Performance

Report

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| Name: | Belmont Grange |
| Commission ID: | 3568 |
| Address: | 34 - 36 Church Street, GROVEDALE, Victoria, 3216 |
| Activity type: | Site Audit |
| Activity date: | 11 October 2023 to 13 October 2023 |
| Performance report date: | 30 November 2023 |
| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd  Service: 2315 Belmont Grange |

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 Grange (**the service**) has been prepared by K. Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 16 November 2023.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and their identity, culture, and diversity were valued. Staff described ways they treated consumers with respect when providing care, such as asking for consent, acknowledging their choices, and taking the time to understand their background and life history. A cultural diversity and safety policy outlined the service’s commitment to providing a safe, inclusive approach when providing care for each consumer.

Consumers considered their culture was valued by staff, and advised they received care in line with their cultural needs and preferences. Staff described how they provided culturally safe care and services, such as including cultural events in the lifestyle schedule. Care planning documentation identified cultural needs specific to consumers.

Consumers said they were supported to exercise choice and independence when making decisions about their care, including who should be involved. Consumers advised they were able to maintain relationships of choice, including intimate relationships. Staff described how they supported consumers to make choices about their care and services and communicate their decisions. Care planning documentation reflected consumers’ choices around the delivery of their care and services, who should be involved, and what support was required to help them maintain connections and relationships.

Consumers reflected they were supported to live life on their terms, even when this involved choosing to take risks. Management and staff advised that they respected the wishes of consumers to do things with an element of risk, and described how they supported consumers to make informed choices through risk assessments. Care planning documentation evidenced that risks were discussed and assessed, with risk mitigation strategies in place to support consumers in doing the things they wanted to do.

Consumers said they were provided information in various ways, such as printed information, verbal reminders, and email correspondence. Staff described how they communicated information in an easy to understand manner, including for consumers with communication barriers. Staff were observed communicating timely information in a way to support consumers’ individual needs and inform decisions.

Consumers considered their privacy was respected and did not have concerns about the confidentiality of their information. Staff explained how they respected consumers’ privacy and maintained the confidentiality of consumers’ personal information. Staff were observed respecting consumer privacy and following privacy protocols.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement (3)(a) not met, finding the service was unable to demonstrate consent was obtained for 2 consumers subject to chemical restraint, informed by the consumer or substitute decision maker understanding the risks and benefits associated with the use of restrictive practice. One consumer has a representative involved in decision-making processes, the other is under the care of the state trustee.

The Approved Provider’s response indicates they do not agree with the Assessment Team’s findings, providing the following supporting evidence by way of explanation, progress notes, and assessments relevant to my finding:

* The service demonstrated use of assessment processes to identify risks, and evidence within the Site Audit report did not demonstrate failure with assessment processes or risk identification.
* The psychotropic medications identified for the named consumers are not prescribed as chemical restraint but for diagnosed mental health symptoms and/or disorders. Furthermore, medications have not been used as chemical restraint, that is, administered in response to changed behaviours for either consumer.
* The representative for one of the named consumers has been consulted prior to any changes of medication, and informed the reason it had been prescribed ensuring it was clear this was not to alter or influence behaviour.

I have considered the balance of evidence before me and find Requirement 2(3)(a) compliant. The Approved Provider’s response to the Site Audit report provided clarifying information about the consumers’ comorbidities, and context around the use of the prescribed medications, including supporting evidence such as charting and progress notes. I have placed emphasis on the balancing evidence which demonstrated, overall, the consumers’ circumstances were assessed in respect to the principles required for restrictive practices. I acknowledge the Approved Provider’s position demonstrating understanding that consumers subject to chemical restraint require informed consent from the consumer or their substitute decision maker and further recognise the consultation processes for medication changes used with the representative for one of the named consumers is in line with best practice processes.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Consumers and representatives said, and care planning documentation evidenced assessment and planning identified and addressed consumers’ needs, goals, and preferences, including advance care and end of life planning. Staff described how consumers’ current preferences, needs, and goals were assessed and planned for. Guidance was available to support staff in the assessment and planning of palliative and end of life care.

Consumers and representatives advised they were involved in assessment and planning processes, including other providers of care and services. Staff described the systems to support and involve consumers, representatives, and others in the assessment and planning process, as reflected in policies and procedures.

Management and staff described how they communicated the outcomes of assessment and planning with consumers and representatives, for example, during meetings, telephone, and email correspondence. Management advised a copy of the care plan was offered to consumers and representatives. Consumers and representatives said they receive frequent updates on care and services, with clear and simple explanations of information about consumer care. Communication of assessment and planning outcomes with consumers and representatives was recorded within care planning documentation and progress notes.

Management and staff advised care and services were regularly reviewed on a 3 monthly basis or as needed, to determine if consumers’ needs, goals, and preferences were appropriately supported. Consumers and representatives said, and care planning documentation demonstrated care and services were reviewed regularly, including when circumstances changed or incidents occurred. The service has documents that guide staff in the review of care planning documents and post-incident procedures.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers’ received personal and clinical care that was safe and right for them and met their needs and preferences. Staff demonstrated an understanding of consumers’ care needs and described how they provided safe, effective care. Policies and procedures were in place to support best practice care.

Management and staff described how high-impact and/or high-prevalence risks associated with the care of consumers were managed. Documentation demonstrated high-impact, high-prevalence risks, such as falls, were recognised, responded to, and monitored, with strategies implemented to minimise risks.

Staff explained how they provided end of life care in a way that recognised and addressed consumers’ needs, goals, and preferences, and supported their comfort and dignity. For example, staff said they provided emotional support, and attended to personal care and pain management for consumers nearing end of life. The service had a palliative and end of life care procedure which outlined the programs and strategies in place to support consumers’ end of life pathway.

Staff explained how they identified and responded to signs of deterioration or changes in consumers, such as completing assessments, observations, and referrals to other providers of care and services. Consumers and representatives said, and documentation demonstrated deterioration or changes in consumers were recognised and responded to in a timely manner.

Management and staff described how they communicated information about consumers within the organisation and with others responsible for care, such as through care plan review meetings, referrals, and shift handover processes. Staff were observed sharing information about consumers as appropriate to support the delivery of care and services. Consumers and representatives interviewed said staff work together to meet consumer care needs and preferences, and that they do not have to repeat themselves when staff change over.

Consumers and representatives said referrals were completed in a timely and appropriate manner, as evidenced in care planning documentation. Management and staff explained how referrals were completed for various providers of care and services, such as allied health professionals. The service has documented referral procedures to ensure appropriate and timely referrals are made.

Staff described how they minimised and prevented infections, and outlined ways to promote appropriate antibiotic prescribing. For example, staff said they would obtain pathology results in conjunction with advice from the medical officer to ensure antibiotics were appropriate for the consumer. The service had infection prevention and control leads and an outbreak management plan to respond to and minimise infection related risks.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how they provided safe and effective care and services to support consumers’ daily living needs, goals, and preferences, ensuring consumers with differing cognitive and sensory abilities are assisted. For example, staff said the activities schedule was created by incorporating the interests of consumers and accommodating different needs and preferences. Consumers said they were supported to do activities of interest to them, and care planning documentation evidenced consumers’ received care and services which met their needs and preferences.

Consumers and representatives reflected that consumers’ emotional, spiritual, and psychological well-being was supported by access to services and supports. Staff described how they supported consumers’ well-being, such as providing emotional support and referring consumers to external services. Care planning documentation included activities and supports for emotional and spiritual well-being.

Consumers said they were supported to participate in their community within and outside the service environment, keep in touch with people important to them, and do things of interest. Staff described how they supported consumers’ social and community participation and interests. Care planning documentation contained information about consumers’ social and community connections and interests, consistent with feedback provided by consumers.

Consumers and representatives considered information about consumers was communicated within the service and with others. Staff described how information about consumers was shared within the service and with others responsible for care, for example, kitchen staff explained processes by which they are informed of changes to consumer dietary needs and preferences.

Consumers said they were referred to other providers of care and services as needed. Care planning documentation evidenced consumers were referred to other individuals, organisations, and providers to support their daily living needs. Management and staff described the various external services and supports available for consumers through the service’s referral pathway, such as religious services, volunteers, and psychological supports.

Overall, consumers and representatives considered meals were of satisfactory quality and quantity, with different options available. However, a small portion of consumers considered meals were not of suitable temperature and variety. In response, management provided clarifying information in relation to the meal temperatures, and described the actions being implemented to resolve consumer concerns. Staff described how they catered to consumers’ dietary requirements and preferences. In addition, staff said the menu was created in conjunction with consumers through feedback mechanisms, such as food focus groups. The menu was observed to offer various options, including catering for dietary requirements.

Consumers reflected they had access to suitable and clean equipment to help them with activities of daily living. Staff described the equipment maintenance and cleaning processes in place. Equipment was observed to be clean, in good condition, and suitable for consumers.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers considered the service environment was welcoming and easy to understand. Staff explained how they supported consumer belonging, such as encouraging consumers to personalise their rooms. Management and staff described features of the service environment to support consumers’ independence, interaction, and function. For example, management feedback and observations demonstrated there was sufficient lighting, signage, and maps to help consumers’ navigate around the service environment.

Staff described the systems and processes in place to maintain the safety and cleanliness of the service environment, and documentation demonstrated maintenance was completed in a timely manner and cleaning was undertaken per the schedule. Consumers were observed freely navigating between indoor and outdoor areas of the service environment.

Consumers advised equipment and fittings were clean and well maintained. Staff explained how the safety and cleanliness of equipment, such as cleaning mobility equipment on a daily basis. Documentation evidenced preventative and reactive maintenance was undertaken for furniture, fittings, and equipment. Furniture and equipment was observed to be clean and well maintained.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they were aware of how to provide feedback or make a complaint and were supported to do so. Management and staff described the processes to encourage and support consumers in providing feedback and complaints. Policies and procedures were in place to support and encourage consumers, representatives, and others in providing feedback and complaints.

Consumers said they were aware of advocates, language services, and other ways to raise and resolve complaints. Management and staff described the external advocacy and complaints resolution services available for consumers, and explained how they would support consumers to access these services. Information was observed throughout the service environment to inform consumers and others of their feedback and complaints options.

Consumers and representatives considered complaints were resolved in a timely and appropriate manner. Management and staff explained how they would respond to complaints or when things went wrong using an open disclosure response, and demonstrated knowledge of open disclosure principles. For example, staff said they would acknowledge the matter raised, provide an apology, and keep the affected parties updated throughout the investigation process.

Consumers considered feedback and complaints were reviewed and used to improve the quality of care and services and were able to provide examples of changes made resulting from feedback. Management described the processes in place to review feedback and complaints to inform improvements to care and services, for example, identifying trends from feedback forms and using this information to make improvements. Documentation demonstrated feedback and complaints were reviewed and used to inform improvements to care and services, such as improvements to the dining experience.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management described the workforce planning and management strategies in place to deliver safe, quality care and services. For example, management advised the staff roster was based on consumer occupancy and contingencies were in place to account for unplanned leave or emerging needs, such as legislative changes to care minutes. Staff considered staffing levels were sufficient to provide safe care and services, in line with consumers’ needs and preferences. Documentation demonstrated that overarching systems and processes were in place to plan, manage, and monitor the workforce. Staff were observed responding to consumers’ calls for assistance in a timely manner.

Consumers and representatives considered staff were kind, caring, and respectful, which aligned with observations. Policies, procedures, and guidelines established expected workplace behaviours of staff, to deliver care with respect to consumers’ identity, culture, and diversity.

Management described how they maintained oversight of staff competency, qualifications, and knowledge by hiring suitable staff through recruitment processes, and requiring staff to complete competency checks. Human resource documentation demonstrated staff had checks and registrations required for their respective role, consistent with requirements set out in position descriptions.

Management explained how workforce governance and recruitment strategies were used to determine the sufficiency of staffing allocations and identify improvements required. Management explained how staff were trained and equipped to perform their role. For example, new staff were paired with an experienced staff member, and training was provided which covered topics relevant to these standards. Staff reflected that they were supported to deliver the outcomes required by these standards.

Management advised staff performance was assessed, monitored, and reviewed during formal performance appraisals occurring on an annual basis and at other times when needed, and during informal feedback and review. Staff said they were supported by management during the performance review process and provided opportunities for improvement. Documentation demonstrated staff performance appraisals were up to date.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers described their involvement in the development, delivery, and evaluation of care and services. For example, a nominated consumer attended Board meetings to raise concerns and feedback on behalf of all consumers, and this involvement was evidenced in meeting minutes. Management said, and documentation demonstrated consumers and representatives were engaged in the development, delivery, and evaluation of care and services through various mechanisms such as: care plan reviews, consumer meetings, feedback and complaints processes, surveys, and direct feedback to staff and management.

Management described how the governing body maintained accountability and for the delivery of safe, quality care and services. For example, the Board maintained oversight of the service’s performance against the Quality Standards through quality reports, internal audits, and benchmarking, and used this information to inform improvements. Documentation demonstrated the governing body monitored the service’s performance to ensure delivery of safe, quality care and services.

Policies, procedures, and training supported effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, financial governance was supported by an annual budget, financial delegations and approvals, monitoring mechanisms, and established processes request additional funds.

Management and staff described how they identify, respond to, and mange high-impact or high-prevalence risks associated with the care of consumers, abuse and neglect, and incidents. Consumers were supported to live the best life they can, including doing things with an element of risk through risk assessment processes. Policies, procedures, training, tools, audit and review mechanisms, and an incident management system were in place to support effective risk management.

The clinical governance framework was supported by policies, procedures, guidelines and training relating to, but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described how the policies and procedures were applied to the delivery of clinical care and services.

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