Performance

Report

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| Name of service: | Beechwood Aged Care |
| Service address: | 3-17 Albert Street REVESBY NSW 2212 |
| Commission ID: | 2580 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 August 2023 |
| Performance report date: | 16 October 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 Beechwood Aged Care (**the service**) has been prepared by J Durston, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The service was found non-compliant in Requirement 1(3)(a) following a site audit from 23 January to 25 January 2023. The service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

During the Assessment Contact conducted on 22 August 2023, the service provided evidence that it has implemented the following improvements to meet the requirement. Staff training on mandatory customer service commenced on 14 February 2023 and is ongoing. Attendance records showed 80% of staff have completed the training. Toolbox talks covering dignity, respect and diversity of consumers have also been conducted. Dementia specific training has been provided to recognise the needs of consumers, choices, dignity and respect. The effectiveness of this training has been monitored in discussion at staff meetings and by seeking feedback from consumers and representatives.

The organisations general manager communicates in the service’s fortnightly newsletter their expectations of staff conduct. Memorandums have been provided to all staff to ensure they speak in English at all times. This has also been communicated in staff meetings. Staff practices have been introduced as a standing agenda item in all staff meetings to ensure attitudes are welcoming and positive.

The Assessment Team found most consumers and representatives interviewed said they are treated with dignity and respect and their identity, culture and diversity are valued. Staff interviewed demonstrated an understanding of each consumer’s background and care and services are adjusted in line with consumers’ identity and individual needs. Staff were observed adjusting care delivery for different consumers. Management were proactive in engaging with consumers and representatives to ensure an understanding of each consumer’s identity and diversity. During mealtimes and activities, staff were observed to be attentive towards consumers and interacting and engaging with them. Management confirmed new proactive informal forums have been implemented to seek feedback from consumers and representatives to ensure they are identifying and meeting individual consumer needs and that staff are treating consumers with respect and dignity.

The approved provider has made significant improvements in this requirement. I encourage the approved provider to continue to embed these improvements into their usual practice and to actively pursue further continuous improvement.

Accordingly, I find Requirement 1(3)(a) compliant.

# Standard 7

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| Human resources | |  |
| 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant in Requirements 7(3)(b) and 7(3)(e) following a site audit from 23 January to 25 January 2023.

Requirement 7(3)(b)

During the 2023 site audit the service did not demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity at all times.

During the Assessment Contact conducted on 22 August 2023, the service provided evidence that it has implemented multiple improvements to meet the requirement. These are included in Requirement 1(3)(a) of this report.

The Assessment Team found the majority of consumers and representatives interviewed stated the staff are kind and caring and they are treated with respect. The Assessment Team observed staff interactions with consumers to be caring and respectful. Staff are required to follow a code of conduct and have signed an agreement. Staff interviewed demonstrated that understood consumers individual needs, culture and diversity. They engaged with consumers in a kind, caring and respectful manner. A sampled consumers’ cultural preference for care staff of a specific gender to attend their personal care needs were documented in care plans and staff were aware of this requirement for the consumer.

Requirement 7(3)(e)

During the 2023 site audit the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service did not have a process to undertake performance reviews for each member of the workforce, only for registered staff, and their reviews were noted to be overdue. Staff performance issues raised by consumers were not addressed.

During the Assessment Contact conducted on 22 August 2023, the service provided evidence that it has implemented the following improvements to meet the requirement. A process for staff performance reviews was implemented and monitored for all categories of staff, and a memorandum sent to all staff regarding performance review procedures and processes. A care champion system was implemented in which selected champions mentor and coach care staff. The general manager meets with the care champions for feedback about staff performance. The concerns regarding staff performance identified during the 2023 site audit have now been addressed including several memos to staff in relation to speaking in other languages and communication with the consumer.

The Assessment Team found the service conducted regular assessment, monitoring and review of performance of each member of the workforce. Consumers provided positive feedback about how staff treat them. Staff interviewed provided positive feedback about the process. The service’s performance management register shows 136 staff have had a performance appraisal in the last 12 months, including the general manager and the two care managers. Management could describe the processes they undertake in relation to performance management. Documentation showed staff appraisals have been undertaken and performance management has been undertaken for staff who require it. In addition to annual performance appraisals, the service demonstrated ongoing management of staff performance. Management provided documentation that showed when a representative had complained about a staff member’s behaviour towards them and their consumer, the complaint was acknowledged, investigated and an apology was provided to the consumer and their representative. The matter was escalated to the organisation’s human resources department and the staff member involved was appropriately performance managed.

However, the Assessment Team observed the service’s 2019 employment and feedback policy reviewed during the 2023 site audit had not been updated and still showed the scope of the performance appraisals for staff was at the discretion of the general manager. Previously this resulted in only registered staff and the leadership team having performance appraisals. During the assessment contact management confirmed all policies were under review. They acknowledged the policy that was currently in use was limited in scope, advised the policy is viewed as the organisation’s minimum standard, and noted performance appraisals had been conducted for all staff.

The approved provider has made significant improvements in these requirements. I encourage the approved provider to continue to embed these improvements into their usual practice and to actively pursue further continuous improvement.

Accordingly, I find Requirements 7(3)(b) and 7(3)(e) compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)