Performance

Report

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| Name of service: | BlueCross Willowmeade |
| Service address: | 70 Kilmore-Lancefield Road KILMORE VIC 3764 |
| Commission ID: | 3843 |
| Approved provider: | Blue Cross Community Care Services (Toorak) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 4 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 Willowmeade (**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, and they feel accepted and valued. Staff demonstrated sound knowledge of consumers backgrounds and what they do to value identity and culture to keep them connected with culture and country. The service has policies and procedures to guide staff in inclusive, consumer centred care and services which explain the organisation’s commitment to diversity.

Consumers said staff understand their needs and preferences and know what to do to make sure they feel respected, valued, and safe. Consumers said care is culturally safe and welcoming such as making their visitors feel at home. Lifestyle and catering services adapt programs around spiritual needs and preferences such as religious celebrations and multicultural days. Training records demonstrated the organisation supports the workforce to deliver culturally safe care and services.

Consumers and representatives said the service supports consumers to make decisions affecting their health and well-being and they can change these decisions at any time. Staff were observed helping consumers to make day-to-day choices such as deciding on activities they want to participate in, care planning choices, and meal selection. Care planning documentation evidenced case conferences and communication accurately identified consumer choices.

Consumers said the service understands what is important to them, is not judgemental about choices they make, and they are supported to understand the benefits and possible harm prior to making decisions involving risk. Staff described how a risk assessment is conducted with each consumer to identify risks. Care planning documentation reflected all decisions regarding risk were documented.

Consumers say they get information in a way they can understand and, if necessary, some staff are able to speak in language. Consumers say they are involved in meetings and are encouraged to ask questions about their care. Staff described how information is communicated to make sure it’s easy to understand and accessible to consumers including strategies to communicate information to consumers with poor cognition, low literacy levels or those who need visual aids or hearing assistance. Care planning documentation reflected strategies to communication barriers such as ‘speak slowly and clearly’, ‘prompts to attend activities’, and instructions on hearing aids.

Consumers said the service protects the privacy and confidentiality of their information and they are satisfied that care and services are undertaken in a way that respects their privacy including when their friends, partners or significant others visit. Consumer information is stored in the electronic care management system and is password protected. Mandatory staff training is provided on privacy during the service’s orientation program.

# 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 they were involved in assessment, planning and evaluation of risks at the time of entry to the service and then on a regular basis. Assessment outcomes and progress notes demonstrated that staff used the information to guide their provision of safe and effective care. The service has an assessment planning policy and procedures to guide staff practice.

Consumers and representatives said the service handles discussions of care planning, and end of life planning and advance care plans very sensitively. Staff described their approach to end-of-life discussions and how consumer preferences in care plans are used as the end of life approached in terms of medications, personal care, spiritual care and how they want family involved. Care planning documentation evidenced end of life discussions.

Consumers and representatives said they participated in care planning and assessment and understood this occurred on a regular basis or when their circumstances changed. Staff described the inclusion of consumers, representatives, and external providers of care in assessment, planning and review processes. Care planning documentation demonstrated that consumers and their representatives were included in care planning and review.

Consumers and representatives were aware that their care and preferences were documented in a care plan. Staff explained any changes experienced by consumers and frequently call representatives to make them aware. Staff were observed in a meeting to discuss consumer care with a physiotherapist, and changes were documented in the care plan to inform care delivery.

Consumers and representatives said reviews occurred on a regular basis and when a consumers’ condition changed. Care plans were reviewed every 4 months as per the service’s consumer of the day process. Staff were familiar with the care plan review process.

# 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 meets their preferences for how their care is delivered. Care planning documentation and progress notes demonstrated that clinical and personal care was safe and effective including for restrictive practices such as behaviour support plans in place to guide care delivery. The service had policies and procedures relating to key areas of clinical and personal care including for restrictive practices, pain and skin integrity.

Management described key risks for consumers at the service as falls and unplanned weight loss. Consumers and representatives said that prevention of falls was well managed and that communication, assessment and follow-up after any fall was comprehensive. Care planning documentation evidenced where weight loss has occurred for specific consumers, the service had utilised weight reviews, food and fluid charting and referrals to allied health providers to ensure holistic management of risks for consumers.

Consumers and representatives said they had had discussions with staff to consider plans for end-of-life care and to complete an advance care directive. Staff described end of life care provided to ensure that the consumer was comfortable, free of pain and the consumers’ family were supported. Care planning documentation demonstrated the service was engaging with consumers and representatives regarding consumers’ needs and goals as per the services’ policy and procedures.

Consumers and representatives said the service recognises deterioration in consumers, staff described how deterioration or changes in a consumer’s condition are observed and brought to the attention of the team leader and documented in progress notes. Clinical staff said they provide direction for charting of pain, food and fluid, and behaviour and referrals where appropriate are made to allied health practitioners such as the physiotherapist for review. Care planning documentation evidence the service initiates review and referrals when deterioration or changes occur.

Consumers and representatives said the service knows about their needs, preferences which is shared within the service and staff are good at passing information on; their clinical and personal support needs and preferences are known by staff. Staff meetings were observed where information was shared about new developments at the service and consumer specific information was discussed at handover meetings. Care planning documentation was easily available to all those providing care to consumers through the electronic care management system.

Consumers and representatives said the medical officer and other allied health professionals such as the physiotherapist were available if needed and referrals were made where necessary. Communication books for medical officer and allied health providers reflected care plans and progress notes updated for reviews and recommendations.

Consumers and representatives said that the service managed COVID-19 well and that staff always used the required personal protective equipment when in the service. The Infection Prevention and Control lead, clinical, care and laundry staff described practices implemented in response to any infectious conditions or outbreaks in the service and were observed conducting hygiene practices to prevent infections, The service has a comprehensive COVID-19 Outbreak Management Procedure and policies for infection control and prevention were current.

# 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 could attend various activities at the service and representatives said activities were of interest and suitable for consumers. These activities were displayed on the service’s monthly lifestyle program provided to consumers throughout the service. Staff were aware of the activity’s consumers liked to do in the service and were observed encouraging consumer participation. Consumers were observed engaging in group activities as well as individual activities in their rooms.

Consumers said they are supported by staff if they are feeling down and get a lot of support from the resident pet at the service. Consumers’ religious background was noted in their care plans and lifestyle staff coordinated and supported consumers to attend religious services if they wished. Staff described support provided to consumers who may be feeling low and knew how to support the emotional needs of consumers.

Consumers and representatives said the service respects their relationships and supports them to welcome visitors and other friends. Staff demonstrated their knowledge of consumer’s interests and preferences for lifestyle activities. Care planning documentation contained brief information about the type of activities and outings consumers were interested in participating in.

Consumers and representatives said information about their needs and preferences about their preferred leisure activities was gathered on joining the service. Staff described how they work together to encourage and enable consumers to attend activities they are interested in. Information on lifestyle preferences was observed to be shared at handover meetings and handover notes contained detailed information about consumers preferences.

Consumers and representatives said that activities of interest were available throughout the week. The lifestyle calendar demonstrated the service has an active lifestyle program with a range of activities of interest suitable for consumers of different interests and capacities. Staff described how volunteers from local community organisations visit the service to support consumers.

Consumers and representatives said the food was good, plentiful and there was enough available. The menu was observed to be varied, and the consumer could choose their meals ahead of time. Information about each consumer’s preferences, allergies, texture and fluid requirements and need for assistance was noted on care planning documentation and for kitchen staff serving and supporting consumers at each mealtime.

Consumers and representatives said lifestyle equipment used around the service was well maintained and suitable for its intended use and was kept clean. Lifestyle staff said that any equipment needed was available in the service or was readily obtained. Storage areas for equipment were present throughout the service, in the lifestyle office and the activities room and other resources available in the library, at the pool table and in the garden.

# 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 and representatives said they felt welcomed and supported by the staff and that the service was a good place to live. Staff were observed having respectful and friendly interactions with consumers and their visitors and encouraging an environment that is familiar and home-like. The service was observed to include gardens and courtyards, and internal areas for dining, lounge room activities with a variety of sitting spaces for reading and activities. Independence was encouraged with arrow signs to rooms, names and/or displays on bedroom doors.

Consumers and representatives said they can go outside when they want, and the service was clean and safe. Staff said the service was easy to work in and they documented any cleaning or maintenance tasks in the cleaning communication book at the nurses’ stations and via the online maintenance system. Cleaning staff said they have a schedule for daily and weekly tasks and described how they perform cleaning, including common areas, high touch points, bedrooms and bathrooms.

Consumers and representatives said the furniture and equipment was safe, clean and appropriate for its use. The maintenance for the service was managed using a planned maintenance schedule and an immediate response process on an online maintenance system. Staff from across the service were able to describe the process to have a broken item repaired.

# 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 said they feel encouraged, safe and supported to provide feedback and make complaints, they can do so anonymously or with the assistance of staff. Staff described feedback avenues available for consumers and representatives and the process they follow should a consumer/representative raise an issue with them directly. The service has processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint, and these are included in the improvement process.

Consumers and representatives said although they are aware of other avenues for raising a complaint, such as through an external advocate, they were comfortable raising concerns with management and staff directly. Staff demonstrated a shared understanding of the advocacy services available for consumers and representatives and describe how they assist consumers who have a cognitive impairment and difficulty communicating.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred and confirmed staff and management provide an apology when things go wrong. Staff described the process following feedback or a complaint received and how complaints are escalated to senior personnel and management for investigation and follow-up. Management confirmed that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process.

Consumers and representatives said they were confident that management used feedback to make improvements wherever they could. Management and staff described changes implemented at the service as a result of feedback and complaints and incident reporting documentation evidenced that incident data and feedback is used to improve service delivery.

# 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 confirmed staff attend to their care needs and provide quality care and service. Staff confirmed they are supported by management and were aware that management is committed to recruiting and training more staff suitable to needs of consumers at the service. Staff were visible throughout the service and were attending to calls for assistance promptly.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. Staff demonstrated personal knowledge and understanding of the individual characteristics of consumers, including their needs and preferences. The service has a suite of documented policies and procedures that emphasises the importance the organisation places on a person-centred approach to the planning and delivery of care and services.

Consumers and representatives said staff perform their duties effectively, and they are confident that staff are trained appropriately and are skilled to meet their care needs. Management described how they determine whether staff are competent and capable in their role through self-reflection processes, annual performance appraisals, feedback from consumers/representatives and input from other staff members. The service has processes and systems in place to ensure that new staff are recruited, trained, equipped, and supported in their role including for mandatory training.

Consumers and representatives were confident in the abilities of staff in delivering care and services, and said staff are well trained and equipped to perform their roles. Staff described training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Management described how the analysis of incidents, clinical indicators and consumer/representative feedback and complaints identifies staff training needs.

Management advised that staff performance is monitored through observations, competencies, such as manual handling, hand hygiene and medication, through the analysis of audits and clinical data, and consumer/representative and staff feedback. The service has probationary and ongoing performance review systems supported by a suite of documented policies and procedures guiding the management of the workforce, selection and recruitment of new staff, orientation and probationary processes and the monitoring of staff performance.

# 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 participate in discussions and are encouraged to contribute to the development, delivery and evaluation of care and services provided. Management described how consumers and/or representatives are engaged to partner in the development and evaluation of care and services via feedback forms, consumer experience surveys and consumer/representative meetings. The newsletter and consumer meetings minutes demonstrated the service seeks regular feedback from consumers about care and services.

Consumers said they are confident the service is run in their best interests and feel the service culture is inclusive of their identity and culture. Staff confirmed their orientation and ongoing training program includes education on the organisation’s values and commitment to safety, quality and inclusion. Staff said the organisation drives a culture of safe and inclusive care in various ways such as education, and the governing body monitors the services’ performance against policies and the Quality Standards, through audits and analysis of clinical indicators. Consumers described ways the organisation asks for their opinions to improve the service culture.

The service has an effective organisation wide governance system in place which guides information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained how the organisation demonstrates compliance through their risk management system and the site performance continuous improvement plan. The organisation utilises a diversity of online systems such as electronic care management system and risk management system to allow the governing body, management team, and staff to have live access to information.

The service demonstrated it has effective risk and incident management systems in place including an electronic system to support monitoring, rating and response to incidents, clinical indicator monitoring and analysis, and audit processes. Staff said they attend training to understand what harm, abuse and neglect looks like and how to escalate any concerns. The organisation maintains escalation pathways for when things go wrong, or risks are identified. Consumers said the service communicates with them regarding any risks they identify and supports them to mitigate any risks.

The organisation’s clinical governance framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures and guidelines. Management receives automatic notifications of all incidents and ensures correct processes are followed. Open disclosure was evident in progress notes and incident reports included a record of open disclosure.

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)