Performance

Report

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| BlueCross Sheridan Hall Brighton | 14 September 2022 |
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| Blue Cross Community Care Services (Toorak) Pty Ltd | 19 July 2022 to 21 July 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 Sheridan Hall Brighton (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; and
* 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 | | Compliant |
| 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 indicated staff treated consumers in a kind and respectful manner and valued their identities, cultures and diversity. Staff spoke of consumers in a respectful manner and were understanding of consumers’ personal circumstances and life journeys.

Staff demonstrated a shared understanding of the backgrounds and cultures of consumers. The service had documented policies and procedures in place relating to diversity and inclusion and a staff code of conduct, which outlined how staff were to treat consumers and how consumers were to be supported to express their cultures, identities, diversity and preferences.

Consumers were satisfied they were supported to exercise choice and independence, were able to make their own decisions and maintain personal relationships. Staff demonstrated knowledge and understanding of consumers’ preferences and choices and provided examples of how the service supported consumers to make informed choices about their care and services.

Management described how, if consumers chose to engage in activities with an element of risk, staff discussed the potential risks with the consumer and their representative. Consumers and representatives described the ways the service supported consumers to take risks to enable them to live the best lives possible.

Staff described the various ways information was provided to consumers regarding their care and services, which enabled them to exercise choice. The Assessment Team observed information displayed throughout the service, which notified consumers of menu choices, upcoming activities and other correspondence.

Consumers and representatives confirmed staff and management respected their privacy. Staff described the practical ways they respected consumers’ privacy, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation showed the service had effective and comprehensive assessment and care planning processes in place, which identified the needs, goals and preferences of consumers, including any potential risks. Consumers and representatives confirmed they were involved in the assessment and care planning process, and the care provided met consumers’ needs.

Consumers and representatives advised the assessment and planning process addressed consumers’ needs, goals and preferences and the service discussed end-of-life care with them. Care planning documentation showed consumers and representatives were consulted throughout the assessment and care planning process, including discussion of advanced health directives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Consumers and representatives confirmed they were consulted in the creation of care plans and staff regularly engaged with them.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they were able to access consumer care plans upon request. Staff advised consumers and representatives were offered a copy of the consumer’s care and service plan and they can request copies at any time.

Management advised care and services were reviewed every three months and staff were aware of the incident reporting process and how these incidents may trigger a reassessment or review for consumers. Consumers and representatives confirmed their care and services were reviewed every three months or when circumstances changed, or incidents occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation and progress notes included referrals and recommendations from specialist services and demonstrated health and care directives were implemented and followed.

Management described high impact and high prevalence risks for consumers at the service, which included falls, management and prevention of pressure injury wounds and weight loss. The service had a documented risk management framework which guided how risk was identified, managed and recorded.

Care planning documentation included information regarding advance care planning and needs, goals and preferences of consumers for end-of-life care. Staff described the way the delivery of care changed for consumers nearing end-of-life and the practical ways in which consumers’ comfort was maximised at that time.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by a review of care planning documents. Staff explained the process for identifying and reporting of changes or deterioration in consumers’ conditions to nursing staff for follow-up.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and they received the care they needed. Staff described how information was shared when changes occurred and how changes were communicated and recorded in handover documentation.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Staff outlined how information was shared when referrals were made to individuals and other providers of care and services.

The service had documented policies and procedures which supported the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The Assessment Team observed the service had a sufficient supply of personal protective equipment and observed staff followed correct hygiene practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to pursue activities of interest to them and were provided with appropriate supports to engage in these activities. The Assessment Team observed consumers engaging in group and individual activities, which included playing cards, exercising, and a sing-along activity.

Consumers and representatives provided examples of the services and supports they received that promoted their emotional, spiritual and psychological well-being. Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and strategies in place which supported those needs.

Care planning documentation included information about consumers’ interests and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff demonstrated a shared understanding of consumers’ individual preferences, community connections, important relationships and activities of significance.

Consumers and representatives reported staff were aware of their needs and preferences and of any changes to those things. Care planning documentation showed effective communication between staff throughout the service.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers and representatives confirmed they were supported by other organisations, support services and providers of other care and services.

Consumers and representatives mostly expressed positive feedback regarding the quality and quantity of the meals provided. Care planning documentation outlined consumers’ dietary needs and preferences and this information was consistent with consumer and staff feedback.

The Assessment Team reviewed maintenance documentation which identified scheduled preventative maintenance and showed equipment maintenance was completed. The Assessment Team observed equipment used by consumers in daily living activities was suitable, clean and well-maintained.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 advised they felt at home, and the service optimised their sense of belonging and independence. The Assessment Team observed consumers’ rooms were personalised and decorated with consumers’ own belongings.

The service was safe, clean, well maintained and comfortable, and consumers were able to move freely throughout the facility, both indoors and outdoors. Consumers and representatives indicated the service was cleaned to their satisfaction, and cleaning staff attended to consumers’ preferences when cleaning their rooms.

The Assessment Team observed the furniture, fittings and equipment at the service were safe, clean, well-maintained and suitable for the use and needs of the consumers. A review of the preventative maintenance schedule and reactive maintenance requests demonstrated the regular maintenance of equipment and furniture was completed and reported maintenance issues for equipment and furniture were resolved promptly.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 indicated they felt encouraged and supported to provide feedback and make complaints. Management advised of the different ways consumers were encouraged and supported to make complaints and provide feedback, and how consumers were involved in the implementation and evaluation processes once improvements were made.

Staff demonstrated a shared understanding of the internal and external complaints processes and feedback avenues available for consumers and representatives. The Assessment Team observed brochures for external complaints, advocacy, and interpreting services were available in languages other than English and displayed in the reception at the service, or available for access via the intranet.

Consumers and representatives indicated the service took appropriate action in response to complaints and used a process of open disclosure. A review of the complaint and incident registers demonstrated appropriate and timely actions were taken and staff followed and open disclosure process.

Management advised feedback and complaints were used to inform continuous improvements across the service and provided examples of improvements made as a result of feedback and complaints. A review of consumer and staff meeting minutes demonstrated feedback and complaints made by consumers and representatives were discussed and actions taken by the service were evaluated at each meeting.

**Standard 7**

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| Human resources | | Compliant |
| 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 expressed satisfaction with the response to consumers’ requests for assistance and the quality of care provided by staff. Staff confirmed they had sufficient time to complete their duties each day and confirmed most vacant shifts were filled.

Consumers and representatives advised workforce interactions were kind, caring and respectful of consumers’ identities, cultures and diversity and this feedback was consistent with observations made by the Assessment Team. Management advised they monitored interactions through observations and formal and informal feedback from consumers and representatives.

Management described how they ensured staff were competent and capable in their roles, which was achieved through the service’s orientation and onboarding process which included a buddying system, position descriptions and annual performance appraisals. Consumers and representatives were confident staff were suitably skilled and competent to meet their care needs.

Management described the organisation’s training program and relevant processes for identifying staff training needs and described how this informed the service’s training schedule. The service had a training and orientation program in place for all staff, which was overseen by the organisational education team. The organisation tracked completion of mandatory training modules and the service recorded attendance at face-to-face, mandatory training sessions.

Management advised staff performance was monitored through observations, completion of mandatory training, analysis of internal audits and clinical data, and consumer, representative and staff feedback. Staff and management indicated performance reviews were conducted every six months for staff on probation and thereafter, performance reviews occurred annually.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 expressed confidence the service was well-run and were satisfied with their level of engagement in the development, delivery, and evaluation of care services. Management advised feedback from consumers was received via consumer and representative meetings, feedback forms, surveys and discussions with staff.

The organisation had systems and processes in place which monitored the performance of the service and ensured the governing body was accountable for the delivery of safe, inclusive, and quality care and services. A review of reports provided by the governing body demonstrated recommendations resulted in improvements in care and services.

Organisation-wide governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation had a documented risk management framework, which included policies on managing high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives they can and managing and preventing incidents. Staff confirmed they were educated on these policies and provided practical examples of their relevance to their work and responsibilities.

The service had a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a comprehensive understanding of the minimisation of types of restraint and using the least intrusive measures possible.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)