Performance

Report

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| Name: | BlueCross Sheridan Hall Caulfield |
| Commission ID: | 3990 |
| Address: | 6-8 Northcote Avenue, CAULFIELD NORTH, Victoria, 3161 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 14 April 2024 |
| Service included in this assessment: | Provider: 389 Blue Cross Community Care Services (Toorak) Pty Ltd  Service: 23184 BlueCross Sheridan Hall Caulfield |

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 Caulfield (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers felt valued as an individual and were treated with dignity and respect. Staff were respectful when speaking of and with consumers and demonstrated awareness of consumer backgrounds and cultures. The service’s commitment to respect and value diversity was outlined within the Diversity and inclusion policy.

Consumers and representatives considered care and service delivery was consistent with individual cultural needs and preferences. Care planning documentation outlined cultural needs of consumers. Staff described how care and services were tailored to meet consumer cultural requirements.

Staff described how they supported consumers to make informed choices about care, services, and relationships. Care planning documentation identified consumer choices relating to care, services, and relationships of importance. Consumers gave examples of how they were supported to make decisions and nominate who should be involved in their care.

Consumers and representatives explained how consumers were supported to undertake activities with risk if desired. Staff were aware of risks taken by consumers, and consultation processes to ensure potential harm was understood and minimised, captured in care planning documentation. Risk taking was supported through the Decision making, risk, and choice policy.

Staff described different methods for communicating information to consumers to enable independent decision-making and said delivery style could be tailored to meet consumer needs and preferences. Consumers and representatives said they were kept informed through written and verbal communication of information. Noticeboards displayed information on activities, meeting minutes, newsletters, and complaint avenues, and menus included images of the meals.

Consumers and representatives said staff respected privacy and kept personal information confidential. Staff outlined efforts to respect privacy, such as knocking before entering consumer rooms and providing care behind closed doors. Personal information was secured within the nurses’ station, and staff practice informed by privacy policies and procedures.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained assessment and planning processes for new consumers, ensuring key assessments were completed in a timely manner to identify risks and develop management strategies. Staff practice was informed by documented guidelines on assessment and planning processes. Care planning documentation demonstrated assessment and planning processes were used to develop risk mitigating strategies and management of daily care.

Consumers and representatives described how needs, goals, and preferences were considered within assessment and planning processes. Staff described how they approached conversations relating to end-of-life care planning during entry procedures and reviews. Care planning documentation reflected needs, goals, and preferences, including advance care directives and end-of-life wishes, aligned to consumer and staff feedback.

Care planning documentation evidenced input from consumers, representatives, and other providers. Staff explained processes to partner with consumers and others they wished to involve in their care. Consumers and representatives verified involvement within assessment, planning, and review processes and were aware of input from other providers.

Consumers and representatives said staff explain information about care and services in a clear manner and a copy of the care and services plan is offered. Staff explained processes to effectively share outcomes of assessment and planning and regular communication with consumers and representatives. Staff were observed updating information within the electronic care management system to record, store, and communicate assessments and information, and this information was used to produce summary care plans, which were routinely offered to consumers and emailed to representatives.

Documentation demonstrated care and services plans were reviewed for effectiveness regularly, and following incident or change of circumstances. Staff explained processes for scheduled reviews, and evaluation of effectiveness of strategies following incident or consumer change. Consumers and representatives described regular reviews and consultations.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff described how care was tailored to needs and preferences for consumers, in line with care planning documentation, and explained care delivery in line with best practice principles. Documentation evidenced monitoring practices to ensure personal and clinical care was safe and effectively met consumer needs. Consumers said care was personalised to effectively met their needs and preferences.

Consumers and representatives provided positive feedback relating to management of consumer risks. Staff could identify key risks for individual consumers and explained strategies to monitor and/or minimise harm. Care planning documentation demonstrated monitoring for risks on an individual and service-wide basis.

Staff described how the palliative care approach focused on maximising consumer comfort. Policies and procedures guided staff practice in provision of end-of-life care. Care planning documentation demonstrated timely identification for a consumer approaching end-of-life, involvement of palliative care specialists, consultation with the representatives, and management of pain and comfort.

Consumers and representatives said deterioration in consumer condition was recognised and promptly responded to. Monitoring practices ensured timely identification of deterioration or change in consumer condition, and staff explained a range of signs they would consider as indicators. Care planning documentation demonstrated identification and escalation of change in consumer condition, with actions aligned to policies and procedures and appropriate to consumer needs.

Staff explained how information about consumer condition, needs, or preferences was documented and communicated, including through verbal and documented handover procedures. Care planning documentation included information within progress notes and monitoring charts to inform staff and support care. Consumers and representatives said staff knew consumer needs and believed this the result of effective communication processes.

Policies and procedures guided staff on referral pathways and processes. Care planning documentation demonstrated timely referrals were made in response to change in consumer condition or incident. Staff outlined services accessed through referrals, including Allied health staff.

Policies, procedures, and an outbreak management plan guided staff practice, and staff were aware of their roles and responsibilities to prevent and manage infections. Staff said they received training on prevention and management of infections, such as urinary tract infections. Infection prevention measures included hand hygiene, use of personal protective equipment, and entry screening activities. The service did not currently have an Infection prevention and control lead, with the absence covered at organisational level whilst staff underwent training. An outbreak was declared during the Site Audit, with management implementing measures outlined within the outbreak management plan and liaising with the local public health unit.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Overall, consumers and representatives described appropriate services and supports to optimise independence and quality of life. However, one representative raised concern that observed activities did not provide sufficient stimulation, and one consumer gave examples of scheduled activities they would enjoy, but their physical condition did enable independent participation and alternate strategies had not been presented. Management explained responsive actions to be taken in relation to this feedback. Staff explained how assessment and planning processes captured consumer needs, goals, and preferences, and these were used to tailor services and supports.

Staff explained how they considered consumer religion to coordinate services and pastoral care visits and knew how to recognise and respond to consumers’ emotional needs. Consumers and representatives said staff recognised low mood in consumers and provided additional support when required. Care planning documentation outlined emotional, spiritual, and psychological needs and preferences, and progress notes reflected occasions where additional support had been provided.

Care planning documentation outlined consumer involvement in the community, interests, and important relationships aligning with consumer and staff feedback. Staff explained how they facilitated consumer participation in the community through individual or group outings and developed a scheduled activity program based upon consumer interests. Representatives said staff supported consumers to maintain relationships and do things of interest.

Consumers and representatives said information about consumer condition, needs, and preferences were known by staff and others involved in care. Staff explained methods for sharing information, for example, kitchen staff received updates on consumer dietary needs through handover and the electronic care management system.

Care planning documentation included evidence of referrals to meet consumer needs, such as for volunteers and community visitors. Staff explained referrals were made with consent of consumers and/or representatives, and consumers and representatives confirmed these were appropriate to consumer needs.

Consumers and representatives provided positive feedback about the quality, quantity, and variety of meals, saying dietary and cultural needs were accommodated. Staff explained how the menu was informed and adjusted through consumer feedback and preferences in conjunction with Dietitian review. Morning and afternoon tea was served, and snacks available if required.

Staff described how provided equipment was kept safe, clean, and well maintained. Consumers reported sufficient access to equipment to meet mobility needs and support daily living activities. Equipment such as mobility aids and activity items were observed to be suitable, clean, and in good condition.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming, and consumers were encouraged to personalise their rooms to reflect their style to ensure it felt like home. Staff explained features to support independent wayfinding, such as maps, diagrams, and markings. Consumers were observed engaging with consumers and visitors in communal areas.

Staff explained following a cleaning schedule to ensure all duties were completed, and maintenance processes ensured effective and timely repairs. Additional cleaning processes were deployed during the Site Audit in response to an infectious outbreak. Consumers and representatives reported the service environment to be clean and well-maintained, and they could access indoor and outdoor areas independently, with access to the secured front door through keycodes or key cards.

Furniture, fixtures and equipment were cleaned and maintained, with staff able to describe monitoring processes for safety and suitability of use. Representatives said equipment was always clean and functional. Documentation demonstrated preventative and responsive maintenance processes were followed.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives described feeling safe and supported to provide feedback or make complaints by available verbal and written methods. Staff explained how they encouraged and supported submission of feedback and complaints, including within consumer meetings and care planning conversations. Information on how to raise concerns was displayed, with feedback forms and a locked box for anonymous feedback, and complaint processes supported by policies and procedures.

Consumers and representatives were aware of complaint support services, including advocacy groups and external complaint organisations. Staff described available services and how they ensured consumers were informed of these supports, such as through displayed posters. Management also detailed available language and interpreting services.

Staff explained application of the open disclosure process taken when things go wrong, and steps were clearly demonstrated within complaint and incident documentation. Most consumers and representatives gave positive examples of how the service responded to and resolved complaints, and management were able to explain how they would address the outstanding complaint from a representative who expressed dissatisfaction. Policies and procedures outlined responsibilities to manage feedback and complaints, applying an open disclosure process with evaluation of outcomes.

Processes ensured feedback and complaints were monitored, analysed, and used to develop improvement activities recorded within a Continuous improvement plan. Staff provided an example of improvements made in response to feedback and complaints.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Most consumers and representatives reported sufficient staff numbers to meet consumer needs in a timely and safe manner, however, one consumer said they had experienced delays when requiring assistance to get to the toilet. In response, management reviewed call bell reports, and noted occasions where the response time exceeded expectations, identifying this was due to multiple staff being on break at the same time. Management committed to reviewing break times to ensure improvement. Management explained processes to ensure coverage of unplanned staff leave and how rosters and scheduling considered the needs of consumers. Sampled rosters demonstrated shifts were filled, and the service is meeting legislated requirements for nursing hours and allocated care minutes.

Feedback from consumers and representatives reflected interactions with staff were kind, caring, respectful, and gentle. Management detailed training and supports to ensures positive interactions between staff and consumers, evidenced within training records. Furthermore, rostering processes considered allocation of staff who were familiar with consumer needs, preferences, and identity.

Management described how they determined staff competency for documented roles, and training requirements for staff. Staff reported receipt of sufficient training and onboarding processes to provide consumer care. Records demonstrated the service monitored staff compliance with required registrations, police checks, and vaccination records.

Staff said they have access to training to ensure they have sufficient skills and knowledge and could explain key topics to support outcomes required by the Quality Standards, such as incident management and reporting, and application of open disclosure. Management explained processes to ensure staff comply with mandatory training, and processes to identify areas for staff training to drive improvement in delivery of quality care and services.

Policies, procedures, and training inform expected performance and behaviour of staff. Management explained formal and informal processes for monitoring of staff performance, including performance appraisal with discussion and actions to manage under performance. Staff explained the performance appraisal process included opportunity to discuss progress, development, and goals, and documentation demonstrated this was recorded within personnel files.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives described their involvement in the development, delivery, and evaluation of care and services through feedback, meetings, and the Consumer advisory body. Management outlined these mechanisms for consumer engagement as well as surveys, and informal and formal conversations with consumers and representatives, with information shared about the Consumer advisory body through newsletters and meetings.

Management detailed the role and structure of the governing body, along with communication and reporting processes to enable monitoring of service performance. The service self-monitors performance against the Quality Standards through audits, surveys, review of incidents and feedback, and quality indicators, with outcomes reviewed by the Board and subcommittees. The Board make-up included executive and non-executive members and members with clinical experience.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems, with procedural information outlined within policies to inform practice. Management said financial governance included budget approval processes and procedures were available to support funding for additional resources to meet consumer needs. The Board monitors workforce performance through reviewing reports inclusive of care minutes and staff incidents.

The risk management framework supported identification and management of high impact and high prevalence risks for consumers. Staff were aware of reporting obligations for incidents including those relating to abuse and neglect of consumers, captured within the electronic incident management system. Management explained monitoring processes to identify and address risks, such as clinical indicator data, audit outcomes, and reporting processes, and current and emerging risks were discussed within weekly clinical meetings. Policies and procedures informed staff practice and supported consumers to live their best life.

The clinical governance framework was supported through policies and procedures, and staff demonstrated applied understanding of the key concepts. The clinical governance meeting minutes reflected standing agenda items of antimicrobial stewardship, and management outlined monitoring and reporting processes for infections, application of restrictive practice, and ensuring appropriate action is taken when things go wrong.

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)