Performance

Report

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| Name of service: | Belvedere Aged Care |
| Service address: | 41-43 Fintonia Road NOBLE PARK VIC 3174 |
| Commission ID: | 3600 |
| Approved provider: | Belvedere Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 April 2023 |
| Performance report date: | 21 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 Belvedere Aged Care (**the service**) has been prepared by L Glass, 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 Assessment Contact - Site; the Assessment Contact - Site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** **Organisational governance** | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

In relation to requirement 3(3)(b) this requirement was found non-compliant following an Assessment Contact - Site on 13 May 2022. The service did not demonstrate effective management of consumers identified with high impact and high prevalence risks. The Assessment Team found that effective care and management were not provided in relation to suprapubic catheter use resulting in poor drainage and blockages requiring more frequent changes to the drainage bag. Care plan review evidenced superseded interventions and outcomes of risk assessments resulting in conflicting information about consumers’ current needs.

The service has implemented several actions in response to the non-compliance as identified at an Assessment Contact - Site conducted on 13 May 2022.This includes a daily clinical handover that is also sent to management and identifying high-risk consumers within the last 24 hours; a daily debrief session to gain updates from staff in relation to changes in consumers’ needs including behaviour, nutrition, and other specialised nursing needs; assigning registered nurses to follow up the result of an audit conducted by an external service provider and implementing a review and update of care assessments and planning to reflect changes in consumers’ care needs and the requirement for nurses to sign and date the changes made; bi-monthly review of specialised nursing care plans to ensure ongoing management of care provided; Training records evidencing ongoing education and implemented an assessment and care planning review schedule including a bi-monthly resident of the day (ROD) review.

All consumers and representatives sampled indicated satisfaction with the effective identification and management of consumers’ risks including the implementation of strategies to mitigate risks. A review of 5 consumers’ files shows consumers’ high impact and high prevalence risks are identified and actioned. This includes consumers’ changed behaviours, falls, diabetes, oxygen therapy, catheter care, and other specialised care needs. Care documentation and feedback from clinical staff reflects risk mitigation strategies are planned and implemented to prevent and minimise consumers’ risks and incident reports are documented and investigated. Management and staff identified falls and changed behaviour as their high impact high prevalence risk incidents.

In relation to requirement 3(3)(g) this requirement was found non-compliant following an Assessment Contact - Site on 13 May 2022. The service did not demonstrate effective infection prevention and control practices in relation to minimising infection-related risks within the service. The Outbreak Management Plan did not reference the COVID-19 working folder that contains the work instructions, staff contact information and allocations. Staff were not having personal protective equipment (PPE) drills and ongoing competencies were not being monitored or assessed. The service also had low completion rates of education in infection prevention and control. Single-use items of PPE were being re-used by staff and incorrect disposal of face shields and masks was observed, as well as limited surface cleaning of high-touch areas. Health advisory signs were not displayed adequately throughout the service or advising people to stay home if symptomatic of COVID-19 or influenza.

The service has implemented several actions in response to the non-compliance identified at the Assessment Contact - Site on 13 May 2022 which have been effective. This includes scheduling of PPE use education and training sessions; improving mandatory PPE and infection prevention and control (IPC) training completion rates; having 3 staff members with IPC lead qualifications; implementing more signage to display throughout the service about correct donning/doffing protocols, cleaning of high touch surfaces and health advice to stay away if symptomatic of illness, as well as screening questions on entry; internal and third-party auditing to inform the effectiveness of the strategies being implemented to minimise infection related risks and incidents encouraging clinical staff to be informed and educated in antimicrobial stewardship.

During an Assessment Contact - Site on 5 April 2023, the service demonstrated staff and visitors are being effectively trained and monitored in areas of correct PPE donning and doffing protocols. Health advisory signage was observed in strategic locations throughout the service as well as the main entrance which had a well-supplied rapid antigen testing area, appropriate waste disposal and an attestation performed daily by staff and visitors. The infection control and outbreak management working folders have been reorganised and updated with a comprehensive working guide containing staff information and the allocation of roles and duties to be performed within set time frames.

Staff confirmed to the Assessment Team they understood standard contact precautions as well as transmission-based precautions and their responsibilities to prevent and control infection. Cleaning schedules were concise and up to date. The Assessment Team viewed documentation of training and increased environmental services during, and post, an outbreak. The addition of 2 staff in the role of IPC lead support the staff with training and education in infection control, as well as supervising safe hand hygiene practices.

I have considered the information and evidence outlined in the Assessment Team’s report and accept the recommendations. Actions outlined to address the previous non-compliance have been implemented effectively and systems and process are in place to embed systematic practices. I find that the service has demonstrated compliance with Requirements 3(3) (b) and 3(3) (g).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

All consumers and representatives interviewed expressed their confidence in how the service supports consumers to live the best life they can by effectively managing consumers’ risks including changed behaviour and falls. The service has risk management systems supported by clinical governance frameworks and updated policies and procedures. Documented reporting mechanisms are evident from the service level to the clinical governance committee level. Training records and feedback from staff and management demonstrated that education is provided for staff on the Serious Incident Response Scheme, incident reporting, and high impact high prevalence risk.

Management demonstrated how risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management, including the Board. There are specific process in place to identify consumers’ high impact, high prevalence risks including conducting regular weekly meetings with staff, receiving daily handover through e-mail correspondence, and attending the monthly manager and executive meetings. Weekly meetings are conducted to discuss any gaps that need to be addressed and to discuss, trend and analyse incidents and to identify risks. A review of documentation confirmed the service is identifying, managing, and reporting high impact or high prevalence risks and ensuring actions to minimise risks are implemented.

The service’s ‘Resident Risk Assessment/Agreement’ and feedback from staff and management interviews demonstrate how consumers are supported to live their best life by identifying and supporting what is important to the consumer. The Assessment Team reviewed risk assessments which reflect the identification of consumer risks and illustrate how consumers are supported to enjoy life with agreed interventions.

The service has a ‘risk register’ folder for consumer risk management policy and procedure that provides operational expectations for staff and provides guidelines for reducing consumer risk. An ‘incident reporting’ flow chart and procedure is available to guide staff and management in the appropriate management and escalation of incidents or injuries to prevent or reduce harm to consumers, staff, and visitors.

I have considered the information and evidence outlined in the Assessment Team’s report and accept the recommendation that effective risk management systems and practices are in place and the service has demonstrated ongoing compliance with this requirement. Consumers and representatives are confident the service supports consumers to live the best life they can by effectively managing consumers’ risks and staff and management have systems in place to trend, monitor, analyse and escalate high impact or high prevalence risks ensuring actions to minimise risks are implemented. Risk education is completed by staff. I therefore find the service is compliant with requirement 8(3) (d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)