Performance

Report

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| Name of service: | Belmont Community Nursing Home |
| Service address: | 5 Kemp Place RIVERVALE WA 6103 |
| Commission ID: | 7859 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 November 2022 to 30 November 2022 |
| Performance report date: | 17 January 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 Belmont Community Nursing Home (**the service**) has been prepared by Grace 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; 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 assessment team’s report received 13 December 2022.
* 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 said staff respected and supported their choices. Staff explained how they supported individual consumer’s preferences and interests, such as using their preferred name. Care planning documentation included information about the consumer’s identity, culture and interests.

Consumers and representatives said culturally safe care was delivered. Staff explained how care delivery was tailored to consumers’ diverse cultural backgrounds. Cultural support plans included consumer’s background and cultural preferences to guide staff. Meals were provided in line with consumer’s cultural needs.

Consumers said they made decisions about their own care and who they wished to be involved. Staff demonstrated an understanding of consumer’s preferences and explained steps taken to accommodate their choices. Care planning documentation evidenced consumer’s consent and their family being actively involved in their care.

Staff identified consumers with risk assessments in place, explained how they followed assessments and supported them. Care planning documentation included completed risk assessments, consent and risk mitigation strategies for consumers who choose to take risks, reflecting consumers were supported to make informed risk-taking decisions. Observations showed documented risk mitigation strategies were used in practice.

Consumers said they were informed of what was happening at the service and had current information. Staff explained various ways accurate and timely information was provided, particularly to consumers with cognitive impairments. Monthly newsletters included information about activities, events and consumer meetings. Activity schedules were displayed throughout the service.

Consumers said their privacy was respected and expressed confidence in how their information was managed. Staff provided practical examples of how they respected and protected consumer’s privacy. Confidential agreements were signed by all staff. A courtesy sign in a consumer’s shared room was observed while staff delivered their personal care.

# 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 and satisfied with the assessment and planning processes. Staff described how they considered individual consumer risks through intake processes and multidisciplinary assessments. Care plans evidenced the use of relevant assessment tools. Staff were guided by clinical procedures for assessment and planning, from admission and on an ongoing basis.

Consumers and representatives said assessment and planning addressed their needs, goals, and preferences, including advance care and end of life (EOL) planning. Staff described how and when they approached EOL discussions with consumers and representatives. Care planning documentation included copies of advanced care directives.

Consumers and representatives said they were involved, in conjunction with other relevant providers, in the ongoing assessment, planning and review of their care. Clinical staff explained the processes and tools used to meet consumer needs. Observations and care plans showed collaboration with other individuals in relation to consumer’s assessment and planning.

Consumers and representatives said care outcomes were communicated to them, and they had access to their care plan. Staff described how case conferences were held with consumers and representatives to communicate outcomes. Individualised care plans were displayed and easily accessible on the back of each consumer’s door.

Consumers and representatives said they were advised of changes resulting from care plan reviews by the service. Staff explained how care plans were reviewed every 6 months, unless there was an incident or change in consumer’s condition. All care plans were reviewed and dated by a registered nurse in line with the service’s policy and procedure.

# 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 care and services provided. Restrictive practices were used in compliance with legislated requirements, with evidence of informed consent identified for all care plans reviewed. Care plans included assessments for pain management and skin integrity in line with the service’s clinical policies and procedures.

A consumer with high impact or high prevalent (HIHP) risks said his clinical needs were met by the service. Clinical staff explained the HIHP risk management process and how they identified individual consumer risks. Care plans had a range of assessments to identify and manage HIHP risks. Progress notes and photographs demonstrated improvements in consumer’s pressure injuries.

Consumers and representatives said the service asked them about their EOL needs, goals and preferences. Staff were guided by, and were able to describe, the advance care planning process and policy. Clinical staff explained the involvement of other health care professionals to maximise consumers’ comfort. Care planning documentation included copies of advanced care directives.

Consumers and representatives said they were notified of any changes in consumer’s condition by the service. Staff described the process for identifying, responding to and reporting signs of deterioration. Changes in consumer’s condition were reviewed and discussed in monthly clinical risk meetings, with outcomes documented in care plans.

Consumers and representatives said the service worked with them to ensure their needs and preferences were met. Staff explained how they were informed through handovers and the service’s electronic care management system (ECMS). Clinical staff said the ECMS was also accessible by others when the responsibility of care was shared. Care plans captured consumer’s condition, needs and preferences.

Consumers and representatives said they received timely and suitable referrals. Staff explained the referral process for external health professionals. Clinical staff provided practical examples of consumers receiving care from external providers. Care planning documentation evidenced referrals made to other organisations, specialists and medical officers to meet diverse consumer needs. Staff were guided by a procedure for referrals.

Consumers and representatives confirmed staff wore personal protective equipment, engaged in hand hygiene, and cleaned consumers’ rooms. Staff explained how they applied infection control procedures when working with consumers to minimise infection. Staff were guided a policy for infection control and antimicrobial stewardship. Staff were observed regularly washing their hands and using sanitising stations.

# 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 said they received safe and effective services which supported their daily living. Staff explained how they ensured group and individual activities met consumer’s varying needs and preferences. Individualised care plans showed which activities they liked. Observations showed consumers engaged in various activities throughout the Site Audit.

Consumers and representatives said their emotional, spiritual, and psychological needs were met by the service. Staff described how they supported consumers when they were feeling low. Care plans identified consumers’ religious background and spiritual needs. Consumers were observed being comforted by staff when they were upset.

Consumers said they enjoyed activities offered by the service. Staff described how they assisted consumers to participate in their community, engage with volunteers, maintain relationships of choice and engage in activities of interest. Monthly activity schedules were displayed, and consumers were observed socialising with each other and with visitors.

Consumers said staff were informed of any changes to their care needs or preferences. Staff described how information was communicated through handovers and the service’s ECMS. Review of care plans, and observations showed, updated information was easily and readily accessible by staff.

Consumers and representatives said they were happy with the referrals made to other individuals, organisations and providers. Staff explained the referrals process. Care planning documentation evidenced referrals made to external providers, including National Disability Insurance Scheme providers. Visiting support workers were observed spending time with consumers.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided. Staff explained how meals were ordered, stored, plated and presented to consumers. Care planning documentation included specific dietary requirements. Observations showed staff assisting consumers with their meals.

Consumers and representatives said equipment used was safe, suitable, clean, and well-maintained. Staff explained the cleaning and maintenance process. Sampled cleaning schedules were up to date. Equipment was observed to be clean and 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 said the service environment was comfortable and welcoming, and they felt free to do what they wanted. Staff explained how they supported consumer’s independence and made visitors feel welcome. Consumer doors had prints which were uniquely personalised and reflected dementia enabling principles of design. Consumers were observed enjoying various areas of the service.

Consumers said the service was safe, clean, well maintained, and they were able to move around freely. Staff described the cleaning and maintenance process, and documentation review confirmed it was up to date. The service environment was observed to be clean and tidy, with consumers moving freely inside and outside.

Consumers said furniture and equipment was clean, well maintained, and suitable for their needs. Care staff explained how they cleaned shared equipment and raised maintenance requests. Maintenance and cleaning records were up to date. Observations showed cleaning and general maintenance undertaken by staff.

# 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 raising concerns and making suggestions. Staff described, and documentation review confirmed, how they assisted consumers to complete feedback forms. Feedback forms and suggestion boxes were observed throughout the service.

Staff were guided by a feedback and complaints policy which required staff to support consumers to access language and advocacy services. Staff described how they communicated with consumers who spoke languages other than English. Brochures about external advocacy, interpreter and complaints services were displayed at the service in multiple languages.

Consumers and representatives said their feedback was heard and acted on by the service. Staff were guided by policies for open disclosure and complaints. Staff demonstrated an understanding of open disclosure. The complaints register showed complaints raised by consumers were responded to and resolved with an open disclosure approach.

Management provided practical examples of how consumer feedback was obtained and used to improve services and care provided. The Plan for Continuous Improvement reflected initiatives implemented by the service based on consumer feedback, such as purchasing presents for Father’s Day or amending the training and documentation processes for restrictive practices.

# 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 said staff responded promptly to their requests. Staff said there were sufficient team members working to deliver safe care and services. Management described how they filled vacant shifts. Rosters reflected sufficient staff with the required clinical and care skills to meet consumer needs. Staff were observed responding to call bells in less than 5 minutes on multiple occasions.

Consumers and representatives said staff were kind, caring and respectful of their identity and culture. Staff explained how they tailored interactions with consumers based on their needs, preferences and backgrounds. Training records showed that staff received cultural awareness training. Observations showed staff supporting consumers in a gentle and respectful manner.

Consumers and representatives were confident in the care provided by staff. Management described how they ensured staff competency through position descriptions and training programs. Staff records showed mandatory training completed, copies of staff qualifications, credentials and position descriptions. Handovers, where critical knowledge was shared amongst staff, were observed.

Management described various ways staff were trained and supported to deliver safe care, including buddy shifts and orientation program. Staff advised they felt supported and training provided was useful for their roles. The training matrix and orientation records confirmed all mandatory training modules were up to date and completed.

Management described how staff performance was assessed, monitored, and reviewed through supervision and appraisals. Staff records confirmed performance appraisals were up to date and conducted on a biennial basis. Management advised performance appraisals were used to identify additional training needs and future opportunities.

# 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

Management explained various ways consumer input was obtained to inform the delivery of care and services, including food focus meetings, consumer meetings and audits. Consumers and representatives confirmed they provided feedback or concerns at meetings. Documentation review confirmed actions taken by management based on audit findings.

The service had multiple governance reporting processes to ensure the governing body received information about consumers’ safety, quality, risk and satisfaction by. Information from the monthly management meeting was reported to the executive management team and the Board on a quarterly basis. Records reviewed indicated how the service monitored safety, inclusiveness and quality of services.

Management 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 had an effective ECMS, continuous improvement framework and action plan, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

Consumers said they were well supported by the service. Staff were guided by policies for incident management and Serious Incident Response Scheme (SIRS) reporting. Staff explained their responsibilities in relation to incident management. The clinical risk register, including HIHP risks, was reviewed monthly by a multidisciplinary team and executive management. Incident records included reporting requirements and incident data demonstrated improvement opportunities identified.

Staff were guided by a clinical governance framework and policies in relation to antimicrobial stewardship, the use of restraints and open disclosure. Staff described relevant processes regarding clinical governance. Care planning documentation was in line with legislative requirements. Incident records demonstrated SIRS reporting undertaken and an open disclosure approach applied.

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)