Performance

Report

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| Name of service: | BlueCross The Mews |
| Service address: | 2a Warburton Road CAMBERWELL EAST VIC 3126 |
| Commission ID: | 3629 |
| Approved provider: | Blue Cross Community Care Services (Toorak) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 10 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for BlueCross The Mews (**the service**) has been prepared by M Frost, 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.
* the provider’s response to the Assessment Team’s report received 15 March 2023.
* other information and intelligence held by the Commission in relation to the service.

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# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and their representatives said consumers’ identity, culture, and diversity was valued, and they were treated with dignity and respect. Staff were familiar with consumers’ personal circumstances, life experiences and culturally diverse backgrounds, consistent with care planning documents. Staff were observed treating consumers with dignity and respect, such as addressing consumers by their preferred names.

Consumers said they received care and services tailored to their needs and culture. Staff explained how consumers’ culture and preferences influenced how care and services were delivered, including activities culturally important to consumers. Care planning documents included information on consumers’ background and culture.

Consumers and their representatives considered consumers were supported to exercise choice and independence, decide who was involved in their care, and to maintain relationships. Staff described how consumers were supported to maintain relationships, such as regular family visits. The service’s policies and procedures outlined consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and their representatives said consumers were supported to take risks that enabled them to live their best lives. The service completed risk assessments, which supported consumers to make informed risk taking decisions, and implemented safety strategies.

Information was provided to support consumers to make choices regarding their care needs and lifestyle activities. Staff described how they present information according to consumers’ preferences and needs, including interpreting services where required.

Consumers mostly reported their privacy and confidentiality was respected. Some consumers expressed agency staff at times did not knock on their door prior to entry. Immediate corrective actions were undertaken during the Site Audit. Information was observed to be stored confidentially.

# 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

The service conducted assessment and planning with consumers and representatives, with considerations to risks. Care planning documents reflected effective processes were in place to identify the needs, goals, and preferences of the consumers, including advance care planning and end of life care.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process, with strategies and directives listed.

Consumers and their representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Staff described processes for documenting and communicating outcomes of assessments.

Documentation reviewed indicated care plans were reviewed every 3 months, and when changes in conditions, or incidents occurred. These corroborated with consumer and representative feedback.

# 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 knowledge of consumer’s needs, goals, and preferences enabled staff to identify what was best practice when attending to their personal care. Documentation reviewed evidenced consumers subject to restrictive practices had appropriate consent and reviews in place.

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.

Care planning documents showed consumers who were nearing end of life had their dignity preserved, and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved.

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 consumers received the care they needed. Care planning documents and progress notes provided adequate information to support effective sharing of the consumer’s condition, preferences, and care needs.

Care planning documents and consumer feedback evidenced the service made appropriate referrals to other providers or organisations in a timely manner.

Staff understood precautions to prevent and control infection and described 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 outbreaks.

# 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

Most consumers felt supported to do the things of interest to them, including participating in activities as part of the service’s lifestyle program. Some consumers sought additional activities, and management said they will address the feedback to support consumers to do what they enjoy. Care planning documents included information on what was important to consumers, and the supports needed to do the things they liked to do.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff outlined the reinstating of religious services for consumers, and described additional support provided for consumers experiencing a change in mood, such as spending one-on-one time with them.

Consumers were supported to participate within and outside the service environment, stay connected with people important to them, and do things of interest. Lifestyle staff highlighted the service’s strong connection to the community with regular visits from volunteers, including students from the local school who spend time with consumers and participate in group activities.

Consumers and their representatives considered information was effectively communicated between staff and other providers. Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required to support consumers’ daily living and lifestyle needs.

Consumers said meals served were mostly of good quantity and quality. Mixed feedback was given regarding the taste of the food, and some consumers considered menu options were limited. Management advised the service was working towards a new food program, with input from consumers and representatives, and menu options would be modified based on consumer feedback.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Management and staff described the process for checking and cleaning equipment, and reporting any faults.

# 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 felt welcome and at home at the service, and were encouraged to personalise their rooms according to their personal and cultural preferences. The service was light filled, with wide hallways and handrails for support. Consumers were observed moving freely between their rooms, the lounge and dining areas for daily activities, and enjoying outdoor areas.

All areas of the service were observed to be safe, clean, and maintained. Consumers were satisfied with cleanliness of their rooms and common areas, and said they had access to an elevator for use between floors. Regularly scheduled cleaning and maintenance occurred. Staff described the process for requesting and conducting maintenance.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment was available. Staff described how shared equipment was cleaned and maintained.

# 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 their representatives said they were encouraged to provide feedback and were comfortable to raise any concerns with management or staff. Staff described the process they follow should an issue be raised with them directly by addressing it, escalating it or assisting consumers to complete and submit a feedback form. Feedback forms were located throughout the service, and a feedback box was located at the entrance foyer to the service.

Though no consumers required language or advocacy services to resolve complaints, consumers and staff were aware of these services. Posters were displayed and brochures available regarding complaints, language and advocacy services.

Consumers and their representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident had occurred, and confirmed the service provided an apology when things go wrong. Staff described the underlying principles of open disclosure, including implementing actions to prevent recurrence of the incident or complaint.

Feedback and complaints were logged and used to identify trends and improve the quality of care and services provided. The service’s continuous improvement action plan reflected how feedback and complaints were addressed.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and their representatives said there was enough staff to meet their needs, however some consumers and representatives were dissatisfied with high agency staff usage. Although staff seemed rushed, and consumers felt they had to wait to be attended, no consumers’ care was impacted. Management advised the service was actively recruiting staff, and described the rostering processes to deploy sufficient staff and replace absences. Staff said they had sufficient time to complete their activities, and felt supported by management. Documentation reviewed evidenced most call bells were answered within 10 minutes.

Consumers and their representatives said staff engage with consumers in a respectful, kind and caring manner, and were gentle when providing care. Throughout the Site Audit staff were observed to be kind, caring and respectful to consumers.

Position descriptions exist for roles and staff must meet minimum qualification and registration requirements. Consumers and their representatives considered staff were suitably skilled in their roles. Some agency staff did not demonstrate knowledge of some relevant areas, and management said this would be addressed with the agency and as part of the review of induction processes.

Staff completed regular training, including mandatory and role-specific items, to maintain competency. Consumer feedback, complaint data and clinical indicators were used to identify additional training needs. Staff training was monitored and recorded as mostly being up to date, with the exception of staff on leave.

Although the service had processes to undertake assessment, monitoring and review of staff performance, annual performance reviews had minimal completion. Staff said although they had not had a formal appraisal, they felt supported by management and could approach them with any concerns. Management gave reasons for delays in staff performance appraisals and devised a schedule of upcoming staff appraisals, with initiatives implemented during the Site Audit.

# 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 development, delivery, and evaluation of care was made in consultation with consumers, and management gave examples of improvement initiatives in response to feedback. Consumers and their representatives said they were satisfied with their level of engagement. Consumers were invited to become advocates for participation in the organisational consumer advisory committee.

The service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The organisation monitors the service’s performance through review of regular monthly reporting and the consumer advisory committee.

The service had effective organisation wide governance systems relating to financial governance, feedback and complaints, regulatory compliance and information management. Overall workforce governance was suitable and the service was implementing improvement actions to ensure compliance.

The service had a risk management framework that identified and managed high impact or high prevalence risks, responded to potential and actual abuse and neglect, and enabled consumers to experience the best life possible. Staff had been trained in their obligations to identify and respond to abuse and neglect, report incidents and support consumers to have dignity of risk.

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 had a shared understanding of the policies and gave examples of how they apply them.

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)