

**Performance Report**

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| Name: | BlueCross Autumdale |
| Commission ID: | 3236 |
| Address: | 13 Eagland Road, CHELTENHAM, Victoria, 3192 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 19 December 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd Service: 1995 BlueCross Autumdale |

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 Autumdale (**the service**) has been prepared by Mary Murray, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives provided descriptions about their interactions with staff and said staff are respectful and value each consumer individually.

The service has provided training to staff on culturally safe practices and staff described knowing each consumer's story and preferences and creating a culturally safe environment that values all contributions. Consumers said they are encouraged to participate in their religious and spiritual practices, identify their dietary and culinary preferences and other needs. Staff were able to explain and provide examples of how they support consumers individual needs, as reflected in their care plan.

Consumers and representatives said they have choices and can make decisions about their care and services, and they are supported to maintain friendships and relationships important to them. Staff said care plans are regularly reviewed, and choices and preferences updated, and this was evident in the majority of care plans reviewed. Where gaps were identified management acknowledged and rectified the areas of concern.

Staff describe ways they minimise risk for consumers and tailor solutions to help consumers live the life they choose. Management demonstrated processes to support consumers independence and choices, and documentation demonstrated consumers are supported to take risks.

Consumers and representatives said they receive regular communication from the service and described various ways they are kept informed and up to date. Information is also shared at resident meetings and consumers said management are responsive to any consumer feedback.

The service has a privacy policy outlining how staff must collect, manage, use and disclose personal information, as well as how data access and security align with key legislation, acts, and regulations.

# 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

Staff described the assessment and care planning process and said a range of validated assessment tools and charting are undertaken over a defined period for all consumers entering the service. A review of seven consumers care documentation evidenced staff identify risks to consumer health and plan for effective care on entry to the service and as part of the ongoing planning reviews. Consumers said staff provide care as per their needs and preferences. Advanced care planning is conducted through initial and ongoing care reviews, with consumers who wish to participate having advanced care directives in place that include individualised goals and wishes for end-of-life care.

Care documentation reflected the communication of other clinicians and health organisation’s recommendations following external assessment and staff demonstrated these recommendations inform care planning. Representatives said they had participated in consultations with specialists and other allied health clinicians as part of the assessment and care planning process.

Consumers and representatives said they have received a copy of the summary care plan.

Care plan reviews occur when consumers condition changes, when an incident has occurred, or when a change to medication or treatment is required. The Assessment Team reported that these reviews are effective in identifying new care needs and implementing care initiatives accordingly.

# 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

The Assessment Team reviewed a range of clinical reports, audits and clinical data that reflected the service is evaluating and trending a range of care domains. Consumers and representatives expressed satisfaction with the personal and clinical care consumers receive.

The Assessment Team report clinical care management of restrictive practices, consideration and management of pain, skin care and wound management is in line with best practice. Management described the clinical oversight by senior clinical staff supports the evaluation of care and any change to care strategies.

Care documentation evidenced consultation with general practitioners and relevant specialists including wound consultants. Charting including pain charting is consistently completed. Monitoring of consumers prior to and following the administration of any ‘as required’ medication was evident.

Chemical restraint is used as a last resort as evidenced through interviews with clinical staff and review of the restrictive practice register. Non-pharmacological approaches are implemented prior to consideration of the use of any psychotropic medication. Authorisation of the application of a restrictive practices follows consultation with the general practitioner and the representative.

Consumers and representatives expressed satisfaction with the service providing safe care and mitigating risks effectively for consumers. Clinical staff explained how they manage risks in relation to falls, skin care and including pressure injury prevention and how they manage chronic health issues.

The service maintains policies and processes that reflect best practice principles of clinical risk reduction and incident management including post fall protocol, weight management protocol and skin and wound management.

Care documentation review evidenced clinical directives and protocols are followed by staff following an unexpected event. For example, following a fall care documents reflect staff conducted post fall observations as per the post-fall management protocol including pain assessment, head to toe physical assessment and where indicated, as well as neurological observations. Notes indicated the physiotherapist and the general practitioner review.

The service is supported by the community palliative care service and the residential-in-reach service to support best practice palliative care. Clinical staff described a coordinated approach to end-of-life care with general practitioner involvement. Care staff described the delivery of palliative care for consumers including two hourly comfort care measures, repositioning for pressure care, falls prevention measures, and full meal and hydration assistance. Representatives are satisfied with the provision of palliative care being and described effective pain management.

The service has an established protocol to support identification, reporting and management of clinical deterioration. The Assessment Team report staff take appropriate action in response to deterioration or changes in a consumer’s health and wellbeing. Clinical and other staff demonstrated an alertness to deteriorating consumers and spoke about their observations of changes in the consumers motivation as well as physical decline. Care documentation confirmed relevant strategies and interventions were put in place to minimise any further deterioration occurring and support consumers back to their previous levels of health and well-being.

Referrals to general practitioners, dietitians, podiatrists, physiotherapists and the residential in-reach team were demonstrated by staff. Review of care documentation prior to the referral occurring demonstrated the referral was make appropriately and in a timely manner.

Consumers and representatives said staff provide regular effective communication about consumers care and when there are changes in a consumer’s condition. Staff described how they share information about consumers within the service through handover and clinical meetings. Information is also shared between general practitioner visits and other individuals and organisations who deliver care to consumers.

# 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 are satisfied they get the services and supports for daily living to enable them to be as independent as possible, support their quality of life and which maintain their well-being. Staff described tailoring service delivery to the needs, goals and preferences of individual consumers and supporting consumers to do things they enjoy, and which are meaningful to them.

Staff described how they promote a sense of belonging and community at the service and consumers said everyone is made to feel welcome within the service. Management demonstrated an alertness to the impacts on the psychological wellbeing of consumers in aged care and demonstrated that referral pathways are in place to support consumers experience poor psychological wellbeing.

Lifestyle staff coordinate various religious services at the service and support all consumers to receive pastoral care.

Consumers and representatives provided positive feedback on the opportunities to participate in range of activities including regular bus trips and live entertainment. Consumers said they are supported to pursue their own interests such as artwork and gardening. Consumers said they enjoy the social interactions between other consumers and the staff. The lifestyle team said activities are designed to mee the needs of the group and encourage interactions by consumers of all abilities.

Consumers and representatives said staff provide regular effective communication about day-to-day activities within the service. Staff described how they share information about consumers within the service through staff meetings. Representatives said they are satisfied with the level of communication from the service on the consumer’s care and support.

Referrals to support consumer needs were evident, including to veterans’ organisations. The Assessment Team reported referrals are appropriate and timely.

All meals, including modified texture meals, are prepared fresh onsite and follows a seasonal rotation. The menu is dietician approved and designed to accommodate different preferences including vegetarian. Consumers said they are satisfied with the quality, quantity and variety of the meals provided by the service. The Assessment Team observed staff interacting and assisting consumers during the lunch service and beverage rounds in a respectful manner.

Staff described equipment being readily available to support consumer’s needs including items such as mobility aids and height adjustable chairs. Equipment in use is frequently checked to ensure it is fit for purpose. Lifestyle activities and supplies are readily available for staff to access.

# 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

The service environment is welcoming, light filled and uncluttered. Consumers and representatives said the service environment is welcoming and homely and for them it is the right size service. Consumer rooms have an ensuite, and many have a courtyard or garden view. Consumers and representatives were observed socialising in the communal areas and enjoying the gardens.

The Assessment Team reported room for improvement in the service’s support of consumer’s living with dementia, noting an increase in the service’s wayfinding cues would better support accessibility and inclusion.

Indoor and outdoor areas were observed to be clean, well maintained and free of hazards. Doors to most external areas are automated and consumers were observed to be moving around freely indoors and outside.

Maintenance staff said a preventative and scheduled maintenance schedule ensures potential problems are monitored and addressed. Staff said they log maintenance requests into the system and maintenance staff prioritise the requests each morning.

A range of equipment is available including mobility aids, hoists and other specialised equipment to assist in the care of consumers. Consumers with limited mobility said they had easy access to the call bell equipment. The furniture, fittings, and equipment were observed to be generally clean, and staff described how they clean shared equipment between each use.

# 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 expressed satisfaction they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers and representatives to raise concerns or lodge a complaint.

Documentation reviewed included feedback registers, feedback forms, meeting minutes and newsletters. The service’s continuous improvement plan noted feedback and complaints had come from a variety of sources.

Advocacy information is displayed across the service’s information boards, reception area and in other printed consumer resources. While the service did not demonstrate advocates and interpreters had been accessed, management said the organisation’s website offered feedback, advocacy and interpreter service information in five languages, with other languages being sourced on request.

Consumers and representatives expressed satisfaction with the process management followed to resolve complaints raised or feedback they have provided. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and providing an apology when necessary.

Management outlined planned improvements to the call bell system as a result of consumer feedback identifying some call bells were inactive. An interim solution of remote doorbells has been put in place for impacted consumers.

# 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 expressed their satisfaction with staffing numbers. Staff confirmed they have enough staff rostered for shifts and if a late notification of an absence occurs then staff have the option of working longer or arriving early to cover the shortfall. Management said the service is implementing a new master roster which will support administration staff to roster the appropriate number and skill mix of staff at any given time.

Consumers said staff are kind, caring and respectful. Staff were observed engaging with consumers in a kind, gentle and respectful manner.

Position descriptions for clinical and care staff describe the roles, responsibilities, qualifications and scope of practice required for each role. All Consumers expressed satisfaction in the staff’s level of competency and ability to perform their roles.

Recruitment and human resource management is managed centrally including ensuring staff have the qualifications, professional registrations and regulatory checks required to work in aged care.

Training records show staff complete annual mandatory training, including on restrictive practices and infection control. Management said food service staff, clinical and care staff have completed training on the International Dysphasia Diet Standardisation Initiative framework to ensure modified diets are understood and implemented safely for consumers.

Staff describe various performance monitoring processes including informal discussions with their manager, self-assessment and formal performance conversations.

The service has a range of human resource policies to guide management to support staff to meet performance expectations.

# Standard 8

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| Organisational governance |  |
| Requirement 8(3)(a) |  Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.
 | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.
 | Compliant |

**Findings**

The service demonstrated it has effective systems to involve consumers in how the service is run. Consumers described numerous ways they contribute their ideas and opinions on how the services is meeting their needs.

The Assessment Team is satisfied that corporate management, through various delegations and committees, support a culture of safety, inclusivity and continuous improvement.

Organisation wide governance systems for information management; continuous improvement; financial governance; workforce governance; regulatory compliance and feedback and complaints were reported to be effective by the Assessment Team.

The service demonstrated there is a risk management framework in place that identifies, manages, and reports high-impact or high-prevalence risks and implements actions to minimise risks.

There are organisational processes in place to support consumers to live their best lives.

The service has an effective incident management system in place to identify, record, manage, resolve and report all incidents and to notify relevant bodies of reportable events.

Management has a documented clinical governance framework supported by policies, including on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated these policies were understood by management and staff, and relevant staff have received training in applying these policies in day-to-day practice.

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-2)