Performance

Report

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| Name of service: | Belalie Lodge |
| Service address: | 1-7 Cumnock Street JAMESTOWN SA 5491 |
| Commission ID: | 6055 |
| Approved provider: | Helping Hand Aged Care Inc |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 14 March 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 Belalie Lodge (**the service**) has been prepared by G. Hope-Simpson, 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, dated 31 January 2023 to 2 February 2023; 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.
* 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 and representatives considered consumers are treated with dignity and respect. Staff demonstrated an understanding of consumers’ care preferences and individuality. Care documents were individualised and demonstrated the service aims to treat consumers with dignity and respect.

Consumers and representatives said staff provide care that is physically, socially, and emotionally safe. Staff could explain the process of capturing consumer information related to their cultural background. Care documents included information about consumers’ cultural and spiritual needs.

Consumers and representatives felt they were involved in and supported to make decisions about consumers’ care and services. Staff could describe how the consumers were supported to maintain relationships with people who are important to them. The Assessment Team observed consumers having visits from family throughout the audit.

Consumers said they are supported to take risks. Staff demonstrated an understanding of the risk assessment process. The service has a suite of documents including assessments and policies to guide staff on the understanding of consumers taking risks.

Consumers confirmed they were provided with information to support decision making. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. The Assessment Team observed information available to consumers throughout the service.

Consumers felt their privacy was respected by staff. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has a policies and procedures in place to ensure consumer privacy and information is protected.

# 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

Consumers and representatives said the care planning and assessment process addresses consumers’ needs, goals, and preferences. Staff were able to explain the assessment and care planning process. Care documents detailed individual risks to consumers to support their well-being.

Consumers and representatives described having conversations with staff about end of life (EOL) wishes. Staff described how they determine what is important to the consumer through regular discussions. Care documents included an advanced health directive (AHD) and EOL wishes.

Consumers confirmed they actively participate in care planning. Staff said consumers and representatives are involved in care planning and review on an ongoing basis. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said the service maintains good communication about care and services. Staff understood assessment and planning and confirmed they have access to care documents. The service uses an electronic care management system (ECMS).

Staff could describe how and when assessments and care plans are reviewed. A review of care documents evidenced regular reviews of care plans in line with the service’s policies and procedures. Consumers and representatives were informed when incidents 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 said they were satisfied with the personal and clinical care provided. Staff demonstrated knowledge of how they meet individual consumer’s personal and clinical care needs, and this was reflected in care documents. The service has policies and procedures in place to support the delivery of safe and effective care.

Staff were able to explain strategies which are used to address individual consumer risks. Risks to consumers were identified in care documents. The service further manages risks to consumers through quarterly clinical indicator data reports and reporting through incident registers.

Consumers and representatives confirmed they had discussed EOL planning with the service. Staff described how they adjust care to support the needs and preferences of those receiving palliative care. The service has processes in place to facilitate conversations about EOL care between staff, consumers, and their representatives.

Consumers and representatives said the service is responsive to deterioration or changes in a consumer’s condition. Staff provided examples of how they have responded to a change in a consumer’s condition. Care documents demonstrated the service recognises and responds to changes and deterioration in consumers.

Consumers and representatives expressed confidence with how consumers’ care needs and preferences are communicated between staff. Staff were aware of consumers’ care needs and described how information is shared about a consumer’s condition. Care documents included input from MO and allied health professionals.

Consumers and representatives were satisfied with consumers’ access to relevant allied health professionals and MO. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included referrals to various health professionals when required.

Overall, consumers and representatives expressed satisfaction with the service’s infection control measures. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics. The service has policies and procedures to support infection control practices and an appointed Infection Prevention Control (IPC) lead.

# 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 said the service supports their individual needs, goals, and preferences, and encourages them to participate in activities. Staff could provide examples of what is important to individual consumers and this information aligned with care documents.

Consumers described how the service promotes their emotional and psychological well-being. Staff were able to describe how they support the emotional and psychological well-being of consumers. The Assessment Team observed staff interacting with consumers individually and in a group setting, including spending one-on-one time with consumers.

Consumers and representatives described how consumers are supported to maintain personal relationships and participate in activities within and outside the service. Staff described how they support consumers to engage in activities of interest to them. Care documents included information about personal relationships and activities of interest to consumers.

Consumers said staff are informed about their care needs. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilises an ECMS which is accessible by staff.

Consumers said they are supported by external organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers. Care documents identified engagement with other organisations and services.

Most consumers and representatives said meals provided are of suitable variety, quality, and quantity. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they felt safe using equipment at the service. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment provided was safe, suitable, clean, and well-maintained.

# 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 said the service optimises their sense of belonging and independence. Staff explained how they support free movement and accessibility around the service. The Assessment Team observed consumers navigating around the service and participating in activities in a variety of areas.

Consumers said the service environment was safe, clean and well maintained. Staff described the cleaning and maintenance practices at the service. The Assessment Team observed signage throughout the service to assist consumers with navigating their way around the service.

Consumers and representatives said equipment and furniture is safe, well-maintained, and suitable. Staff described how shared equipment used for moving and manual handling of consumers is cleaned and maintained. The Assessment Team reviewed up to date preventative and reactive maintenance schedules.

# 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 were encouraged and supported to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service has various avenues for making a complaint and providing feedback, including feedback forms, resident and representative meetings, case conferences, and online.

Consumers and representatives said they were aware of other avenues for raising a complaint. Staff described the ways they assist consumers with language barriers to raise complaints. The Assessment Team observed information on display around the service for external complaints avenues, advocacy, and translation services.

Consumers said the service responds to their complaints appropriately and issues an apology. Staff demonstrated an understanding of open disclosure and complaint management processes. The Assessment reviewed the feedback and complaints register which demonstrated appropriate and timely action is consistently taken by the service.

Consumers and representatives could describe changes implemented at the service as a result of feedback and complaints. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

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

Findings

Most consumers felt there are enough staff to provide care and assistance. Management said the roster is reviewed regularly to ensure all shifts are filled with appropriately qualified staff. A review of a recent staff roster demonstrated that the service had sufficient staff to provide quality care to consumers.

Consumers and representatives said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff were sufficiently skilled to do their jobs. Staff attend various types of training tailored to specific roles. The service has processes in place to ensure staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said staff were confident and trained appropriately. Staff said they receive ongoing training and guidance from the service. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is up to date with training requirements.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals and various formal and informal performance reviews. Documentation review demonstrated performance appraisals, mandatory training and competency assessments are conducted annually and are current.

# 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 said they provide ongoing input into how care and services are delivered. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews monthly reporting tools to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff could describe processes for identifying, managing, and minimising risks and incidents including the prevention of abuse, harm, and neglect of consumers. The service has a wide range of frameworks, registers, policies, and procedures to support the management of risks and incidents.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)