Performance

Report

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| Name of service: | BlueCross Tarralla |
| Service address: | 9 Jackson Street CROYDON VIC 3136 |
| Commission ID: | 3712 |
| Approved provider: | Third Age Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 16 December 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 Tarralla (**the service**) has been prepared by G. 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 said they were treated with dignity and respect, and their cultural needs and preferences were supported. Care plans detailed information about consumers’ identity, culture, and diversity. Staff spoke about consumers in a respectful manner and described how they support consumers with a cognitive impairment to exercise choice.

Information regarding consumers’ cultural and spiritual needs were captured in care planning documents. Staff delivered care and services in ways that considered consumers’ cultural preferences and needs. The service had a documented policy on diversity that included guidance for staff on cultural safety and spiritual well-being.

Consumers said they were supported to exercise choice, independence and maintain relationships of choice. Care planning documents identified key decisions consumers had made in relation to their care and services, and who is involved in their care.

Consumers said they felt the service would support them to take risks to live the best life they can. Staff described the process they would follow to support consumers to take risks.

Consumers were provided with timely and accurate information to assist them in decision-making about care and lifestyle choices. Staff described how information is provided to consumers and representatives, including strategies for communicating with consumers who had communication barriers or cognitive impairments.

Consumers reported their privacy and confidentiality was respected. Staff knocked prior to entry and closed the door during provision of personal care. The service had processes which were followed by staff to ensure consumers’ privacy was respected, and their personal information was kept confidential.

# 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

Care planning documents reflected effective assessment and planning process were in place to identify the needs, goals and preferences of consumers with considerations for risks. Advance care and end of life planning (EOL) were included in care planning documents. The service had policies and procedures to guide staff practice in understanding assessment and planning, including palliative care and EOL planning.

Consumers and representatives were satisfied with the quality of care and services they received and confirmed they have input in care assessment and planning. Care planning documents evidenced involvement and input from the consumers, representatives, medical officers (MO), and other allied health professionals.

Consumers and representatives were engaged in communication regarding the outcomes of assessment and planning and care plans were readily available. Consumer feedback confirmed changes in care are communicated to consumers and representatives.

Care planning documents were reviewed every 4 months, or earlier if there were incidents or changes in consumer condition.

# 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 considered they received safe and effective care tailored to their needs which optimised their health and well-being. Staff were guided by policies and procedures to direct care that was best practice. Policies and procedures were in place to guide delivery of care, including restrictive practices, falls prevention, skin integrity, and pressure injuries.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies implemented to minimise risks. Consumers were satisfied risks were well managed. Clinical indicators were reviewed to support effective management of high impact or high prevalence risks for consumers.

Although at the time of the Site Audit, no consumers were receiving end of life care, the needs, goals and preferences of consumers who were nearing EOL were documented in care documents. Staff described the way care delivery changes for consumers nearing EOL, and advised families were encouraged to be present throughout EOL care.

Care planning documents and progress notes reflected timely identification of, and response to, deterioration and changes in functions of consumers. Staff were guided by policies procedures and could describe strategies for identifying and responding to changes in a consumer’s condition.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and they received the care they needed. Care planning documents and progress notes provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Care planning documents evidenced the service made appropriate referrals to other providers or organisations in a timely manner. This reflected feedback from consumers and representatives.

Staff understood precautions to prevent and control infection and could describe ways to minimise the use of antibiotics. The service had policies and procedures to guide staff in antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. Staff were observed adhering to infection control practices, such as mask wearing and hand washing.

# 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 were satisfied the service supported their needs, goals and preferences in a way that optimised their well‑being and quality of life. Staff demonstrated a knowledge of consumers’ needs and what was important to them and were able to describe how they work with the consumers to maintain a good quality of life.

Consumers described how they were engaged in meaningful activities that promoted their spiritual, emotional, and psychological well-being. The service engaged volunteers, religious services, and conducted memorial services to honour consumers who had passed away.

Consumers were supported to maintain connections, participate in the community and engage in activities of interest. Staff were familiar with consumers’ interests and preferences, which were reflected in care planning documents. During COVID-19, the service supported consumers to connect with families and loved ones through balcony visits and video calls.

Consumers were provided services consistent with their care needs, and staff were aware of consumers’ needs and preferences. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s electronic care management system (ECMS).

Referrals to for care and services were timely and appropriate, and included dieticians, speech therapists, and Dementia Support Australia for behaviour support strategies.

Consumers expressed satisfaction with the variety, quality, and quantity of food. Consumers contributed to the menu development and were supported to provide feedback. Observations of the consumer dining experience showed that consumers enjoyed their meals and appropriate assistance was provided by staff.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities, and knew how to report maintenance concerns.

# 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

The service had a welcoming environment, and was easy to navigate. Consumers were observed moving around the service both independently and with assistive equipment. The service encouraged consumers to personalise their rooms and had assisted consumers with an application to Local Council to erect flag poles out the front of the service, for the Australian, Torres Strait Islander and Aboriginal Flags.

The service had processes in place that ensured the environment was safe, clean, well maintained, and comfortable. The service had no separate memory support unit as consumers who had a cognitive impairment were accommodated within the service and had the same access to all areas. Consumers were observed moving freely throughout the service.

Consumers said the furniture, fittings and equipment used were safe, clean, well maintained, and suitable to their needs. Staff described the process for logging maintenance requests and said the on-site Maintenance Officer attended to requests in a timely manner. All equipment was serviced in line with the manufacturer's instructions and by qualified contractors/service providers to ensure equipment was regularly maintained, in good working order, safe and fit for purpose.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were encouraged and supported to provide feedback, and knew of the feedback and complaints pathways available to them. Staff described the different avenues for consumers to raise concerns, such as feedback forms and at meetings. Meeting minutes demonstrated feedback and complaints were encouraged. The service had policies and procedures to guide staff practice in relation to encouraging and supporting consumers to provide feedback and make complaints.

Consumers were comfortable raising concerns within the service and were aware of advocacy services if needed. Although at the time of the Site Audit there were no consumers who required interpreter services, staff knew how to engage them if needed. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service.

Staff and management described the process followed when feedback or a complaint was received, and demonstrated an awareness of open disclosure. Documentation evidenced the use of open disclosure processes.

Consumers and representatives felt feedback and complaints were used to improve the quality of care and services. The service trended, analysed and used feedback and complaints to improve the quality of care and services. For example, recent consumer feedback resulted in improvements at the service, such as the implementation of a fernery garden in a small courtyard adjacent to consumers rooms, and the changeover of supply pharmacy.

# 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

The workforce was planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Most staff said the service had enough personnel to meet consumer needs. Consumers generally considered they received timely responses to call bells and reported no concerns with the care received. Documentation showed call bells were answered in a timely manner.

Most consumers and representatives said staff were kind, caring and gentle when delivering care and services. Some consumers occasionally felt staff were not kind, however, were satisfied management addressed this appropriately. Staff were observed interacting respectfully with consumers and calling consumers by their preferred names. Actions were taken when staff conduct is outside the expected standard of behaviours of the organisation.

Staff members had the relevant qualifications and knowledge to performance their roles. For example, the service utilised personal care attendants to administer medications for consumers. Role descriptions set out relevant competencies, qualifications, and registration requirements. The service monitored professional registrations, criminal history, and vaccination statuses.

The workforce had the qualifications and knowledge to effectively perform their roles. Consumers felt staff were competent in providing care and knew what they were doing. Training completion was monitored and reviewed, and documentation identified completion rates of required training by staff.

Although the service had processes to undertake assessment, monitoring and review of staff performance, annual performance reviews had minimal completion. Management advised plans were in place to meet expected levels of completion. Consumer feedback was taken into consideration when completing performance reviews.

# 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

The service engaged consumers through a variety of mechanisms, including consumer and representative meetings, regular surveys and care consultations. Consumers were generally satisfied with the development, delivery and evaluation process.

The organisation had clinical and quality governance frameworks that established accountability from the Service Manager through various Committees to the Board as the governing body. This was achieved through analysis of site-based audits and monitoring of clinical indicators.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the organisation had been responsive to requests for budgetary changes to support the needs of consumers. The Assessment Team reviewed policies and procedures that reflected the relevant legislative requirements.

The organisation had an effective risk management system to monitor and assess high impact and high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at service level. Reports reviewed under the Serious Incident Response Scheme highlighted some Priority 2 incidents were related to missed medications as a result of pharmacy supply issues. Strategies implemented from the risk review involved transitioning to a new pharmacy provider service, and no further concerns in medication supplies had been identified. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)