Performance

Report

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| Name: | BlueCross Western Gardens |
| Commission ID: | 3654 |
| Address: | 40 Anderson Road, SUNSHINE, Victoria, 3020 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 May 2024 |
| Performance report date: | 13 June 2024 |
| Service included in this assessment: | Provider: 966 Blue Cross Community Care Services Group Pty Ltd  Service: 5478 BlueCross Western Gardens |

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 Western Gardens (**the service**) has been prepared by N Eastwood, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 demonstrated a robust system and process to review consumer care plans regularly and when circumstances change, or incidents occur. There was evidence of a multi-disciplinary approach to care plan review with examples also noted of consumer communication regarding changes to care needs following falls, in relation to medication changes or wounds.

Management and clinical staff described their comprehensive care plan evaluation. As part of the 3 monthly ‘Resident-of-the-day’ process each consumer’s care plan and assessments are reviewed by a registered nurse in consultation with the consumer and/or their representative. Care plans are also reviewed whenever there is any major change in consumer condition or following incidents.

Consumer care documentation demonstrated clinical staff review assessments and care plans according to the service’s assessment and care planning protocols or upon the request of a consumer or representative.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 2(3)(e).

# 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)(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 |

Findings

Consumers and representatives expressed satisfaction the personal and clinical care they receive is tailored to their individual needs and preferences. Care documentation demonstrated assessment of consumer needs is undertaken in consultation with the consumer and a care plan developed to meet consumer needs.

The service has processes to manage restrictive practices safely and in line with legislation. Initial assessments are completed by a medical practitioner and registered nurse with inclusion of behaviour support plans (BSP) with strategies to minimise restraint and documented consent. All restrictive practices are reviewed regularly by a medical practitioner and clinical staff during the care plan review. There was evidence of consideration to pain management plans and charting as well as information to support use of non-pharmacological pain strategies.

Care planning documentation for consumers showed intervention strategies for high-impact and high-prevalence risks such as falls, responsive behaviour management, skin integrity, risk of choking, and specialised nursing care such as urinary catheters, diabetes, and oxygen management.

The service demonstrated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Consumers and representatives said they are kept informed of any changes in a consumer’s condition, and the service responds to deterioration appropriately and promptly. Staff described how deterioration or changes are identified, actioned, and escalated appropriately.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 3(3)(a), 3(3)(b) and 3(3)(d).

# 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 |

Findings

This requirement was found non-compliant following a Site Audit conducted from 26 July 2023 to 28 July 2023. The service did not demonstrate that the workforce is planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Since the Site Audit the service has implemented effective actions to ensure appropriate planning and skill mix of staff.

Staff explained that although they work short-staffed at times, they work together and complete the work. The roster and shift allocation indicated a planned workforce, reflective of suitable staff allocation and skill mix to deliver safe, quality care and services. There was evidence of future planning through advance staff rostering and consideration to leave cover. The Assessment Team noted the majority of call bells were responded to within 10 minutes with calls outside of this investigated by management.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(a).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)