Performance

Report

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| Name of service: | BlueCross Riverlea |
| Service address: | 57 Intervale Drive AVONDALE HEIGHTS VIC 3034 |
| Commission ID: | 3603 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 14 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 Riverlea (**the service**) has been prepared by D. 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

# 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 representatives said they felt staff treated consumers with dignity, respect and made them feel valued as individuals. Staff spoke respectfully about consumers and demonstrated their familiarity with consumers’ backgrounds and preferences. Staff were observed interacting respectfully with consumers. Care documentation included language which was respectful and reflected consumer’s diversity.

Consumers and representatives said the service recognised and respected their background and provided care consistent with their cultural traditions and preferences. Staff identified consumers from diverse backgrounds and described delivering care which aligned with their care plan, including learning words in the consumers' language to promote communication. Consumer care plans reflected the consumer’s background and included cultural activities which each consumer would like to maintain.

Consumers and representatives stated they were given choice about when care was provided, and their choices were respected. Care planning documentation identified the consumers’ individual choices around care delivery, their decisions about who was involved in their care and how the service supported them in maintaining relationships. Staff were observed supporting consumers in line with their preferences and listening to what the consumers wanted to do, such as having meals in their rooms.

Consumers described the risks they preferred to take, and the procedures undertaken by the service to minimise the risk of harm. Staff described their understanding of the risks taken by consumers, including those who smoked, and said they supported the consumer’s wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms and assessments to support consumers to continue risk taking activities.

Consumers described how they were informed of how to make choices, and how they were supported to understand the information. Management and staff described different ways in which information was provided to consumers, in line with their needs and preferences. The service provided and displayed written information throughout the service and provided verbal information through announcements and at regular consumer meetings.

Consumers said they felt the service was considerate of their privacy and had no concerns about the confidentiality of their personal information. The service demonstrated an understanding of appropriate conduct to ensure each consumer’s privacy was maintained during the delivery of care and services which aligned with the service's policies and procedures on privacy and confidentiality. Staff were observed knocking on consumers’ doors and waiting for a response before entering.

# 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

Consumer and representatives said they were involved in the assessment and planning processes, and they had no concerns about the care provided. Staff described the assessment and care planning process, which included an initial assessment and care planning process which began at admission to the service with comprehensive and regular assessment and care planning reviews thereafter. Care planning documentation detailed the individual consumers risk assessments and the strategies to reduce or eliminate those risks.

Care plans supported consumers goals, needs, and preferences including advance care planning and end-of-life wishes had been recorded. Staff described how they approached conversations with consumers and representatives about end of life and advance care planning. Consumers and representatives confirmed assessment and planning identified and addressed consumers current preferences and end of life wishes. Advance care and end of life planning guidelines and procedures ensured the consumers were assisted with decision making about end of life.

Consumers and representatives said they participated in the care planning process and provided feedback on the service. Staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided. Care planning documentation showed evidence of involvement of a range of external providers and services such as medical officers, physiotherapists, speech pathologists, dietitians, and specialist support services.

Consumers and representatives said they felt the service maintained good communication with them and staff explained things to them clearly and clarified matters if needed. The outcomes of assessment and planning were documented in a care and services plan which was readily available to the consumer and to those who were involved in their care. Staff said any sudden change in the condition of a consumer was communicated to the representatives immediately, usually in-person or via telephone, and email was used if they were unable to contact them by telephone.

Care documentation evidenced care plans were reviewed on a 4 monthly basis, reassessment occurred following incidents and when circumstances changed, care plans were updated. Management and staff described how and when consumer care plans were reviewed. Consumers and representatives said staff spoke with them when something happens or when there were changes in their health circumstances, goals, or preferences. Polices and procedures guided staff practice for assessment and care planning including review timeframes.

# 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 personal and clinical care, which was best practice, tailored to meet the individual consumer's needs, and optimised their health and well-being. Consumer files including assessments, care plans, progress notes, medication charts, and other care charts reflected individualised care which was safe, effective, and tailored to the specific needs and preferences of the consumer. Documentation for consumers subject to restrictive practice had documented behaviour support plans, tailored non-pharmacological strategies, and consent.

The service identified high-impact and high-prevalence risks which were effectively managed through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Staff described the high-impact and high-prevalence risks for consumers at the service including, but not limited to, falls, reportable incidents, medication incidents, infections, restrictive practices, and pressure injuries. Consumers and representatives said they felt the service was adequately managing risks to consumers' health and were aware of the strategies in place for individual consumers.

Staff described the care needs of a consumer who had recently passed away and explained the practical ways in which they maximised the consumer’s comfort near the end of life including regular repositioning, hygiene and comfort care, pain relief, and supporting the family to spend as much time with the consumer as they wanted to. Care planning documentation included advance care plans and the needs goals and preferences of the consumer when receiving end of life care.

Care documentation demonstrated prompt identification of, and response to, deterioration or changes in the consumer’s condition. Representatives said the service recognised and responded to changes in condition and implemented strategies to assist the consumer in a suitable and timely manner. The service had a clinical deterioration policy and procedure to support staff in recognising and responding to a decline or deterioration in a consumer’s health and/or well-being.

Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff and they received the care they need. The service demonstrated how information about the consumer’s condition, needs, and preferences was documented and effectively communicated with those involved in the care of consumers. A review of care planning and handover documentation supported the effective and appropriate sharing of the consumer’s information to guide care. A handover was observed, where staff discussed consumer updates including any incidents, appointments, and medication changes.

Consumer's care documentation confirmed the input of others including dietitians, physiotherapists, speech pathologists, wound specialists, and medical officers who facilitated referrals as needed. Consumers and representatives said referrals were timely, appropriate, and occurred when needed and consumers had access to relevant health professionals, such as medical specialists and specialist support services.

Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions, and other infection control practices. Staff were observed following all infection control procedures, a COVID-19 screening procedure was strictly adhered to and the service had an appointed infection control lead, who had completed the related competency training. Staff described antimicrobial stewardship training they received and said the use of antibiotics was minimised by using non-pharmacological interventions such as encouraging fluid consumption and good hand hygiene 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 said they felt supported to pursue activities of interest to them and the service supported them to do so. The service had an in-house dementia specific program which supported consumers to engage in sensory activities. Care planning documentation indicated consumers received services which met their needs and preferences, and staff could explain what was important to consumers and what they enjoyed.

Consumers said they were supported when they were feeling low, and described how the service promoted their emotional, spiritual and psychological well-being by offering religious services and one on one interactions. Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals, and preferences. Staff could explain how consumers’ emotional, spiritual and psychological needs were supported, including accessing volunteers to spend regular one-on-one time with consumers.

Consumers said they felt supported to participate in activities within the service and the community as they chose. Staff provided examples of consumers who were supported to maintain their hobbies, both inside and outside of the service, including virtual choirs. Care planning documentation identified the people important to individual consumers and the activities of interest to the individual consumers.

Consumers and representatives said information about the consumer's condition, needs, and preferences was communicated within the organisation and with others where responsibility for care was shared. Staff said they communicate and document changes, in the electronic care management system as well as providing verbal updates at shift handovers which were attended by all staff at the service. Care planning documentation was observed to include a ‘personality profile’ assessment for each consumer.

Consumers said they were supported by other organisations, support services, and providers of other care and services. Consumer care planning documentation identified referrals to other organisations and services such as volunteers. Staff described other individuals, organisations, and providers of other care and services and specific consumers who utilise these services. Lifestyle staff said the service liaises with other organisations and support services to provide engagement and entertainment, such as musicians who perform regularly.

Consumers said they were happy with the variety, quality, and quantity of food currently being provided, and felt the meals met their unique needs and preferences. The service accommodated consumer's dietary needs and the staff was knowledgeable regarding their individual needs. The service has feedback mechanisms which allowed consumers to provide feedback about the performance of the kitchen. Meal service was observed, and modified meal and fluids directives were adhered to by hospitality and care staff.

Consumers said they felt safe when using the service's equipment and it was readily available should they require it. Staff described maintenance and cleaning of equipment, stating lifestyle staff were responsible for cleaning shared lifestyle equipment after each use and care staff were responsible for cleaning personal equipment, including wheelchairs and walkers, every evening.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained, and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives stated they found the service’s environment to be welcoming and easy to understand. Staff said every effort was made to make the environment feel like home to the consumers. The service was observed to have both a large main dining area as well as a smaller dining area to support consumers who prefer a quiet dining environment, and a private dining room for intimate occasions. The service has shared living areas for all consumers to access outdoors and courtyards have concrete pathways and garden areas, with garden beds for shared use.

Consumers provided positive feedback concerning the cleanliness of the service environment and said staff clean their room and bathroom daily. The service appeared safe, clean, well maintained and consumers were observed to freely access shared outdoor areas. Staff described how the service environment was cleaned and maintained and the service’s cleaning schedule was reviewed. Maintenance explained the preventative maintenance schedule and how external contractors were managed and the process for co-ordinating repairs to the property.

Furniture, fittings, and equipment were observed to be safe and well maintained. Consumers confirmed how the equipment was checked, cleaned, and maintained regularly. Staff described how cleaning and care of personal equipment were managed. Call bells were observed to be placed within reach of consumers and consumers displayed the personal alarms they wore. Management stated the call bell system had recently been upgraded to include visual displays mounted in high traffic areas so staff could immediately identify in which room/area a call bell had been activated in.

# 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 give feedback or make a complaint, they felt comfortable doing so and there were multiple ways to provide feedback and make complaints including verbal feedback, at consumer and representative meetings, via surveys, and by using the feedback and complaints forms placed throughout the service. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The feedback and complaints policy and procedure reflected how the service recognised feedback, complaints, and compliments were managed.

Consumers and representatives said they were aware of external complaints, language, and advocacy services available to them. Staff knew of external complaints and advocacy services, and information on accessing external complaints, language, and advocacy services were observed around the service. Various brochures on advocacy services and the Commission complaints process were observed to be printed in different languages which reflected the languages used by the consumers at the service

Consumers and representatives said staff and management addressed and provided solutions in response to feedback or complaints raised, or when an incident had occurred. Staff demonstrated an understanding of open disclosure, explaining how they would notify consumers and representatives if any circumstances were to change and how they would apologise to a consumer and their representatives in the event of something going wrong. Management explained how staff were guided by documented policies and procedures on open disclosure and complaints handling.

Consumers and their representatives reported their feedback was used to improve services. Management and staff described processes in place to escalate complaints, and how they were used to improve the care and services available to consumers. A consumer meeting was observed and review of the meeting minutes, demonstrated consumer feedback is used for service improvement. Documentation support complaints trends in cleanliness and furnishings had resulted in the service engaging an alternate cleaning company and new flooring being laid.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said staff were always, however, this did not impact on consumers receiving the care they needed. Management and staff were able to describe how the service ensured there were enough staff to provide safe and quality care, a review of rosters for the previous month showed all shifts were filled and if the service used agency staff, they used people who had experience at the service. Call bell response data indicated staff responded promptly and any delays in response time were investigated.

Consumers provided feedback stating staff engaged with them in a kind, caring, and respectful manner, and staff seem to know what they were doing. Staff interactions with consumers were observed to be respectful of each consumer's privacy, identity, culture, and in line with the services policies on privacy and diversity.

Consumers and representatives said staff perform their duties effectively, and were confident staff were sufficiently skilled to meet their care needs. Management said the service required staff to complete role-based annual mandatory training which was monitored centrally and followed up by management. Position descriptions included key competencies and qualifications essential for each role, and staff were required to have relevant qualifications. Management said there was a probation period of 6 months for new staff, with reviews at 2 months and 5 months to assess how the new staff were progressing.

Consumers and representatives said they felt staff were competent and qualified to do their job and did not identify or provide any specific feedback on any areas where staff need more training. Staff felt like they were recruited, trained, equipped, and supported to deliver safe and effective care. Management described how they support staff to ensure they were receiving the training they need to perform their roles. The written materials and training reports evidenced how staff were trained and supported to deliver outcomes required by the Quality Standards.

Performance appraisal documentation evidenced how appraisals were conducted annually on a staggered basis depending on each staff member and were up to date. Management advised overdue performance appraisals are monitored and staff confirmed they received reminders in preparation for performance meetings. The service had documented policies on the performance management processes and managing unsatisfactory performance and staff misconduct.

# 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 the service was well run and they felt the service sought input on a range of topics, listened to, and responded to their suggestions. Management said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms including monthly consumer meetings, care planning review processes, verbal conversations with staff and/or management and complaints processes. The service’s Continuous Improvement Process register included areas for improvement and noted input from consumers, such as a wooden flooring in the service's entrance. A recently installed wooden floor was observed during the site audit.

The service demonstrated it was governed by a Board which promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Management described the role the Board played in ensuring safe and quality care was delivered within the service and provided examples, such as the provider holding bi-monthly quality and safety meetings where clinical indicator reports were presented containing information including serious incidents, medication incidents, feedback, and complaints and falls. Management said the Board recently approved improvements to the call bell system due to an increase in call bell response times, and call bell response times had improved, since the installation of the additional annunciators.

The service demonstrated it had processes and mechanisms in place for effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service's information management systems were demonstrated to be effective and fit for purpose. Staff confirmed they could easily access the information they need to perform their roles which included care planning documentation and an online portal which provided access to training, policies, and procedures.

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, including skin tears, and staff was able to describe how high-impact or high-prevalence risks associated with the care of consumers were managed. Staff described strategies in place to prevent pressure injuries, including repositioning, the use of air mattresses, and the importance of moisturising skin twice daily. Clinical staff said that all instances of abuse or neglect need to be immediately reported and incident reports are submitted through an electronic incident management system.

The service’s clinical governance framework contained documented policies on antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The workforce demonstrated an understanding of the policies and could discuss how they were applied to their practice with staff giving examples of non-pharmacological interventions used prior to restrictive practices being applied, they apologised if things went wrong and antibiotic use is minimised through personal hygiene cares and obtaining pathological results when an infection was suspected.

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)