely manner. Call bell data for the named consumers evidenced, they were often required to wait up to or more than 45 minutes, following calling for assistance or activation of movement alarms.

In addition to the delays in personal hygiene care, delays of 30 minutes and up to an hour were observed to occur with staff unavailable to assist with meals in the dining room and for delivering meals when tray service was preferred or required, resulting in lifestyle and administration staff assisting.

Management confirmed the roster can be difficult to fill at times, and rostering documentation evidenced 7 shifts for care and clinical staff were unfilled during December 2022, despite strategies such as extension of hours, additional shifts and agency staff being sourced to fill vacancies.

The provider’s response received 25 January 2023 acknowledged the deficits brought forward and included a plan for continuous improvement outlining the immediate, commenced and planned actions proposed to remedy the non-compliance including reviewing the roster with changes in duties proposed, increased monitoring of call bell response times and increasing the pool of permanent staff available through converting causal staff and recruiting additional staff.

Additionally, meal services will be reviewed, catering staff will be required to attend consumer meetings and feedback forms will be located near the kitchen to ensure catering staff received direct feedback from consumers.

While the provider has submitted supporting documentation to evidence responsive actions have been commenced, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness in improving the adequacy of the workforce deployed to provide safe or quality care and services.

Therefore, I find Requirement 7(3)(a) is non-compliant.

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Consumers and representatives said all the staff treated them with kindness and were very caring and considerate. Staff were observed to treat consumers with care, dignity, and respect. Care documentation showed each consumer's individual needs and interventions were documented and personalised. Policies were available to support the provision of respectful and inclusive care.

Consumers and representatives felt staff were qualified and had the required skills to perform their duties. Management described monitoring processes to ensure staff met the minimum qualification and registration requirements for their respective roles. Personnel files included signed contracts which outlined key responsibilities, required qualifications and competencies Staff confirmed their competency to perform tasks was assessed.

Consumers and representatives said staff had the necessary knowledge, training and skills to perform their work. Staff received orientation training and were required to complete mandatory training annually. Staff confirmed they receive regular training which supports their ability to deliver quality care and services to consumers.

Management described an annual performance appraisal process is completed for all staff. Staff confirmed completing performance appraisals, with documentation supporting performance appraisals had generally been conducted as scheduled, however staff in the casual pool were overdue.

# 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 confirmed they were able to contribute to the design and evaluation of care and services through care planning reviews, written and verbal feedback. Management advised, and posters displayed promoted a consumer advisory committee, however as no consumers had expressed interest, it was not operational. Management said a new coffee machine, beds, mattresses, and carpets had been implemented following consumer feedback.

Management confirmed regular reports including clinical incidents and audit results are provided to the Board to enable the quality of care and services delivered to be monitored and benchmarked to assess performance. Management advised they regularly meet with the organisation’s executive team and gave examples of Board decisions which promoted a safer service environment and improved outcomes for consumers.

Effective organisational governance systems were evidenced by staff confirming they have access to accurate, up to date information via electronic information systems. Continuous improvement systems were used, and funding was available, when monitoring systems identified a need to improve the quality of care and services. Staff confirmed they understood their roles and responsibilities; and regulatory changes were communicated and to ensure compliance.

A risk management system was in place, with policies and procedures embedded to monitor and manage high impact and high prevalence risks, potential abuse or neglect. An incident management system was used with staff demonstrating knowledge of what constitutes an incident, they understood their responsibility to report it and documentation supported root causes were investigated and used to drive change and manage those risks.

Policies, procedures and other tools supported clinical governance, with staff confirming they were trained antimicrobial stewardship, open disclosure and minimising restrictive practices. A medication advisory committee provided oversight of appropriate antibiotic usage and chemical restraints. Staff confirmed open disclosure was used in response to clinical incidents.

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)