Performance

Report

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| Name of service: | BlueCross Scotchmans Creek |
| Service address: | 450 Waverley Road Mount Waverley VIC 3149 |
| Commission ID: | 3833 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 13 February 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 Scotchmans Creek (**the service**) has been prepared by Grace 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 representatives said staff treated them with dignity and respect. Staff described consumers’ needs and preferences in line with their care planning documentation. Staff were guided by policies about dignity and respect. Care plans reflected consumers’ personal goals, needs, interests and preferences. Staff were observed to be patient, caring and respectful while engaging with consumers.

Consumers and representatives said the care and services provided were culturally safe. Staff provided practical examples of how they supported consumers from culturally diverse backgrounds. Care planning documentation reflected consumers’ cultural needs and preferences. Staff were guided by policies about diversity, inclusion and cultural safety.

Consumers said the service supported them to exercise their own choice and independence. Staff described how they supported consumers’ decisions and relationships of choice. Care planning documentation identified consumers’ individual choices about care delivery. Staff were guided by policies about independence and choice. Observations showed how consumers in a relationship were supported by staff to spend time together during activities.

Consumers said staff supported them to take risks and live the best life they can. Staff described how they explained the benefits and possible harm about decisions involving risks to consumers. Care planning documentation evidenced completed risk assessments and dignity of risk forms. Staff were guided by a dignity of risk policy. Observations showed consumers following documented risk mitigation strategies.

Consumers and representatives said they received information in a timely manner. Staff described ways in which information was provided to consumers, including those with cognitive impairments. Activity calendars and newsletters were displayed in consumer rooms and throughout the service.

Consumers said the service kept their information confidential. Staff described how they maintained consumers’ privacy. Staff were guided by a privacy and confidentiality policy. Observations showed password protected computers, electronic swipes cards used to enter offices and staff knocking before entering consumer rooms.

# 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 said they were involved in care planning and received care which was right for them. Staff described how they delivered safe and effective care in line with their care plans. Care planning documentation demonstrated appropriate identification, consideration and intervention of consumer risks.

Consumers and representatives said the service supported their needs and preferences, including in relation to end of life (EOL) care. Staff described consumer’s needs and preferences in line with their care planning documentation. Care planning documentation detailed consumer’s EOL wishes in their advance care plans.

Consumers and representatives said they were involved in planning and assessment through formalised conversations and regular feedback. Staff confirmed ongoing communication with consumers and representatives. Care planning documentation evidenced input from medical officers (MOs), specialists and allied health professionals (AHPs) in consumers’ assessment and planning.

Consumers and representatives confirmed they have been offered copies of their care plan. Staff explained how outcomes of assessment and planning were communicated to them via handovers and the service’s electronic care management system (ECMS). Care planning documentation reflected communication with consumers and representatives about outcomes, and care plans offered upon request.

Consumers and representatives said they were able to give feedback or discuss changes to their preferences. Staff said consumers and representatives were included in regular care plans reviews and were advised when incidents occurred. Care planning documentation demonstrated monthly care plan reviews were completed by staff in a timely manner.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said they received care which was safe and right for them. Staff described behaviour support plan strategies in place for consumers. Staff were guided by a suite of clinical systems and processes. Care planning documentation reflected how individualised care was safe, effective, and tailored to consumers’ specific needs and preferences. Care plans were in line with restrictive practice legislative requirements.

Consumers and representatives said high impact or high prevalence (HIHP) risks were effectively managed by the service. Staff identified individual consumer risks and described steps taken to mitigate it. Staff were guided by policies and procedures about HIHP risks. Care planning documentation identified HIHP risks, and reflected interventions implemented to effectively manage it.

Staff detailed how EOL care was provided in accordance with consumer preferences. Staff were guided a policy for palliative care. Care planning documentation demonstrated how care provided to a recently deceased consumer was in line with their needs and preferences. Care plans confirmed the consumer passed away peacefully at the service, with their comfort maximised and dignity preserved.

The service had clear processes for escalation of any change or deterioration in consumers’ health. Consumers and representatives said staff recognised and reported any changes in their condition. Staff explained how they responded to clinical deterioration. Care planning documentation showed how consumers were transferred to hospital or seen by MOs and other health professionals when deterioration was identified.

Consumers and representatives said they were confident relevant information was shared with those caring for them. Staff said they received information through handovers and ECMS. Care planning documentation showed information shared between staff, external organisations and AHPs.

Consumers and representatives said they had access to MOs, AHPs and external health organisations when required. Staff discussed various referral options available dependent on care needs. Care planning documentation reflected timely and appropriate referrals to a range of services and external providers. Staff were guided by a referrals policy.

Consumers provided positive feedback on the service’s infection control processes. Staff described practices to minimise infection-related risks and antibiotic use. Evidence provided showed 100% of staff received both influenza and COVID-19 vaccinations. Staff were guided by an outbreak management plan and infection control policies. Staff were observed following the required protocols.

# 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 the daily living support provided met their needs, goals, and preferences. Staff described how they supported consumers to participate in activities of choice. Care planning documentation reflected what was important to consumers and what they liked doing. Observations showed activities being delivered to consumers with varying cognitive abilities throughout the service.

Consumers said their emotional, spiritual and psychological needs were supported by the service. Staff described how they facilitated connections important to consumers. Care plans included information used by staff to promote consumer’s emotional, spiritual and psychological well-being. Staff and volunteers were observed sitting and chatting with consumers in communal areas.

Most consumers said the service enabled them to participate in the community, maintain relationships of choice and do things of interest. Staff described how they supported consumers to participate in activities within and outside the service. Care planning documentation identified relationships important to individual consumers and activities they liked. Consumers were observed to be engaged and actively participating in activities.

Consumers and representatives said their condition, needs and preferences were effectively communicated with those responsible for their care. Staff described how they shared information and were kept informed of any changes. External organisations and internal staff had access to care planning documentation stored in the ECMS.

Consumers were happy with the services provided. Staff said, and observations confirmed, how management worked with different external organisations and volunteers to supplement activities and services offered. Care planning documentation showed referrals made to assist consumers.

Most consumers said meals provided were varied and of suitable quality and quantity. Staff described consumers’ dietary needs and preferences in line with their care planning documentation. Dietary folders evidenced consumers’ dietary requirements and preferences were kept up to date. No outstanding actions were noted in the annual food safety audit records.

Consumers said equipment provided was safe, clean and well maintained. Staff explained how they raised maintenance requests and reported faulty equipment. Maintenance staff described how they regularly checked and cleaned equipment. 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

Consumers said the service environment was safe and easy to move around with mobility aids. Staff described how they kept walkways free of obstructions and hazards. Consumer rooms were personalised with photographs and artwork. Consumers were observed spending time with other consumers or their families in communal areas.

Consumers and representatives said the service environment was safe, clean, well maintained and comfortable. Maintenance staff described the process for reporting safety issues and identifying hazards. Cleaning schedules were completed and up to date. Consumers were observed moving freely indoors and outdoors throughout the service, including in the memory support unit.

Consumers said the fittings in their rooms were working and fixed promptly. Staff described cleaning and hygiene processes relating to equipment. No outstanding reactive maintenance issues were identified in the maintenance records. Furniture in the communal areas was observed to be clean and in good condition.

# 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 said they were supported to provide feedback and make complaints. Staff described how they supported consumers to provide feedback, including consumer meetings and surveys. The consumer handbook had information about complaints. Observations showed feedback boxes located throughout the service and feedback brochures available for consumers.

Consumers said they were aware of and had access to advocates. Staff described how they informed consumers about external advocacy services. Attendance records confirmed an advocacy presentation was facilitated by the service and delivered to consumers. Observations showed multi-lingual staff supporting consumers and brochures about interpreter and advocacy services were displayed.

Consumers and representatives said the service responded appropriately and promptly when feedback was provided, and that open disclosure was practised. Staff confirmed feedback was actioned promptly when issues were raised at meetings. The complaints register and plan for continuous improvement (PCI) demonstrated steps taken by management in response to feedback.

Consumers said feedback and complaints were reviewed and used to improve the care and services provided. Staff said meetings were used to review the effectiveness of improvements made based on feedback and complaints. Complaints register, and PCI demonstrated the issues raised by consumers and representatives were responded to appropriately with improvements evaluated.

# 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 meet their care needs. While staff said there were staffing issues at times, they said management effectively listened to their concerns. Management explained various strategies used to improve the stability of the workforce. Call bell reports for the last 6 months showed 85% of call bells answered within 10 minutes.

Consumers said staff treated them kindly and respectfully. Staff said a culture of respectful and inclusive care was fostered through awards programs, training and performance management. Care planning documentation evidenced consumer’s cultural and religious preferences being accommodated. The staff handbook had information about respectful care.

Consumers and representatives said staff were competent and knew what they were doing. Management said they ensured staff were competent in their role through competency-oriented position descriptions for each role. Staff were confident that only suitable and qualified candidates would be employed by the service. Staff records confirmed relevant qualifications, resumes and signed position descriptions were kept on file.

Consumers and representatives were confident in staff’s abilities and said they have been trained well. Staff confirmed they received orientation and ongoing mandatory training. Management said a training needs analysis was conducted every 18 months. Attendance records confirmed 98% of mandatory training modules were completed by staff. Staff were guided by a training policy.

Consumers and representatives spoke highly of staff performance and the service’s management of its staff. Management described how underperformance was managed in accordance with the service’s procedure. Although only 38% of performance appraisals were completed, management said they used other means to manage staff performance. The Assessment Team did not find evidence of significant consumer impact due the incomplete performance appraisals.

# 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 engaged with them well, through consumer/representative meetings, feedback forms and in person. Staff were guided by a procedure about consumer engagement. The service produced bi-monthly consumer engagement reports. Meeting minutes showed consumers actively engaged in providing feedback on what mattered to them.

Consumers said they felt safe and the service environment was inclusive. The governing body had processes in place to monitor performance, including regular monthly audits and clinical indicator reports submitted to the Board. Staff said, and care planning documentation confirmed, how the service promoted and maintained a safe and inclusive culture.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

Management described the main HIHP risks and risk escalation process. Management provided specific examples of steps taken to prevent incidents from occurring again. Staff were guided by a policy about clinical risk management. Staff and care planning documentation confirmed the risk management framework functioned effectively.

The service’s clinical governance framework was overseen by the quality and safety committee. Staff said the clinical governance framework functioned effectively and they were trained well to support it. Staff demonstrated an understanding of open disclosure, minimising the use of antibiotics and restrictive practices. Staff were guided by policies about clinical governance and antimicrobial stewardship.

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)