Performance

Report

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| Name of service: | BlueCross Westgarth |
| Service address: | 121-127 Westgarth Street NORTHCOTE VIC 3070 |
| Commission ID: | 3835 |
| Approved provider: | Blue Cross Community Care Services (Toorak) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 15 March 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 Westgarth (**the service**) has been prepared by K. Spurrell, 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.
* 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 are treated with dignity and respect by staff throughout the service, and diversity and culture are valued and celebrated. Staff demonstrated respectful interactions with consumers and showed an understanding of consumer’s care preferences and individuality. Care planning documentation included information on emotional, spiritual, cultural needs and wellbeing.

Consumers said staff respect their culture, values, and beliefs and they feel culturally safe within the service. Staff indicated they understood and valued consumer’s diverse culture, beliefs, and individuality and how this influences their care daily. Care planning documentation included information to guide staff in providing culturally safe and inclusive practice. The service has a policy and procedure in place to inform and support staff to engage in safe and inclusive practice, cultural days were observed to be included in the activities calendar.

Consumers said they are supported to make decisions that are right for them, maintain their independence, have others involved in their decision making, and are supported to maintain personal relationships with partners, family, and friends. Staff described how they support consumers to make choices, live independently and stay connected to family by helping them to make calls to chat with family members. The service has a policy and procedure which supports consumers in their decision making of care, choice and independence and meaningful relationships.

Consumers described ways in which they are supported to continue to live the life they choose even where elements of risk were identified such as choosing to smoke. Staff were observed supporting consumers to take risks. The service has policy regarding consumer risk taking and risk assessments were in place for those consumers who chose to take risks.

Consumers said they were satisfied with the information provided by the service; it was easy to understand and helped them to make informed choices. Staff described how the service provides consumers and their representatives with updated information including how they use cue cards and will speak slowly to communicate with consumers who speak different languages or with hearing, cognitive and other communication barriers. Relevant, accessible and easy to read information for consumers was observed available throughout the service.

Consumers said staff respect their privacy such as knocking on the door before entering the room. Staff described how they maintain a consumer’s privacy when providing care and how they keep computers locked and use passwords to access consumer’s personal information. Staff were observed respecting consumer’s privacy as per the service’s Personal Privacy and Dignity Policy.

# 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

Consumers and representatives said the service involves them in assessment and care planning discussions, and the service assesses, identifies and responds to risks effectively. Staff described the assessment and review process including how risks are identified and monitored continuously through charting of pain, behaviours and food and fluid intake. Identification of risk and management strategies for individual consumers were reflected in care planning documentation.

Consumers and representatives said the service had discussed advanced care and end of life planning with them and documented their goals and preferences. Staff said preferences around advance care planning and end of life were collected on admission through discussion with consumers and their families, and further discussion occurs when deterioration is recognised. The service has policies in place to guide staff in advance care and end of life planning and implementation.

Consumers and representatives said the service involves them in care planning and considers their preferences and needs to inform care and services. Consumers and representatives said consumers had access to a range of health professionals and were referred appropriately and promptly. Care planning documentation evidenced referrals and involvement of a range of allied health providers in response to incidents or changing needs, including medical officers, physiotherapy, speech pathology, dietetics and podiatry.

Consumers and representatives said the service communicates changes and outcomes of assessment and they could ask for a copy of their care plan if they wanted it. The service has an assessment and care planning procedure which states that formal care and services planning reviews should record whether a copy of the care and services plan was provided to the consumer and/or representative. Staff said a copy of the consumers care plans are offered as part of the consumer review process.

Consumers and representatives said the service regularly reviews the effectiveness of care and services and is responsive when incidents occur or needs change. Staff described the frequency and indicators for review of care and services, which aligned with the service’s policies. Care planning documentation showed regular review of care plans occurred within 4 months or when a consumers’ circumstances, goals or preferences changed.

# 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 and representatives said the service provides safe and effective personal and clinical care that reflects their needs and preferences. Staff described practices around managing restraints, pressure injuries, wounds, pain and medication, policies and resources are available to support and guide staff in these areas. Management demonstrated continuous improvement plans are in place to address identified gaps in restrictive practices.

Consumers and representatives said the service was knowledgeable of individual risks for consumers and managed them effectively. Management identified nutrition and falls as high impact and high prevalence risks that the service was currently managing and accurately described incident management protocols for the effective management of risks at the service. Care planning documentation showed use of assessment tools to ascertain risk, including for falls and pain and charting to monitor risks including food and fluids, weight loss and wound healing.

Consumers and representatives said the service engaged them in discussions around advance care and end of life planning. For consumers who were on palliative care or had experienced deterioration, representatives said they were involved in discussions and consumers’ preferences, needs and goals were acknowledged and respected. Care planning documentation evidenced consumer preferences for their advance care and end of life wishes. Relevant policies were in place to guide staff in the care of consumers nearing end of life.

Representatives said they were always promptly notified when there were changes in consumer’s health or condition. Management described the role of all staff in identifying and managing deterioration in consumers, and how families and other health professionals are involved. Care planning documentation showed instances of changes in health status being identified and responded to. The service has guidelines supporting staff in recognising, reporting and responding to instances of deterioration.

Consumers and representatives said the service records information about their current needs and preferences effectively and communicates these internally and externally as required. Staff described processes for conducting handover and are guided by relevant policies; management stated communication is enhanced through frequent operations teams’ meetings to consider incidents logged in the serious incident reporting system and changes to consumer care as necessary.

Consumers and representatives reported that consumers had access to, and were involved with, a large range of services, in addition to care provided by staff onsite. Management said referrals for services such as speech pathology, dietetics, and podiatry are completed by clinical staff through the electronic care management system. Care planning documentation evidenced the involvement of external allied health providers involved in care, and referrals completed in a timely manner in response to change of needs.

Consumers and representatives said they see staff practicing infection control measures including washing hands, using hand sanitiser, wearing gloves during clinical procedures and wiping down surfaces. Management reported the service manages infection control through maintaining hygiene practices, vaccination for staff and consumers, and by ensuring staff have relevant competencies. Staff described infection control practices, their role in an outbreak and how antibiotic use is monitored and minimised. The service has a range of policies, guides and resources available to support staff in infection control, outbreaks and antimicrobial stewardship.

# 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 the services supports each consumer to meet their daily living needs, goals and preferences while also optimising their independence and quality of life. Staff said consumer preferences and needs are considered when providing supports for daily living. Care planning documentation showed that a range of lifestyle information is recorded including consumer’s preferences and needs.

Consumers explained how the service supports their emotional, spiritual, and psychological well-being by attending religious celebrations or arranging pastoral care for them. Care planning documentation reflected information about consumer’s spiritual and emotional needs and preferences. The weekly activity calendar reflected religious services are held at the service on a regular basis.

Consumers explained how they keep in touch with family and friends and how they are supported to do the things of interest. Care planning documentation reflected who is important to consumers and what activities they enjoy participating in. Staff explained how they support consumers to keep in touch with people important to them such as accessing the phone numbers of family members for consumers from the service’s electronic system.

Consumers and representatives said staff and other persons delivering their care and services are aware of the consumer’s needs and preferences. Staff described how they are updated on the changing condition, needs or preferences of consumers through verbal and written handover. Care planning documentation and progress notes provided adequate information to guide staff in supporting effective and safe sharing of the consumer’s care.

Consumers and representatives said they are supported by other organisations, support services and providers of other care and services. Staff described how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers. Care planning documentation identified the involvement of other organisations and providers of care to promote the consumer’s well-being such as pastoral care supports provided by volunteers from the community.

Consumers reported that meals are varied and of suitable quality and quantity and significant improvements to the menu had been introduced recently. Staff were familiar with dietary systems in place to ensure specific dietary needs and preferences for consumers are available. Care planning documentation identified consumer dietary requirements, preferences and allergies are documented.

Consumers and representatives said the service is always clean and tidy and consumer equipment is well maintained. Staff reported they have access to the supplies and equipment they need to support consumers, and equipment is readily accessible. Maintenance staff described the preventative maintenance program and electronic maintenance logbooks for managing ad hoc requests. Equipment which supports consumers to engage in activities of daily living were observed to be suitable, clean, and well maintained.

# 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 is easy to navigate, including with mobility equipment, and that they feel at home. Staff stated they ensure consumers, and their visitors always feel welcomed and are comfortable within the service. The service environment was observed to be functional and support consumer independence and interaction.

Consumer and representatives said the living environment and their rooms were kept clean and tidy. Staff said they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance. The service was observed to be well maintained and comfortable, and consumers were able to move freely, and were supported to do so.

Consumers said they feel safe with the equipment provided to them and furniture and fittings are pleasant and appropriate to meet their individual needs. Staff explained the process for removing damaged equipment from the floor, labelling it and completing a maintenance request. Maintenance documentation identified scheduled preventative maintenance, which includes equipment maintenance issues relating to equipment, is undertaken. The call bell system was observed to be operating effectively.

# 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 stated they are comfortable to provide feedback to the service and described various ways feedback could be provided. The service promotes a range of mechanisms to encourage staff, consumers, representatives, and visitors to provide feedback and make complaints including consumer/representative meetings, feedback forms and surveys. Feedback posters, consumer experience and complaints brochures in different languages and satisfactions surveys were observed in the service.

Consumers reported they are informed about how to access advocacy, interpreter, and legal services, and lodge complaints through feedback brochures and posters provided by the service. Staff described how they assist consumers who have difficulty communicating, such as arranging interpreter services. Information on advocacy and interpreter services and feedback forms were available in languages other than English; feedback and complaints boxes were located at various points throughout the service.

Consumers and representatives said the service responds to their complaints appropriately and the service communicates with them to discuss their concerns. Staff are aware of the complaint management and open disclosure process. The service’s electronic complaint system included description of complaints, comments or compliments, quality standards and the action taken in response. The complaint database indicated that the service was appropriately recording and responding to complaints.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Staff described a range of methods used to review and analyse feedback and complaints to ensure due consideration is given to each item raised. The continuous improvement register detailed the changes made in response to feedback and complaints to improve services and monthly reporting shows trends on feedback and complaints as part of regular reporting to management, executive, and the Board.

# 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

Consumers and representatives said they feel there are enough staff to ensure their care needs are met, and call bells are answered within a suitable timeframe. Management said shift vacancies are filled with existing staff, full-time, part-time and casuals before using agency staff. Roster documentation showed consistent numbers of staff on all shifts and across all areas of the service over the past 3 months.

Consumers and representatives said staff interact with them in a kind, caring and respectful way regardless of cultural background. Staff were observed addressing consumers using their preferred name and respectful language. Staff said they understand what is important to consumers to deliver care to meet their needs.

Consumers and representatives said staff knew what they were doing. Management described recruitment processes in place to ensure staff are competent and capable in their roles such as position descriptions with checks for mandatory competencies and qualifications. Human resources records demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said staff engage on online mandatory and face-to-face training based on their competency and roles matrix. Staff said adequate training was received to perform their assigned duties. Recruitment and selection documentation demonstrated staff are satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by these quality standards.

Staff across the service accurately described the performance assessment process and annual appraisal discussions. The service has a policy and procedure to guide employee appraisal processes and staff records and documentation evidenced that annual performance reviews were up to date for all staff.

# 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 said they contribute to decisions about how the service is run, through a range of mechanisms including by attending the regularly consumer/representative meetings. Management described how the service gathers input from consumers and representatives through surveys and feedback forms and by having an open-door policy. Minutes from consumer/representative meetings evidenced that feedback from consumers and representatives are used to enhance care and services.

Consumers said they feel safe at the service and receive the care they need. Management described how the governing body (the Board), is involved in the delivery of care and services and how they monitor a range of clinical indicators to stay informed about incidents and safety at the service. The service has a Clinical Governance Policy and Framework, and committee structure in place to evidence that the Board plays a role in promoting a culture of safe, inclusive and quality care and services, and is accountable for their delivery.

The service provided a range of policies and procedures that demonstrated appropriate governance systems are in place including an effective governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself that the Quality Standards are met.

The service has an effective risk management plan in place to ensure current and emerging risks are identified, consequences understood, appropriate and effective steps are taken to mitigate the identified risks. Management and staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines are in place where risks are escalated to management and the governing body for oversight of risk management systems.

The organisation has a clinical governance framework in place that includes policies, procedures, service delivery practices and staff training requirements across areas such as antimicrobial stewardship, restrictive practices and open disclosure.; the framework outlines how service will provide a culture of clinical governance and leadership and support consumer-centric, high quality holistic and safe care.

Infection prevention and control guidelines demonstrated the services’ commitment to minimising infections through staff training in best practice infection control guidelines and policies, maintain infection control procedures, and liaise with other health care professionals. Staff described antimicrobial stewardship following best practice, the appropriate use of antibiotics and minimising their use, obtaining pathology and trying alternatives before prescribing. Staff were familiar with different forms of restrictive practices and confirmed the importance of dignity of risk, and that restrictive practice is only used as a last resort. Training records revealed that staff have completed their restrictive practice training.

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)