Performance

Report

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| Name of service: | BlueCross Silverwood |
| Service address: | 105 Porter Street TEMPLESTOWE VIC 3106 |
| Commission ID: | 3625 |
| Approved provider: | Third Age Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 2 November 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 Silverwood (**the service**) has been prepared by James Howard, 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 conducted from 19 September 2022 to 21 September 2022; 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 felt staff treated them with dignity and respect and felt valued as individuals. Staff spoke respectfully of consumers and demonstrated they were familiar with consumers’ individual backgrounds and preferences.

Care planning documentation identified consumers’ backgrounds and cultural activities that consumers wished to maintain. Consumers and representatives confirmed the service recognised and respected their culture and provided care that was consistent with their cultural traditions and preferences.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Care planning documentation identified consumers’ choices regarding how and when care was delivered, who was involved in their care and how the service supported them in maintaining relationships of importance.

The service demonstrated consumers were supported to take risks that enabled them to live the best possible lives. Staff were aware of the risks taken by consumers, supported consumers’ choices to take risks, and were committed to ensuring there were effective risk mitigation strategies in place.

Consumers and representatives reported they were kept updated regarding any care and services changes by management and staff via conversations, telephone calls, emails and consumer and representative meetings. The Assessment Team observed information about upcoming activities was displayed within the service.

Staff described how consumer privacy and confidentiality was maintained by ensuring consumers’ doors were closed when providing care and services and refraining from discussing personal information in front of other consumers. The Assessment Team observed staff knocking prior to entering consumers’ rooms and gaining consent before attending to consumers’ needs.

# 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

Staff described the assessment and care planning process and how it informed the delivery of safe and effective care and services. Care planning documentation identified individual risks to consumers and their needs, goals and preferences.

Care planning documentation identified consumers’ advance care planning and end of life wishes. Consumers and representatives confirmed they were involved in the assessment and care planning process during admission, case conferences and when consumers’ circumstances changed.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, the service sought input from health professionals. Consumers and representatives demonstrated an understanding of the individuals and other providers of care involved with their care plan.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Management and staff advised outcomes of assessment and planning were communicated to consumers and representatives upon admission, during care plan reviews, case conferences and when incidents or changes occurred.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. The service’s Clinical Care Co-Ordinator (CCC) explained they were responsible for regular, three-monthly reviews and updating of consumers’ care plan and discussed how the service tracked regular reviews of care plans utilising its electronic documentation system.

# 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 received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place which informed key areas of care, such as restrictive practices and pain, wound and skin management.

The service demonstrated it effectively managed high-impact and high prevalence risks through regular clinical data monitoring, reporting, trending and implementation of risk mitigation strategies.

Consumers and representatives expressed satisfaction regarding the service’s provision of end of life care. Staff described how they approached conversations relating to end of life care, and how they maximised the comfort of consumers receiving palliative care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described how deterioration in consumers’ health and wellbeing was recognised, responded to, documented and monitored.

The service demonstrated information about consumers’ conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for the referral of consumers to other health professionals.

The service had documented policies and procedures in place which supported appropriate antibiotic usage, and the minimisation of infection related risks including a COVID-19 outbreak management plan. Staff demonstrated knowledge of key infection control practices, policies and procedures.

# 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 felt supported to pursue activities of interest to them and were provided with appropriate supports to do so. Staff described services and supports that were important to consumers; this information aligned with care planning documentation.

Consumers advised the service supported their emotional, spiritual and psychological well-being.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff described how they supported consumers to participate in the community and stay in touch with people that were important to them.

Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living. Staff advised they were made aware of any changes to consumers’ needs through verbal and written information in the handover process, information in the service’s electronic care management system and other documentation.

Consumers indicated they were supported by other organisations, support services and providers of other care and services. Care planning documentation contained information about the external services utilised to provide care and supports to consumers.

Consumers indicated meals were varied and of suitable quality and quantity. The Assessment Team observed the meal service and noted multiple menu options were available for consumers and catering staff had access to information regarding consumers’ preferences and allergies.

Staff advised they had access to equipment and described how equipment was kept safe, clean and well maintained. Consumers reported they had access to equipment, including mobility aids and manual handling equipment to assist them with their daily living activities.

# 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 confirmed they found the service welcoming and easy to find their way around. Management and staff described various aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function.

The service was observed to be safe, clean and well-maintained and consumers were able to move freely, both indoors and outdoors. Staff described how ongoing maintenance logs were managed through the online maintenance request portal.

The service’s furniture, fittings and equipment were safe, clean and well maintained. The Assessment Team observed consumers used a range of equipment aids, including walking frames and wheelchairs.

# 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

Management described how it encouraged and supported consumers to provide feedback and make complaints through various systems. Consumers and representatives advised they felt comfortable making complaints and providing feedback and described how they provided feedback or complaints regarding care or services received, including through speaking with staff or management, or raising issues at the monthly “Resident and Relative” meetings.

Consumers and representatives stated they were aware of various avenues for raising complaints; however, they felt comfortable raising concerns directly with staff and management. Management described the advocacy services available to consumers at the service. The Assessment Team observed information throughout the service in relation to providing feedback and feedback forms and lodgement boxes located in three separate areas of the service.

Consumers and representatives advised management promptly actioned and resolved their concerns following the making of a complaint, or when an incident occurred. Staff demonstrated an understanding of the open disclosure process and explained how they would apologise to a consumer and their representative when an incident occurred.

Management explained how feedback and complaints were used to improve the quality of care and services. A representative provided an example of service changes made as a result of their feedback.

# 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

Management outlined the service’s rostering system and explained how it ensured there were sufficient numbers of staff to consistently provide safe and quality care. Staff indicated there were adequate staffing levels, and agency staff were rarely utilised.

Consumers and representatives felt staff engaged with them in a respectful, kind and caring manner. Staff demonstrated an in-depth understanding of consumers’ needs and preferences.

Consumers and representatives expressed confidence with the abilities of staff to perform their roles and meet their care needs. The Assessment Team reviewed position descriptions, which generally included key competencies and qualifications that were either desired or essential for each role. However, the Team noted this was not the case for all position descriptions and raised the issue with management. Management advised all staff completed required training and the deficit in the position descriptions would be reviewed and revised to reflect a consistent approach.

Staff were confident their training allowed them to provide safe and effective care for consumers. The Assessment Team reviewed training records which showed high completion rates for annual mandatory training by staff members.

Management described the annual performance appraisal process, which included an evaluation of performance, an identification of areas for improvement and an action plan to achieve their goals. Staff expressed they were currently in the performance appraisal process and it occurred annually, and they felt supported throughout the process.

# 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 expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management advised consumers were involved in discussions to ensure the care they received was tailored to their needs and preferences.

The organisation’s governing body promoted, and was accountable for, the delivery of quality care and services and a culture of safe and inclusive care for consumers at the service. The organisation’s policies and procedures included information about how the governing body promoted a culture of safe, inclusive and quality care and services, supported through documentation detailed in committee reports and consumer engagement information. The consumers and representatives interviewed felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for its delivery.

The service demonstrated it had effective, organisation-wide governance systems in place which guided information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service had effective risk management systems and practices in place which managed high impact or high prevalence risks associated with consumer care, identified and responded to consumer abuse and neglect, supported consumers to live the best lives they can and to manage and prevent incidents. Staff confirmed they had access to and had received training on the service’s risk management systems.

The service demonstrated how clinical care practice was governed by organisational policies pertaining to antimicrobial stewardship, restraint minimisation and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship practices and open disclosure principles.

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)