Performance

Report

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| Name of service: | Bellevue Care Centre |
| Service address: | 53 Linkwood Drive FERNY HILLS QLD 4055 |
| Commission ID: | 5369 |
| Approved provider: | Bellevue Enterprises Pty Ltd & Laberge Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 3 April 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 Bellevue Care Centre (**the service**) has been prepared by K. Spurrell, 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

# 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 advised staff treated them with dignity and respect and knew what was important to them. Staff described how they interacted with consumers, and how they supported consumers to maintain a good quality of life. Interaction between staff and consumers was observed to be respectful.

Consumers and representatives said staff were aware of their culture, and what was important to them. Staff identified consumers of different cultures and described how they ensured the services they provided met their needs. The service has organised regular visits from services who supported consumers from culturally and linguistically diverse backgrounds, to provide entertainment in the consumers' first language.

Consumers said they made decisions about care and involve others where they wished. Staff described how they enable consumers to make decisions about their care and how they spend their time by providing information. Consumers were observed spending time with friends and family, including those living at the service.

Consumers said they were supported to take risks, if they wish to, including leaving the service independently. The service had a dignity of risk process which stated all adults had an equal right to make decisions affecting their lives and to have those decisions respected. Staff advised how they managed and mitigated risks, such as completing assessments to ensure the safety of consumers.

Consumers said they were provided with information in both written and verbal formats to support them to make choices about their day to day activities. Staff advised they support consumers with cognitive impairments who may have trouble with comprehension by using hand gestures, picture cards, and simple sentences to ensure each consumer is informed and able to make decisions about their daily life.

Consumers said staff maintained their privacy when providing personal care assistance. Staff described ensuring consumers’ privacy was maintained in their daily life, but also when tending to personal care tasks. Staff were observed knocking before entering consumers’ rooms, and asking permission before entering.

# 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 they were involved in the assessment and review of their care. Staff described their role in the assessment process, the assessment tools used, and how they involved the consumer in the planning to meet their needs. Risks to consumers' well-being were assessed using validated assessment tools, and where risks were identified, care planning documents included interventions to mitigate those risks.

Consumers and representatives said staff involved the consumers and others they want to be involved in their care as much as possible. Staff described how consumers were supported with advance care and end of life planning. Documentation demonstrates appropriate policies, procedures, and practices were in place to guide assessment and care planning processes.

Consumers and representatives confirmed they were involved in care planning when they entered the service, and at regular intervals thereafter. Staff advised they always involve the consumer’s representative if the consumer wished, or had limited capacity to make decisions. Allied health services spoke about their role in the assessment, planning, and review of consumers’ care, including mobility assessments.

Consumers and representatives confirmed the care plan was discussed with them, and they could ask for a copy if they want one. Care documentation demonstrated consideration of the outcomes of assessments, and care plans were available. Staff confirmed they read through the care plan with consumers during review, and said it was available in the consumers’ files in the office and on the back of their room doors.

Care documentation confirmed care plans were reviewed quarterly and more often when circumstances changed, and care plans were updated to reflect the changing needs or preferences of consumers. Consumers said staff often check if their needs were met, and were happy with how staff were helping them.

# 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 reported they were satisfied with the care provided by the service. Staff described processes for ensuring care and support were safe and effective, and the use of restrictive practices was monitored, reviewed, and minimised. Care documentation demonstrated identification, assessment, effective management, and evaluation of falls risk, skin integrity, pain, and behaviours of concern.

Consumers and representatives stated they were happy with the level of care they received. Management identified falls, general deterioration, wounds, and behaviour management as being high impact and high prevalence risks. Care documentation demonstrated effective management of consumers who required complex care and management.

Consumers and representatives confirmed end of life wishes were discussed with them and some consumers and representatives recalled completing end of life care planning documents. Staff explained processes to support end of life care including the involvement of family, medical officers, and specialist support service. The service’s End of Life Policy, Palliative Care Policy, and Care after Death Policy guided staff practice.

Consumers and representatives were satisfied changes in their health and condition were recognised, and they receive the treatment they need. Staff explained practices in place to monitor and respond to changes in consumers’ conditions, including routine monitoring, observing general behaviour and activity, completing assessments, and providing relevant referrals. Care documentation evidenced where deteriorating and changing conditions occurred, assessment, referral and treatment were timely and documented.

Consumers and representatives were satisfied they were informed about any changing conditions or needs for consumers and reported staff were aware of their needs and preferences. Staff described how consumer information was accessed and shared via the electronic record system and handover. Care documentation confirmed information was comprehensive and included key information about personal and clinical needs.

Consumers and representatives were satisfied consumers received the care they need, including referrals to allied health professionals and the medical officer. Staff described the referral process stating consumers or their representatives were always consulted when a referral is considered necessary. Care documentation demonstrated appropriate and timely referrals to external health providers, and supporting documents were available to staff.

Consumers and representatives reported they regularly saw staff washing their hands and wearing personal protective equipment. Staff demonstrated an understanding of precautions to prevent and control infections and processes in place to minimise the need for antibiotics.

# 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 and representatives stated the supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence. Care documentation recorded a range of information regarding consumer needs, goals, and preferences. Staff described how they ensured consumer’s preferences and needs were considered when planning and providing support for daily living.

Consumers and representatives said staff at the service support consumers’ emotional, spiritual, and psychological wellbeing. Staff stated some consumers had individual spiritual beliefs, separate from religion, and they support this by assisting these consumers to personalise their room following their beliefs, and by following any customs the consumer requested.

Consumers said they were supported to maintain relationships and stay in contact with the people important to them. Staff described how they support consumers to do the things they wish to, and also how they support them to maintain relationships with their friends and family. Consumers were observed enjoying each other’s company while participating in activities or during meals at the service.

Consumers and representatives said they felt their care needs were effectively communicated between staff members and organisations where necessary. Staff explained how they were kept informed when a consumer's condition, needs or preferences changed. The service’s electronic documentation system recorded any changes to the consumers' condition or needs.

Consumers stated they received support from external individuals or organisations such as volunteers or local groups, adding the support assisted their wellbeing. Musical performances and church services delivered by individuals from outside the service were observed by the Assessment Team. Staff described the outside organisations and individuals they worked with, including the local library, the community visitor scheme, pet therapy, and local musicians.

Consumers said they enjoyed the food at the service, and it was of good quality and quantity. Staff described how they ensured consumers were provided meals they enjoyed, and meet their needs. Whiteboards listing dietary requirements and preferences were observed in the kitchen, as well as printed sheets on dining trolleys.

Consumers and representatives advised they find the equipment at the service to be safe, clean, and well maintained. Staff said any shared equipment was cleaned after each use, and disinfectant wipes were readily available to allow them to do this. The maintenance team described how they use reactive and preventative maintenance processes to ensure all equipment was safe and suitable for consumer use.

# 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 and representatives said the service environment was welcoming, and they felt comfortable. Staff described how the environment was designed to support consumer’s independence, such as having handrails and signage, including having large print writing on the doors of consumers with vision impairment. Consumers were observed spending time together in living and dining areas and navigating hallways comfortable.

Consumers said they felt safe living at the service, and they were enabled to move freely throughout the service environment. Staff described how a cleaning schedule ensured the cleanliness of consumer rooms and shared spaces within the service. Consumers with differing levels of mobility were observed moving through both indoor and outdoor parts of the service environment.

Consumers and representatives said furniture, fittings, and equipment were safe for use and well maintained. Staff described the process of reactive and preventative maintenance of equipment and furniture used in the service environment. Maintenance requests were observed to have been completed promptly.

# 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 stated they were encouraged and supported to raise concerns or provide feedback verbally, completing a ‘feedback form’, during consumer meetings or sending them to management via email, or dropping them in the suggestion boxes. The service’s complaints and feedback policy outlined the service’s commitment to ensuring staff, consumers, and representatives were encouraged to provide feedback.

Consumers reported they were informed about how to access advocacy, interpreter, and external complaints supports through the resident handbook, brochures, posters, and newsletters. Staff described informing consumers on how to access advocacy and interpreter services. The service’s feedback and complaint management process included information on accessing various support services for raising a complaint.

All consumers felt the service responded to their concerns appropriately and management communicated with them along the way. Staff described the service’s complaint management and open disclosure processes. The service’s Comments, Complaints, and Feedback Policy and Open Disclosure Policy ensure appropriate and timely action was taken in response to a complaint and open disclosure process were practiced when things went wrong.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Staff described how service improvements had been made in response to feedback. The service’s Comments, Complaints, and Feedback Policy outlined how feedback and complaints data were trended, reviewed, analysed, acted upon, and resolved to improve the quality of care and services.

# 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 reported they received the care they needed, and staff respond to call bells promptly. Rosters and other documents demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services. Management reported call bell responses were monitored and analysed via monthly call bell audits.

Consumers felt the workforce interacted with them in a kind, caring and respectful way regardless of cultural background. Staff described how they treated consumers with respect and understood what was important for consumers. Staff were observed addressing consumers by their preferred name and using respectful language when assisting consumers.

Consumers felt staff knew what they were doing. Management advised they followed the service’s Recruitment and Selection Policy to ensure staff were suitable for and competent in their role. Position description articulated qualifications, experience, organisational cultural fit, and/or specific personal attributes.

Management said they train and equip the workforce following the service’s Induction and Mandatory Training Policy through on the job, off the job, online and face-to-face training. Staff felt they were trained and equipped to perform their assigned duties. Documentation evidenced the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by the Standards.

Management said staff performance is monitored and reviewed annually as per the service’s Performance Management Policy. Staff described the performance assessment process, from self-evaluation section to meeting with their line manager to discuss training and development. Documentation confirmed the service’s process in assessing, monitoring, and reviewing the performance of its workforce.

# 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 reported they were engaged in the development, delivery, and evaluation of care and services. Staff described the various mechanisms used to engage consumers such as consumer meetings, satisfaction surveys, and feedback from consumers and representatives. The service’s Comments, Complaints, and Feedback Policy demonstrated the service’s commitment to actively encourage and seek feedback from consumers, their families, and representatives.

Consumers said they feel safe and received the care they need. Management said the governing body satisfied itself the Standards were met through clinical reports and audits. A review of the policy, framework, and organisational structure indicated the Board was accountable for clinical quality and safety and the clinical governance arrangements of the organisation.

The service demonstrated appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, and reports including information for the governing body to satisfy itself the Standards were met. Staff advised, for example, information was communicated through alerts, memos, emails, newsletters, noticeboards, and consumer and staff meetings.

The Risk Management Policy outlines the service's commitment to managing and minimising risk by identifying, analysing, evaluating, and treating exposures that may impact the continued effectiveness of its provision of safe quality care. Reporting lines were in place where risks were escalated to management and further to the Board, which had the overall responsibility for the oversight of risk, and the systems and processes of risk management.

A clinical governance framework, including policies, procedures, service delivery practices, and staff training requirements, was in place. Staff described the different forms of restraints such as chemical restraints, environmental restraints, and stated restraint was used only as a last resort. Staff demonstrated a practical knowledge of open disclosure, including clear, and timely communication and apology to consumers and their representatives when things go wrong. Staff described how infection related risk was minimised, such as good hand hygiene practice, the use of personal protective equipment, and infection control training.

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)