Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bellevue Court |
| Service address: | 9 Bellevue Court GAWLER EAST SA 5118 |
| Commission ID: | 6129 |
| Approved provider: | Southern Cross Care (SA, NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 21 September 2022 to 23 September 2022 |
| Performance report date: | 14 November 2022 |

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 Court (**the service**) has been prepared by M. Nassif, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said staff treat them well, and they feel valued and respected within the service. Staff spoke about consumers in a respectful manner and were familiar with consumers’ individual backgrounds and preferences. Care planning documents evidenced that consumers’ culture, diversity, and identity was acknowledged through their backgrounds and personal preferences.

Consumers and representatives said the service recognises and respects each consumer’s cultural background and provides care that is consistent with their cultural traditions and preferences. Staff provided information relevant to ensure that each consumer receives the care required that aligns with their care plan.

Consumers said they are supported to exercise choice and independence and maintain relationships of their choice. Care planning documents evidenced appropriate information is documented to support consumers’ independence and relationship building. Staff described ways consumers are supported to exercise choice and independence.

Consumers felt supported to take risks to enable them to live their best lives. Management and staff described areas in which consumers want to take risks and how they are supported to understand the benefits and possible harm when they make decisions about taking risks. The service had an assessment process in place including completing a risk assessment form.

All consumers and representatives said they are kept informed through printed information, verbal reminders, and email correspondence. Staff described ways in which information is provided to consumers, in line with their needs and preferences.

All consumers felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. The service had protocols in place to protect consumer privacy, including protecting the privacy of personal and sensitive information that is collected, used, disclosed, and accessed. Staff were observed respecting consumers’ privacy, for example by knocking before entering consumers rooms, and computers were password protected.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Staff described the care planning process including initial and ongoing risk assessments, and how it informs the delivery of care and services. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers.

Consumers and representatives said staff involve them in the assessment and planning of the consumer’s care, including end of life planning if the consumer wishes. Care planning documents evidenced consumers’ end of life needs and preferences are identified and addressed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the assessment and planning process and consumers and representatives confirmed they were involved.

Consumers and representatives said they are kept up to date and informed about the consumer’s care, care planning and assessments, and their care planning documentation is readily available, made sense to them, and staff explain things to them in a simple way. Outcomes of assessment and planning are documented in care planning documents and staff described how they communicate outcomes of assessment and planning to consumers and their representatives.

Care planning documents evidenced they are reviewed on both a regular basis or when changes to a consumer’s condition is recognised or any incidents occur. Management and staff said care planning documents are reviewed every 6 months or as required, and these reviews involve consumers and their representatives, clinical staff, allied health professionals and other medical professionals as needed.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 said they receive care that is safe and right for them and meets their individual needs and preferences. The service demonstrated processes in place to manage restrictive practices, skin integrity and pain are in line with best practice. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives said care is safe and right for consumers. Management and staff described how they identify, assess, and manage risks for the safety, health, and well-being of consumers. The service had processes to manage high-impact or high-prevalence risks associated with the care of each consumer which includes pain, falls, and complex needs management.

Consumers and representatives said their end of life needs and preferences are recognised, and they are supported to be pain free. Staff described the way care delivery changes for consumers nearing end of life and ways to maximise a consumer’s comfort.

Consumers and representatives expressed confidence that changes in consumer care needs would be identified and addressed. Care planning documents demonstrated identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff explained how deterioration is discussed during handovers and assessed by clinical staff which may trigger a medical officer review, and review of care planning documents.

Care planning documents demonstrated progress notes, care and service plans and handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Management and staff said any change in consumer’s condition, needs or preferences are alerted on the electronic care planning system and clinical staff communicate changes during handover of shifts.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals. Care planning documents evidenced referrals to other health professionals such as physiotherapists, speech pathologists and geriatricians.

Consumers and representatives said they are satisfied with infection control practices. Staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, and manage any outbreaks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they feel supported to participate in activities they like and are provided with appropriate support to optimise their independence and quality of life. Staff provided further evidence that consumer needs, and preferences are considered when providing supports for daily living including, respecting consumers who prefer one-to-one activities over group activities. Staff explained what consumers like to do which aligned with care planning documents.

Consumers said their emotional, spiritual, and psychological needs are supported and when feeling low they feel comfortable talking to staff. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and support them to communicate with their families.

Consumers and representative said consumers are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships. Staff described how they facilitated communication between consumers and their friends and families during the recent COVID-19 service lockdown.

Consumers and representatives said information about consumers’ condition, needs and preferences is communicated within the organisation, and with others where responsibility of care is shared. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes.

Staff described referrals made to external organisations and specific consumers that were involved in each referral. Consumers’ care planning documents recorded the referral process and notes from each appointment by an external provider.

Consumers and representatives expressed satisfaction with the meals provided to consumers. Staff were aware of the dietary needs and preferences of consumers, and confirmed the menu is designed by a nutritionist with input from consumers. Staff were observed assisting consumers with meals and offering them choices.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 they find the service environment welcoming, and they have a sense of belonging at the service. Staff said consumers are encouraged to personalise their rooms. Consumers’ room were observed to be personalised with pictures.

Consumers said the service environment is clean and well maintained and they can move around freely both indoors and outdoors. Observations confirmed consumers can move freely, both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Furniture in communal areas was observed to be clean, in good condition, and frequently used by consumers. Cleaners were observed cleaning common areas, furniture, and high frequency touch points. Consumers’ walkers were kept within their reach in their rooms, and call bells were observed to be working.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt supported to provide feedback and make complaints. Staff described the different avenues for consumers to raise concerns. Feedback forms and a secure feedback box was observed throughout the service.

Consumers said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Information on advocacy and language services available to consumers was observed throughout the service. Management described information on advocacy services available to consumers in different languages for consumers with linguistically diverse backgrounds.

The service had a documented policy and procedure which guided staff in documenting, investigating, resolving, and evaluating feedback and complaints and applying an open disclosure process. Staff described examples of open disclosure used in practice. Consumers and representatives felt that the service responded to complaints appropriately.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and services. The service’s complaint registers and continuous improvement log demonstrated feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 did not have concerns with the staffing numbers and said staff are meeting the needs of the consumers. Staff said they are at times busy in the morning but have enough time to complete their daily tasks and did not report significant impact to the quality of care for consumers. Call bell response times were within the service’s target time of 10 minutes.

Consumers and representatives said staff are respectful, kind, and caring. Staff were observed interacting with consumers in a kind and respectful way. Staff demonstrated familiarity with each consumers’ individual needs, preferences, and identity.

Consumers and representatives felt staff are competent, and confident that they are skilled to meet their care needs. Management described the process to ensure that staff are suitable for, and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said there is annual mandatory training and online training resources for staff. Training records demonstrated staff have completed mandatory training.

Staff described how their performance is reviewed annually. Management described how they maintain regular assessment and monitoring of staff’s performance through performance review and a performance improvement plan.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 reported they are engaged in the development, delivery and evaluation of care and services through resident and relative meetings. Management described how consumers are engaged through a variety of ways including monthly consumer and representative meetings. Meeting minutes evidenced consumers are engaged and supported in providing input on service delivery.

Management described how the governing body is involved in the delivery of care and services via the clinical governance committee who provides reports to the management and the board. Documentation demonstrated the service conducts internal audits are completed against each of the Quality Standards to satisfy itself that the Quality Standards are being met.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management advised the service and the board monitor changes to legislative requirements through correspondence received from national peak bodies, external agencies, and regulatory bodies.

The service had a risk management system and practices that included high impact and high prevalent risks, abuse, or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described these systems and practices and how they apply to their day-to-day work.

The service had a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff described these frameworks systems and practices and how they apply to their day-to-day work.

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)