Performance

Report

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| Name of service: | Bedingfeld Lodge |
| Service address: | 4 Bedingfeld Road PINJARRA WA 6208 |
| Commission ID: | 7057 |
| Approved provider: | Bedingfeld Park Inc |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 2 June 2023 |
| Performance report date: | 4 July 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 Bedingfeld Lodge (**the service**) has been prepared by D. McDonald 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 and others
* the provider’s response to the assessment team’s report received 16 June 2023.
* 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirement 1(3)(d), as processes to assess consumers wishing to take risks were deficient.

In remedying the non-compliance, the evidence within this Site Audit report demonstrates that all consumers wishing to take risks had been involved in risk assessments, understood such risks and the agreed mitigation strategies. Risk assessments for consumers wishing to smoke evidenced consultation with consumers and representatives, consumer choice regarding wearing smoking aprons and mitigations such as staff supervision. Risk assessments for consumers choosing to leave the service in electric wheelchairs evidenced assessment of potential risks and mitigations such as advising staff of departure and return. Management confirmed discussing risks with consumers and representatives in order to implement harm minimisation strategies and staff were observed assisting consumers who chose to take risks.

Therefore, I now find this requirement compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers said they were treated with dignity, respect and could live the life they choose. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumers’ interests and personal preferences.

Consumers said their cultural backgrounds were respected and informed care and services. Staff described facilitating cultural events aligned to consumers’ backgrounds and interests, including through music, volunteer visits and recognising cultural events. Care documentation reflected consumers’ cultural, linguistic and religious backgrounds.

Consumers said they were supported to make decisions regarding their care, including those involved, and maintaining important relationships. Staff were knowledgeable of consumers’ choices and facilitated phone and video contact with family. Staff were guided by policies and procedures relating to consumer dignity and choice.

Consumers provided positive feedback regarding provision of timely and accurate information. Staff described informing consumers through meetings, newsletters, the activity calendar and discussions. Meeting minutes evidenced consumers being informed of activities, upcoming events and general service information.

Consumers said their privacy was respected and staff always knocked on doors prior to entry. Staff confirmed maintaining consumers’ privacy when delivering care and securing consumer information within locked nurses’ stations. Staff were observed knocking on doors and awaiting consent to enter and conducting handovers in private areas.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirements 2(3)(a), 2(3)(b) and 2(3)(e) as risk assessments had not been updated for consumers whose condition had changed, policies and procedures were not in place to guide staff, assessment, monitoring and evaluation of consumers’ personal and clinical needs were deficient, palliative care training for staff was insufficient and care and services had not been regularly reviewed for effectiveness.

The evidence within this Site Audit report supports the service has returned to compliance as risk assessments had been updated for relevant consumers where their needs had changed, a new electronic care management system was implemented to manage consumer information, staff received palliative care training, and consumer care plans were reviewed within the last 12 months. Care documentation evidenced updated risk assessments, mitigations, consumers’ current needs, goals, preferences, and end of life wishes, and reviews were undertaken in line with service policy. Consumers and representatives confirmed awareness of potential harms resulting from risk-taking activities and consented to mitigation strategies, and staff had discussed end of life wishes, where appropriate. Policies and procedures for diabetes management, palliative care, assessment and planning, risk management, falls, and referrals to other care providers had been established or updated.

Therefore, I now find these requirements compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers and representatives confirmed they provided input to assessment and planning of consumers’ care and services. Staff confirmed including consumers and representatives in the assessment and planning processes. Care documentation evidenced integrated and coordinated assessment, planning and review involving allied health professionals.

Consumers and representatives confirmed they were informed of, and understood, the content of consumers’ care plans. Staff confirmed updating consumers and representatives regarding care outcomes. Observations confirmed care plans were readily available for staff to reference when providing care.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(f) regarding deficiencies in weight care, dental care and pain management, management of high-impact and high-prevalence risks, timely recognition and response to consumer deterioration, and timely referrals to other care providers.

The evidence within this Site Audit report supports the service has returned to compliance as documentation evidenced assessments by allied health professionals, pain charting, weight loss monitoring, fall assessments and mitigations, informed consent for risk-taking activities, wound management and referrals to other care providers. Management confirmed best practice was monitored through observation, collaboration with allied health professionals, information sharing through a new electronic care management system and additional staff training provided by specialists from a local hospital. Furthermore, records confirmed staff had recently participated in training for clinical deterioration. Staff were guided by policies and procedures for restrictive practices, risks, deterioration, referrals and management of falls, wounds, pain and medication.

Therefore, I now find these requirements compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Representatives of palliating consumers confirmed staff had discussed end of life care and ensured comfort for consumers during the palliative process. Care documentation reflected consumers’ end of life pathway, including medications, spiritual, cultural and family support, comfort and pain management. Staff were guided by policies and procedures to assess palliative needs.

Consumers and representatives said staff effectively communicated information regarding consumers’ care needs. Staff described exchanging consumer information during handovers and referencing consumers’ care plans. Care documentation evidenced communication of consumer needs and preferences with those involved in their care.

Consumers and representatives gave positive feedback regarding the service’s infection management practices, including staff wearing personal protective equipment. Staff were knowledgeable of antimicrobial stewardship and strategies to minimise infection risk. Records confirmed a high proportion of staff had received anti-viral vaccinations.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirements 4(3)(c) and 4(3)(d) regarding deficiencies in the number of lifestyle staff to support activities of interest to consumers, and in information sharing between staff regarding consumers’ dietary requirements.

The evidence within this Site Audit report supports the service has returned to compliance as additional lifestyle staff had been onboarded to support consumers’ daily living, a range of activities of interest to consumers were available within the service and the community, and staff assisted consumers to maintain important relationships. An activity calendar was developed, and consumers were observed participating in a range of activities according to their interests. A new catering service was engaged to address previous deficiencies in responding to consumers’ dietary requirements, to which representatives provided positive feedback. Care documentation evidenced consumers’ dietary requirements, and staff confirmed receiving notifications of any changes to consumers’ needs through handovers, updated forms and by referencing care plans.

Therefore, I now find these requirements compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers and representatives said services were safe and optimised their independence. Staff were knowledgeable of consumers’ interests and preferences, including addressing consumers by their preferred names. Care documentation reflected consumers’ needs and interests and an activity calendar evidenced various activities to optimise consumers’ quality of life and well-being.

Consumers provided positive feedback regarding support of their emotional, spiritual and psychological well-being. Staff described facilitating church services of various relevant denominations, and regular chaplain visits. Consumer handbooks reflected in-house availability of religious services and religious representatives corresponding to consumers’ faith.

Consumers confirmed volunteers attended the service to facilitate activities, and staff described collaborating with other care providers aligned with consumers’ religious needs and specific preferences. Observations confirmed volunteers attending the service as well as other providers, such as hairdressers.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed consumer feedback regarding meals was welcomed and the menu evidenced varied offerings, including alternate meals to enable consumer choice.

Consumers said equipment was suitable and clean. Staff confirmed adequate supply of medical and lifestyle equipment, when required, and observations confirmed equipment was safe, suitable and clean.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirement 5(3)(b) regarding deficiencies enabling consumers to move freely indoors and outdoors, and appropriate storage of mobility equipment and laundry trolleys.

The evidence within this Site Audit report supports the service has returned to compliance as observations confirmed consumers could freely access outdoor areas when they chose to do so, including consumers in the memory support unit, and that mobility equipment and laundry trolleys were not left unattended and were stored appropriately. Staff were knowledgeable of maintenance processes, records confirmed timely completion of cleaning tasks and up to date preventative and responsive maintenance.

Therefore, I now find this requirement compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers and representatives said they felt at home and welcomed by the service. There was wide corridors, clear navigational signage and consumers personalised their rooms with photographs. Staff described design features to support consumers with cognitive impairments and staff were observed welcoming visitors.

Consumers confirmed they felt safe when using equipment and had access to a call bell. Staff confirmed cleaning shared equipment after each use, assessing equipment operation prior to use, and reporting faults. Observations confirmed furniture, fittings and equipment were clean and maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirement 6(3)(d) as review of feedback and complaints to inform improvements to care and services was deficient.

The evidence within this Site Audit report supports the service has returned to compliance as the service’s plan for continuous improvement evidenced recording of feedback and complaints and responsive actions. Management described the addition of outdoor infrastructure in response to consumer feedback, and an activity calendar reflected events requested by consumers, as evidenced in consumer meeting minutes. Furthermore, complaints relating to insufficient number of lifestyle staff have been addressed, as described under requirement 4(3)(c).

Therefore, I now find this requirement compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers said they were comfortable providing feedback or making a complaint and were aware of relevant processes. Management confirmed they supported and encouraged consumer and representative feedback and complaints through forms, emails, meetings and discussion with staff. Feedback forms and lodgement boxes were available should consumers or representatives wish to lodge feedback anonymously.

Consumers said they were aware of advocacy services and how to access them. Staff confirmed information available to consumers regarding advocacy and language services and assisting consumers to access such services. Information regarding advocacy and language services was detailed in the consumer handbook and displayed at reception.

Consumers provided positive feedback regarding action taken in response to their feedback and complaints. Management confirmed all complaints were investigated, that open disclosure was practised, and work undertaken to reach a resolution. Complaints documentaiton confirmed the use of open disclosure practices, prompt response and a solution focussed approach.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirements 7(3)(a) and 7(3)(c) regarding deficiencies in staffing numbers, which adversely impacted consumers’ care and services, and in staff competencies relating to management of consumers’ wounds, weight and pain.

The evidence within this Site Audit report supports the service has returned to compliance as records evidenced scheduling of an adequate number of staff, including a combination of care, lifestyle and clinical staff. Rosters evidenced vacant shifts resulting from unexpected leave had been filled and management described rostering 3 additional nursing staff each day, onboarding 2 additional lifestyle staff and engaging agency staff if permanent staff were unavailable. Consumers and staff said there were sufficient staff to meet consumers’ needs and no scheduled activities had been cancelled, as resulted from previous staff shortages. The continuous improvement plan evidenced appropriate management of falls, weight loss and wounds, and records confirmed staff had participated in training for clinical deterioration, wound and weight management and post fall assessments. Management described a new electronic care management system which guided staff through a responsive checklist post incidents. Records confirmed staff held the required clinical registrations and security clearances.

Therefore, I now find these requirements compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed interacting with consumers in a kind and caring manner. Care documentation reflected consumers’ background, preferences and religious needs.

Staff confirmed participating in mandatory and elective training including for, but not limited to, falls, wound and incident management, high-impact risks and restrictive practices. Management confirmed new staff participated in an orientation program, including pairing with experienced staff, and were subject to a 3-month probationary period. Personnel records evidenced appropriate recruitment documentation and completion of mandatory training.

Management confirmed staff completed annual performance appraisals and their performance was also regularly monitored, assessed and reviewed through observation, clinical records and consumer feedback. Staff confirmed receiving notifications of upcoming annual performance appraisals and were knowledgeable of the process. Records evidenced majority of staff performance appraisals had been completed.

# 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

Following a site audit undertaken 7 June 2022 to 9 June 2022, the service was previously found non-compliant with Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) as policy and procedural documentation and reporting provided to the governing body was outdated, inaccurate or not endorsed, reporting of serious incidents did not meet regulatory requirements, risk management systems were inconsistently applied, and staff knowledge of restrictive practices was insufficient.

The evidence within this Site Audit report supports the service has returned to compliance as observations confirmed all policies and procedures had been updated and provided to the governing body which works with management to identify and mitigate risks to consumers under the service’s clinical governance framework. Management confirmed governing body involvement in the delivery of care and services, as evidenced in meeting minutes. Records evidenced serious incidents had been reported in line with legislative requirements and staff had participated in serious incident management training. Routine clinical meetings had commenced to appropriately manage risks to consumers and provide corresponding reports to the governing body. Management confirmed a clinical advisor had been contracted by the governing body to draft such reports which evidenced the service had implemented improvements to risk management practices. Staff demonstrated understanding of restrictive practices, antimicrobial stewardship and open disclosure principles, including developing behaviour support plans for consumers subject to restrictive practices. Records evidenced staff had participated in training regarding these practices.

Therefore, I now find these requirements compliant.

In relation to the other Requirements for this Standard, I have also found them compliant based on the following summarised evidence:

Consumers confirmed they could contribute to the way the service operated, and management described receiving consumer input through meetings, feedback forms and discussions. Meeting minutes evidenced consumer engagement and responsive actions taken to improve care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)