Bentons Lodge - Residential Aged Service

Performance Report

197 Bentons Road   
MORNINGTON VIC 3931  
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**Commission ID:** 3960

**Provider name:** Autumn Care Pty Ltd

**Site Audit date:** 12 January 2021 to 14 January 2021

**Date of Performance Report:** 16 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 and others
* the provider’s response to the Site Audit report received 2 February 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined associated documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers said staff sought out their views on how care might be tailored to recognise and support their individual identity, culture and background.
* Consumers were satisfied with how staff deliver care and services and said they feel comfortable and safe.
* Consumers described how they are supported to exercise choice and independence and said staff respect their choice to balance their lifestyle choices with health outcomes.
* Consumers outlined how their relationships with partners and others are supported and they can live the life they choose.
* Consumers are satisfied their personal privacy is respected and information about them held in health records treated confidentially.

Care documentation reflected the preferences, needs and choices of individual consumers. Staff described and demonstrated an understanding of the needs and preferences of sampled consumers. Staff described the different ways/formats in which information is provided to the consumers.

Staff consistently interacted with consumers in a respectful way and said they are supported by the service through orientation and training activities to support a culture at the service which is inclusive and respectful.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Of the consumers and their representatives interviewed, the majority confirmed that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Of consumers and representatives interviewed most confirmed they are satisfied with how they are involved in planning their care and services.
* Consumers and representatives provided examples of when they were contacted by the service and have had discussions about care planning following a change in the consumer’s long-term care needs.
* Consumers and representatives said they have been offered a copy of the completed care plan.

The Assessment Team observed the care planning documents reviewed had a comprehensive suite of assessments completed, and care planning interventions that reflected the consumers described needs and preferences. Regular and as needed review of care plans was evident and responsive to changing needs, preferences and circumstances. Advance care directives and end of life planning is an integral part of the assessment and care planning for the consumer.

Staff are aware of assessment and care planning processes and understand the care needs of individual consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Of the consumers sampled, the majority consider that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers interviewed stated they get the care they need when they need it. Five consumers stated staff support them to remain independent with some aspects of their care, which is consistent with their preferences.
* Consumers stated care provided by nursing and care staff, is of a high standard and in line with the individual preferences of the consumers. Consumers expressed satisfaction of staff response to their requests for assistance.
* Consumers and representatives stated consumers have access to visiting medical officers, allied health providers and other specialists.

Staff are knowledgeable about each consumer and the care they require to optimise their health and wellbeing. Clinical supervisory staff described the main high impact and high prevalence risks across the service. Staff described palliative care measures that focussed on providing physical and emotional comfort and pain relief to consumers nearing the end of life. Care staff described ways they recognise and respond to changes in health needs of consumers and stated changes to consumers are communicated to them at handover. Staff stated they have received ongoing training and competencies on handwashing and use of personal protective equipment.

Documents reflect care is individualised to ensure each consumer receives care that optimises their health and well-being, is tailored to their needs and interventions are best practice for skin integrity, pain management and minimising restraint. Care documentation identified high impact and high prevalence risks associated with the care of each consumer. Care documentation for the consumers sampled, reflects staff identifying and responding to changes in consumers’ health status. Consumer files sampled included evidence of referrals to medical specialists and allied health professionals. Clinical infection documents reflect the service responding appropriately to consumers who develop clinical infections.

Staff were observed providing care in accordance with the consumers’ care plans. There are registered nurses on duty 24 hours per day, seven days a week, to provide and supervise clinical care.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* The majority of consumers interviewed said that they felt safe and supported in the service. They said they felt supported to engage in the activities they are interested in and do the things they want to do. Consumers spoke of being supported to engage in internal and external activities.
* Consumers interviewed are satisfied that the service welcomes visitors. They described how the service enables them to stay connected with important people in their life through telephone and video calls when visiting restrictions are in place.
* Consumers are mostly satisfied with the quality and quantity of the food provided. Some consumers said the food could be bland and not appetising, however the service gathers and responds to feedback from consumers on the quality, quantity and variety of food.

Care and lifestyle staff described how they carry out daily activities around the needs and preferences of consumers. Staff described how they are updated on changing conditions, needs and preferences of each consumer through handover meetings, handover sheets.

Care plans include information about consumer preferences in relation to activities, consumers’ emotional and psychological needs, and information about significant relationships within and outside the service.

Staff are trained in using equipment and generally confirm that there is adequate equipment for consumer’s daily needs. Equipment was observed to be clean, well maintained and fit for purpose.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most consumers interviewed considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers said they felt safe and well cared for in the service.
* Consumers said they felt at home in the service. There is a range of communal spaces comfortably furnished, providing opportunities for consumer socialisation. There is signage indicating the different areas of the service.
* Consumers said that the furniture, fittings and equipment in the service is clean and well maintained. They expressed confidence in knowing that if repairs are required, maintenance is prompt and responsive. There is a variety of equipment available suitable for individual consumer needs.

The garden court yards are easily accessible for consumers with mobility issues. Doors to the court yards are open allowing consumers to move free access to outside. The service was observed to be clean, well maintained and comfortable.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers said they are satisfied with how complaints are managed internally and are comfortable writing complaints down, raising them in meeting forums or using advocates.
* Consumers said actions to resolve issues are consistently applied and issues do not generally reoccur.
* Representatives said the service is receptive to issues being raised and proactive in seeking a resolution. Responses are timely and appropriate.

Management outlined improvements as a result of feedback in areas including roster review and changes to approaches to care. Staff described the actions taken in relation to recent complaints including roster changes, updates to the way care is delivered for individuals and changes to meal preferences. Senior staff demonstrated an understanding of open disclosure and how it is relevant to complaints resolution following instances of medication errors. Staff described how they can access advocacy and language services external to the service.

The complaints and feedback system was observed to be assessible and information on complaints to be appropriately directed to a person with authority to address the issue. The governing body has oversight of the complaints system.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews, call bell response times, and orientation sheets.

Overall sampled consumers considered that they received quality care and services when they need them and from people who are caring, knowledgeable and capable. For example:

* All consumers interviewed said staff were kind, friendly and caring and considered staff knew about their personal care needs and preferences.
* Consumers felt there was enough staff on duty and said they generally did not have to wait too long after activating their call bell. No consumer identified any adverse outcome because of a delay in wait for their call bell to be answered.

Management said and roster documentation demonstrated workforce is planned and reviewed to ensure delivery and management of safe and quality care and services. However, due to a limited casual staff pool, when a shift cannot be replaced care staff said they rely on team work to achieve the required care needs of consumers.

Recruitment processes include the verification of staff qualifications, an induction and buddy program, and, completion of mandatory training and competencies. Staff training is recorded and supports the new Quality Standards and the learning needs and requests of staff. A care staff mentoring program has proved successful in enhancing the competence and confidence of new care staff in their first three months of employment. The service’s performance monitoring of staff occurs on an ongoing basis.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Most consumers interviewed, discussed their involvement in expressing their preferences for care and service from the time of their entry to the service.

The service has an established governance system which focuses on achieving the best outcome for consumers living in the service. The organisation’s governing Board is accountable for the delivery of safe and quality care and services and promotes a culture of safe and quality care and service. This occurs through their active involvement on site as members of the executive and ongoing consultation with consumers, representatives and staff. Management illustrated this through an example of how a reportable incident resulted in key changes to staffing and the development of timely guidance in the event of a consumer’s deterioration. More broadly, key performance indicator monitoring, staff education, regular meetings and the monitoring of the performance of the workforce is established.

The service has an established governing Board and a governance committee which oversees regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint. A suite of policies and procedures are available to guide related staff practices.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.