Performance

Report

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| Name: | Beechworth Health Service Residential Care Program |
| Commission ID: | 3636 |
| Address: | 52 Sydney Rd, BEECHWORTH, Victoria, 3747 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 14 February 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 1148 Beechworth Health Service  Service: 5393 Beechworth Health Service Residential Care Program |

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 Beechworth Health Service Residential Care Program (**the service**) has been prepared by Denise 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 Site Audit report dated 4 March 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers felt staff treated them with dignity and respect, and they were valued as individuals. Staff knew what mattered most to individuals, spoke of consumers in a respectful manner and demonstrated familiarity with consumers’ backgrounds and identity. Care documentation reflected the diversity, life history and personal preferences of consumers.

Consumers and representatives confirmed staff delivered care which was culturally safe for individual consumers. Care documentation evidenced the cultural needs and preferences consumers wished to maintain. Staff were aware of consumers’ cultural preferences, and the strategies in place to support consumers.

Consumers said they were supported to make decisions regarding their care, and a married couple confirmed they have been supported to share a room. Care documentation captured consumers’ care delivery choices, who participated in their care, and how they were to be supported to maintain relationships of importance. Policies and procedures guided staff practice to promote consumer choice and decision making.

Consumers and representatives described how consumers were supported to engage in their chosen life activities, including those which contained an element of risk. Staff were aware of the risks taken by consumers, and the strategies implemented to minimise potential harm. Care documentation evidenced assessments were conducted to identify risks, and consumers were informed of potential risks prior to engaging in an activity.

Consumers and representatives confirmed they were kept informed of consumer’s care needs through written information and conversations. Staff described how consumers were kept informed through newsletters, verbal reminders, and information displayed in communal areas. Menus, newsletters and the activities schedule were displayed on noticeboards to enable consumer choice over day to day activities.

Consumers said their privacy was respected, and staff knocked on their door prior to entering. Staff confirmed consumers’ personal information was discussed in private to ensure confidentiality. Staff were observed to knock on consumers’ doors prior to entry, closing doors when delivering care and accessing consumer information via password protected computers.

# 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

Care documentation evidenced risks were to the consumer’s well-being were assessed and identified, and strategies were planned to minimise those risks. Policies and procedures guided staff on assessment and care planning to ensure consumers received safe and effective care. Staff described the assessment process undertaken when consumer’s enter care, including when accessing respite, and how assessment outcomes were used to develop the consumer’s care plan.

Care documentation identified consumers’ current needs, goals and preferences, inclusive of their end of life wishes and hard copy advance care directives were on consumer’s files. Staff described discussing advance care and end of life wishes with consumers and their representatives, when they enter care and during care conferences. Consumers and representatives confirmed consumers’ preferences and end of life wishes were known.

Representatives stated assessment and planning processes were inclusive and they were involved in care conferences alongside the consumer’s medical officer. Care documentation evidenced input from consumers, representatives, medical officers and allied health professionals. Staff said they reviewed care documentation, in consultation with consumers and their representatives.

Consumers and representatives gave positive feedback on the frequency of and regular updates the received, and most confirmed they had received a copy of the consumers care plan however, one representative said they hadn’t. Staff described how they communicated the outcomes of assessments through face-to-face conversations, emails or telephone calls. Care documentation evidenced staff updated consumers and representatives on care outcomes.

Care documentation evidence care was regularly and routinely reviewed to determine its effectiveness, including when consumers experienced an adverse incident. Staff advised care plans were reviewed monthly, however some of care reviews were identified as overdue following not being marked as completed in the ECMS. Policies and procedures guided staff to undertake monthly care plan reviews, and to ensure care plans were updated when changes or deterioration occurred.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives advised consumers received personal and clinical care which met their needs. Staff were aware of consumers’ care needs and described the strategies in place to ensure their needs were met. Care documentation evidenced staff were following documented strategies to meet consumer’s needs and preferences, however, it was unclear if some consumers using psychotropic medications, had a chemical restrictive practice applied, as their diagnosis had not been accurately recorded.

Representatives felt consumers’ high impact or high prevalence risks, such as weightloss and falls, were effectively managed. Staff were aware of consumers who experienced falls and of other risks to consumers and demonstrated knowledge of the care required by them to minimise those risks. Care documentation evidenced delivery of care to consumers identified at risk was monitored to ensure directives were followed.

Representatives provided positive feedback with the delivery of end of life care to consumers confirmed, the consumer was kept comfortable. Care documentation evidenced the provision of comfort cares was monitored and medications were administered to minimise pain. Policies and procedures guided staff on the delivery of palliative care to consumers.

Representatives provided positive feedback regarding staff’s response to and recognition of deterioration, in a consumer’s condition. Staff outlined a range of signs related to deterioration and described how they escalated these, if detected. Care documentation evidenced deterioration or changes in consumers’ health were identified and responded to quickly.

Representatives advised consumers’ care needs, condition and preferences were effectively communicated between staff. Staff were observed to handover information and communicate changes to consumers’ care needs. Care documentation evidenced consumers’ needs and preferences were documented and shared with medical officers and allied health professionals involved in the care of the consumer.

Representatives confirmed consumers received timely and appropriate referrals when required, including in response to weightloss. Care documentation demonstrated timely referrals were made by staff when consumers needed to be reviewed by allied health professionals and specialists. Staff demonstrated knowledge of referral processes and confirmed they had access to a range of allied health professionals.

Staff demonstrated practical understanding of antimicrobial stewardship, and advised they would await the consumer’s test results and prescription from their medical officer prior to antibiotic usage. Management confirmed consumers’ infections were electronically documented, and infection control audits were conducted. An outbreak management plan was in place to guide staff practice during infectious outbreaks.

# 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 confirmed they were well supported to engage in activities of interest which improved their quality of life. The monthly lifestyle activities calendar contained a variety of activities to cater to the various interests and abilities of consumers. Staff advised they partnered with consumers to conduct a lifestyle assessment to gather information on their interests and preferences for undertaking daily living activities independently.

Consumers and representatives confirmed staff were aware of consumers’ religious and spiritual needs, and consumers were supported to attend the weekly church service. Staff outlined how they supported consumers through one on one visits and monitored consumers well-being to detect when their mood was low. Care documentation contained information on consumers religious beliefs and the supports required to practice their faith.

Consumers said they felt supported to engage with their hobbies and participate within their community, including being able to attend hydrotherapy at the local swimming pool. Staff described how they organised lifestyle activities aligned to consumer identified interests and kept them connected to the community, through bus trips and scenic drives. Consumers were observed to maintain relationships, through visits from family and friends.

Consumers and representatives confirmed information regarding the consumer’s condition was communicated effectively as staff were consistently aware of the consumer’s needs and preferences. Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded in care documentation available through the ECMS. Care documentation shared between care and catering staff was observed to be consistent.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care documentation evidenced the consumer’s partnership with external providers of care to meet their diverse needs. Consumers confirmed they were supported by, and would be referred to external supports when required.

Consumers and representatives mostly expressed positive feedback regarding the quality of meals provided, however some raised concerns with the lack of variety in vegetables served. Care documentation reflected, and staff knew, the dietary needs and preferences of consumers. Staff said the menu is developed in consultation with a dietician, consumer feedback was used to influence the meals served and consumers can always ask for an alternative if they don’t like the meal offered.

Consumers confirmed staff regularly clean and check their mobility equipment to ensure it was safe for their use. Staff said they had access to the necessary equipment and resources to support consumers. Consumers mobility aids and lifestyle equipment was observed to be suitable for consumer use and it was in good working order.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt the service environment was welcoming and they felt at home. Staff described making consumers feel welcome by orientating new consumers to the service and encouraging consumers to personalise their rooms. The service environment was observed to be welcoming, sufficiently lit and contained handrails to assist consumers to mobilise.

Consumers confirmed the service environment was consistently clean and they could they move freely, both indoors and outdoors. Staff described how consumers raised maintenance requests with them, and staff aimed to resolve all requests in a timely manner. Staff were observed to clean consumers’ rooms and communal areas on a daily basis.

Consumers said their equipment was regularly checked and maintained, and their call bells were always within reach. Furniture in communal areas were observed to be clean and in good condition. Maintenance documentation evidenced included the routine inspection of emergency equipment and equipment used for activities of daily living.

# Standard 6

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

Findings

Consumers and representatives said they felt comfortable and understood how to provide feedback or make complaints. Staff described the avenues available to consumers and representatives if they wanted to provide a feedback or make a complaint, including through feedback forms, during meetings or by email. Posters and pamphlets outlining feedback and complaint information was displayed on noticeboards.

Consumers and representatives were mostly aware of external advocacy and language services, however one representative advised they weren’t familiar with these services. Staff described how they engaged with consumers who had a cognitive or physical impairment to support them to provide feedback and complaints. Posters regarding advocacy services were displayed to promote consumer awareness.

Representatives confirmed they have not lodged a formal complaint but were, confident appropriate action would be taken in response. Staff described how they would escalate feedback and understood the principles of open disclosure. Policies and procedures guided staff practice when managing complaints.

Representatives confirmed, when they had given feedback, it had been used to improve care and services. Continuous improvement documentation evidenced feedback on the temperature of food had prompted an investigation, with actions put in place to ensure food was served at the right temperature. Management described the actions taken and proposed in response to trending feedback on food quality.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed there were enough staff to meet consumers’ needs, however a representative stated additional staff were required to maintain the delivery of lifestyle activities. Staff advised they had sufficient time to provide quality care and services to consumers, and complete the tasks associated with their roles. Call bell data evidenced staff responded to in a timely manner.

Consumers and representatives confirmed staff were kind and caring, and treated consumers with dignity and respect. Staff were aware of consumers’ identity and preferences, and spoke of consumers in a respectful manner. Staff were guided by policies and the staff handbook which outlined the organisational commitment to treat consumers with dignity and respect.

Consumers felt staff were skilled and competent to perform their roles, and they were knowledgeable of their needs. Management ensured staff were competent through effective orientation programs, buddy shifts and regular training. Personnel records for staff were maintained, and evidenced staff have up to date police checks and vaccinations.

Staff outlined the various training and professional development they received, and felt supported to deliver safe and effective care. Consumers were confident staff were well trained and skilled to meet their needs. Management advised staff training records were retained to ensure staff had completed their required annual training.

Staff advised their performance was monitored through an annual performance appraisal process, and could recall the outcome of their last appraisal. Management described the performance appraisal process, whereby the staff member engaged with their supervisor to discuss their performance. The performance appraisal register evidenced all staff had a current appraisal in place.

# Standard 8

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

Findings

Consumers and representatives were confident the service was well run, and confirmed they were encouraged to provide their feedback. Management advised consumers and representatives were engaged through consumer meetings, surveys and internal audits. Meeting minutes for consumer meetings evidenced consumers attended and discussed aspects of their care including the meal service, staffing updates and lifestyle activities.

Management provided examples of changes driven by the governing body to improve care and services, including a project to enhance feedback mechanisms. Various committee and Board meeting minutes evidenced the Board was kept informed and held accountable for organisational outcomes.

Staff confirmed they had access to the necessary information needed to perform their roles, including training material, care documentation, policies and procedures. Management confirmed continuous improvement opportunities were identified through audits, clinical indicators, incidents, observations and feedback. Management advised the governing body had oversight of feedback and complaints through regular reporting.

Policies and procedures related to key risks to consumers were in place to guide staff practice. Staff demonstrated an understanding of these policies and described how they minimised risks to consumers. Staff advised monthly clinical indicator reports were produced and shared with various subcommittees and the governing body to ensure effective oversight.

A clinical governance system and policies relating to antimicrobial stewardship, restrictive practices and open disclosure guided the practice of staff. Management confirmed restrictive practices were appropriately monitored, and non-pharmacological strategies were implemented prior to the usage of psychotropics. Management advised a monthly audit of consumers’ antibiotic was conducted to ensure the appropriate use of antibiotics.

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