Performance

Report

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| Name of service: | BlueCross Western Gardens |
| Service address: | 40 Anderson Road SUNSHINE VIC 3020 |
| Commission ID: | 3654 |
| Approved provider: | Blue Cross Community Care Services Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 July 2023 to 28 July 2023 |
| Performance report date: | 12 September 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 Western Gardens (**the service**) has been prepared by J. 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 26 July 2023 to 28 July 2023; 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 Approved Provider’s response to the site audit report, received on 31 August 2023.
* Other information and intelligence held by the Commission in relation to this 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 7(3)(a) - The service must ensure there are sufficient staff deployed to deliver care which is safe and effective in meeting the needs of consumers.

# 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, respect and their identities were valued. Staff described how consumers’ backgrounds informed care and services and were observed treating consumers respectfully, including using their preferred names. Care documentation reflected consumers’ diverse backgrounds.

Consumers provided positive feedback regarding acknowledgement of their culture, values and diversity. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, including using cue cards to communicate. Care documentation reflected consumers’ cultural traditions and preferences.

Consumers and representatives said they were supported to make choices regarding consumers’ care and services, including those involved. Staff described facilitating consumers’ contact with family and encouraging participation in activities and events. Care documentation reflected consumers’ important relationships and staff participated in consumer choice training.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff described how they undertook risk assessments in collaboration with consumers, ensuring an understanding of associated benefits and potential harms. Documentation evidenced appropriate risk assessments and agreements in consultation with consumers and allied health professionals, where required.

Consumers said they received timely information that enabled choice regarding activities and special events. Staff described providing information to consumers and representatives through email or in-person and information was displayed on noticeboards. Observations confirmed display of an activity calendar, menus, infection management updates and aged care service information.

Consumers said their privacy was respected and their personal information treated confidentially. Staff described discussing consumer information privately and knocking on consumers’ doors prior to entry. Staff entered into a confidentiality agreement upon commencement and documentation evidenced scheduled installation of door locks for nurses’ stations and reminders for staff to lock unused computers.

# 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 documentation showed staff undertook care assessments with consumers upon entry to the service, which identified needs and risks. Staff and allied health professionals confirmed assessments were reviewed every 3 months, or in response to changes, with relevant consumers assessed for falls and diabetes management. Staff were guided by a care assessment and planning procedure to ensure best practice.

Consumers and representatives confirmed assessment and planning processes included consumers’ current needs, preferences and end of life wishes. Management said end of life wishes were discussed upon entry and revisited every 3 months, or in response to changes. Care documentation evidenced individualised palliative care and staff were guided by an advance care procedure.

Consumers and representatives confirmed their ongoing participation in assessment and planning of care and services, including obtaining their consent prior to referrals to other care and service providers. Staff described how they consistently worked in partnership with consumers and representatives, and care documentation showed integrated and coordinated assessment, planning and reviews involving allied health professionals.

Consumers and representatives confirmed staff effectively communicated outcomes of care assessment and planning and offered copies of care plans. Staff confirmed updating consumers and representatives regarding care assessment outcomes following care plan development or review. Care documentation reflected changes, updates, staff communications and information sharing with consumers.

Consumers and representatives said consumers’ care and services were regularly reviewed, including in response to incidents or changes. Staff confirmed care plans were reviewed every 3 months or following changes or incidents, including reporting any serious incidents and engaging allied health professionals. Staff referred to a consumer review and assessment guide to ensure a best practice approach.

# 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

Most consumers and representatives provided positive feedback regarding delivery of safe and effective personal and clinical care. Staff were knowledgeable of consumers’ individual needs, including for pain management, pressure injuries, and restrictive practices. Care documentation evidenced appropriately assessed and individualised care planning in consultation with allied health professionals. Some consumers and representatives described longer than expected wait times following call bell activation; however, they noted this did not adversely impact care delivery. I considered deficiencies relating to call bell response times under Requirement 7(3)(a) where it is most relevant.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of consumers susceptible to risks and individualised mitigation and management strategies, including being trained to recognise non-verbal consumers’ pain cues. Care plans reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies.

Consumers and representatives confirmed consumers’ needs, goals and preferences, including end of life wishes had been discussed. Staff were knowledgeable of end of life care interventions and could engage an external palliative care team to provide specialist support, if required. Care documentation for a recently passed consumer evidenced delivery of pain and comfort care aligned to the consumers’ advance care plan and in consultation with an allied health professional.

Consumers confirmed staff promptly identified and responded to functional changes or deterioration. Staff were knowledgeable of escalation processes in response to consumer deterioration, including notifying a registered nurse or external allied health professional. Care documentation showed prompt management of changes in consumers’ condition and staff were guided by policies and procedures regarding clinical escalation.

Consumers and representatives gave positive feedback regarding staff communicating information about consumers’ condition, needs and preferences. Staff knew about consumers’ individual needs and preferences and described how they exchanged consumer information during handovers and through the electronic care management system. Staff were observed discussing consumer information during shift handovers.

Consumers and representatives confirmed referrals to other care and service providers were timely and appropriate. Staff were knowledgeable of referral pathways to allied health professionals to support care and services, and care documentation evidenced referrals to medical officers, physiotherapists and dietitians.

Consumers and representatives provided positive feedback regarding infection control and prevention. Staff knew about antimicrobial stewardship and were guided by an Infection Prevention Lead who ensured staff followed infection prevention and control practices. Visitors underwent viral screening upon entry and staff were observed practising hand hygiene.

# 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 said their daily living needs were supported, which optimised their quality of life. Staff were knowledgeable about consumers’ interests, which included bingo, bus tours, crafts and watching visiting entertainers, and activities were available for cognitively impaired and non-ambulant consumers. Consumers were observed participating in various activities as reflected in care documentation.

Consumers said the service supported their emotional and spiritual connections. Staff were familiar with consumers’ behaviours and could identify a need for emotional support. Volunteers and religious representatives visited consumers who needed spiritual or psychological care and monthly religious services were held on-site. Care documentation evidenced consumers’ religious and spiritual needs and responsive care.

Consumers said they were supported to participate in activities within the service and community, and to maintain relationships and interests. Staff said consumers were encouraged to participate in activities, such as bingo and gardening, and care documentation reflected consumers’ interests, social preferences and important relationships.

Consumers provided positive feedback regarding information being shared among those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, and preferred activities through handovers, progress notes, and care plans. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers said they were promptly referred to other individuals and organisations who provided care and services. Staff described collaborating with other care and service providers to supplement activities, including cultural representatives. Consumers were observed engaging with volunteers and noticeboards displayed information regarding other aged care support services.

Most consumers gave positive feedback regarding the quality, quantity and variety of meals. A seasonal menu was developed in consultation with consumers and a dietitian which rotated every 4 weeks with multiple options available. Staff were knowledgeable of consumers’ dietary needs and were observed assisting consumers during meal service, where required.

Consumers said, and observations confirmed, equipment was safe, suitable, clean and well-maintained. Staff described servicing mobility equipment every 6 months, or following requests, and performing daily cleaning of equipment. Care documentation evidenced assessment of mobility equipment by an occupational therapist, where required, and records reflected prompt equipment maintenance.

# 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 said the service was comfortable, homely and they could personalise their rooms as they liked. The service environment included wayfinding signage, sitting areas, reading nooks and comfortable furniture. Consumers were observed spending time with visitors in shared areas or sitting in the indoor courtyard.

Most consumers said, and observations confirmed, the service was safe, well-maintained and they could move freely indoors and outdoors. Daily cleaning was undertaken in accordance with documented schedules and records reflected completion of routine and responsive maintenance.

Consumers said furniture, fittings and equipment were safe, clean and well-maintained. Management described assessing equipment for suitability prior to purchase and staff confirmed any maintenance requests were promptly actioned. Maintenance records showed timely resolution of issues and equipment and furniture was observed to be safe, clean 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 representatives confirmed being supported to provide feedback or make a complaint and knew how to do so. Staff said feedback and complaints could be made through email, feedback forms, during meetings or by speaking to staff. Meeting minutes evidenced consideration of consumer feedback and feedback information and lodgement forms were displayed throughout the service.

Consumers and representatives said they were aware of external advocacy services if they wished to escalate a complaint. Management and staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers, if needed. Information regarding advocacy and language services was displayed on posters and included in the consumer handbook.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions taken to resolve their concerns in most cases. Staff described processes to register, escalate and respond to complaints, including using open disclosure. Some consumers expressed dissatisfaction with call bell response times, which I have considered under Requirement 7(3)(a). Compliant records showed the timely use of open disclosure following most incidents.

Most consumers and representatives gave positive feedback regarding feedback and complaints being used to improve care and services, noting deficiencies raised regarding call bell response times. Management described identifying deficiencies through consumer surveys and audits to inform continuous improvement and taking action to reduce call bell response times including plans to engage additional staff.

# 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. | Non-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 Assessment Team recommended Requirement 7(3)(a) was not met.

*Requirement 7(3)(a):*

In making my findings, I considered the Assessment Team’s findings; the evidence documented in the site audit report and the Approved Provider’s response.

The site audit report described deficiencies in the number of staff available to provide quality care within benchmarked timeframes. Some consumers described instances of waiting extended periods following call bell activation due to the reduced number of available staff. Management acknowledged some call bell wait times exceeded the benchmarked 10 minutes, noting a decline in such times over the months preceding the site audit. Rosters showed significant engagement of agency staff to fill unplanned leave vacancies, and staff described their reduced availability resulting from the need to provide greater oversight of agency staff.

In its response of 31 August 2023, the Approved Provider did not refute the findings of the site audit report. The response included a plan for continuous improvement, which outlined the corrective actions taken, commenced or planned to remedy the deficiencies. The proposed or recently completed remedial actions included onboarding additional staff to reduce engagement of agency staff, providing advance notification to staff regarding shift vacancies to encourage fulfilment by permanent staff, establishing a priority call bell list for higher needs consumers, discussing call bell response times during each shift handover and allocating appropriate staff to areas of peak demand. Furthermore, the service undertook care plan reviews for consumers who had experienced long call bell wait times and implemented measures to assist staff to promptly respond to calls for assistance, such as improved scheduling of hygiene care. Consumers provided positive feedback regarding short term improvements to call bell response times.

While the Approved Provider’s response showed it has commenced responsive actions, most of these are yet to be completed, embedded or evaluated to demonstrate their effectiveness and sustainability to support a planned and enabled workforce which can deliver quality care and services.

Therefore, I find the service non-compliant with Requirement 7(3)(a).

*The other Requirements:*

I find the service compliant with the remaining 4 requirements of Quality Standard 7.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed knocking on doors prior to entry, addressing consumers by their preferred names and speaking to consumers respectfully. Care documentation reflected consumers’ preferences regarding personal care which staff respected.

Consumers and representatives said staff demonstrated skill and knowledge when performing their roles. Staff confirmed they were supported to participate in orientation and ongoing training and management confirmed the qualifications and professional registrations required to recruit staff. Personnel records confirmed staff were appropriately qualified, vetted and credentialed to undertake their roles, and registration validity was monitored.

Consumers and representatives said staff were capable of delivering safe care and services. Staff confirmed participating in mandatory training and could elect to receive additional training to support professional development. Management described training needs were informed by consumer feedback, incidents and audits. Records confirmed all staff had completed mandatory training.

Staff confirmed participating in performance appraisals within the preceding 12 months and management confirmed also monitoring staff performance through probation reviews, observation and feedback. Records evidenced a reduction in the number of overdue performance appraisals following actions taken my management.

# 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 said they were encouraged to be involved in the development, delivery and evaluation of care and services. Management confirmed feedback and complaints were encouraged and could be provided through a consumer advisory committee and feedback forms. Meeting minutes evidenced discussion of feedback and complaints and follow up actions.

Management confirmed the governing body promoted a safe and inclusive culture through a schedule of regular meetings with the service to review the quality of care and services. The service reported monthly to the governing body regarding clinical indicators, compliance and workforce planning. A clinical governance framework included policies and procedures for risk management, consumer partnerships and provision of safe care.

The service had an established suite of governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Policies, procedures and frameworks were established to support ongoing compliance or respond to deficiencies.

The service used a systematic approach to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management confirmed staff underwent wound care training and staff were knowledgeable of reporting obligations regarding elder abuse. Records evidenced serious incidents were reviewed, investigated, and actioned and open disclosure was practised.

Management and staff described applying antimicrobial stewardship in work practices, minimising the use of restraint and staff participating in open disclosure training. Staff practices were guided by policies and procedures under the clinical governance framework and clinical data was reviewed by the organisation through a quality and safety committee.

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)