Performance

Report

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| Name: | Belvedere Aged Care |
| Commission ID: | 3600 |
| Address: | 41-43 Fintonia Road, NOBLE PARK, Victoria, 3174 |
| Activity type: | Site Audit |
| Activity date: | 22 November 2023 to 24 November 2023 |
| Performance report date: | 21 December 2023 |
| Service included in this assessment: | Provider: 2976 Belvedere Aged Care Pty Ltd  Service: 2345 Belvedere Aged Care |

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 A. Douglas, 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 Approved Provider’s responses to the Assessment Team’s report, received on 19 December 2023
* 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 and representatives said staff valued consumers’ diversity and treated them with dignity and respect. Staff were knowledgeable of consumers’ life histories and cultural backgrounds. Care documentation reflected consumers’ lives prior to entering the service and included tailored information regarding consumers’ preferences, identity, and cultural practices.

Consumers confirmed staff understood consumers’ cultural needs and preferences. Staff demonstrated a shared understanding of the cultural needs and preferences of consumers, and outlined how they ensured the preferences of each consumer was respected. The activity schedule included culturally-specific activities.

Consumers said they were supported to make choices regarding their care and services and those involved. Staff were knowledgeable of consumers’ choices, encouraged independence, and supported relationships consumers’ chose to maintain. Consumers were observed spending time with visiting family and with other consumers.

Consumers and representatives said the service supported consumers to take risks and demonstrated an awareness of the risks associated with their decisions. Care plans reflected relevant risks to consumers and mitigation strategies. Staff described risks relevant to consumers.

Consumers and representatives confirmed they were kept informed of care and services through printed information, verbal reminders, and correspondence via emails and telephone calls. Staff described the various ways information was delivered to consumers, including those with cognitive impairments.

Consumers and representatives said the service respected their privacy and maintained their personal and confidential information. Staff described how they maintained a consumer’s privacy and dignity when providing care. Staff were observed conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Most consumers and representatives confirmed their involvement in assessment and planning to inform tailored care and services. Staff were knowledgeable of individual care needs and managing risks aligned to consumer needs. Care planning documentation mostly evidenced the assessment and planning process considered risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services.

Care documentation described consumers’ needs, goals and preferences, including those relating to advance care planning and end of life (EOL) wishes. Most consumers and representatives were satisfied with their involvement in assessment and planning processes. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Care planning documentation reflected the inclusion of multiple health disciplines and services in consumer assessment and planning. Consumers and representatives mostly confirmed they were involved in the assessment and planning process. Management and staff outlined how the service worked in partnership with external providers of care and services to meet each consumer’s needs.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans. Management and staff outlined how they effectively communicated the outcomes of assessment and planning to consumers and representatives. The service utilised a paper-based care planning system to document, record and communicate the outcomes of assessment and planning.

Care planning documentation confirmed care plans were reviewed every 2 months, when consumers’ circumstances changed, or when incidents occurred. The service’s assessment and care planning policy outlined care plan reviews were to be conducted every 2 months, or earlier if changes had occurred. Consumers and representatives confirmed the consumers’ care and services were regularly reviewed.

# 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 said they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of the delivery of best practice care in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reflected comprehensive care plans which were individualised, safe, effective, and tailored to the consumer’s needs.

Consumers said the care provided was safe and confirmed risks were assessed, explained, and managed well. Management described analysing clinical indicators to identify prevalent risks and implement care strategies. Care documentation reflected appropriate risk assessments and interventions tailored to consumer need, including involvement by allied health professionals.

Staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing EOL. The service had policies and procedures which outlined the palliative care process and guided staff practice. Consumers and representatives expressed satisfaction with the provision of EOL care.

Care documents evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Consumers and representatives said staff were responsive to consumers’ needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs. Staff described how changes in consumers’ care and services were communicated in progress notes and at handover, including the identification of consumers whose condition had deteriorated.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and external providers of care. Staff were knowledgeable of signs of deterioration and care documentation evidenced their prompt response to changes in a consumer’s condition. Care planning documentation provided adequate information to support the effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals were timely and appropriate, and confirmed they had access to a range of health professionals. Staff described the process for referring consumers to health care professionals and how this informed the care and services provided to consumers. Management and clinical staff described how care at the service was supplemented by other providers of care and services. Care documents and progress notes showed the timely involvement of medical officers (MO), allied health professionals and other providers of care, where needed.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. Staff were observed to use the hand sanitisation stations that were accessible throughout the service.

# 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 confirmed consumers received safe and effective services and supports for daily living which met the consumer’s needs, goals, and preferences. Care documents included information regarding the services of importance to consumers, and their preferred activities to optimise their independence, quality of life, health and well-being. Consumers were observed actively engaging in activities occurring throughout the duration of the Site Audit.

Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers. Consumers and representatives confirmed consumers were supported when they were feeling low, and described how the service promoted their emotional, spiritual, and psychological well-being. Staff demonstrated an understanding of consumers’ emotional, psychological and spiritual well-being, and provided examples how they met these needs.

Overall, consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers were observed maintaining social relationships within and outside of the service. Care planning documentation identified the consumer’s individual choices regarding when care was delivered and who was involved in their care.

Consumers and representatives felt staff were well informed about consumers’ needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff had access to the service’s documentation which contained information regarding consumers’ care needs and preferences and service delivery requirements.

Consumers confirmed they were referred to providers of other care and services when required. Care planning documentation included appropriate referrals to external providers of care and services. Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives mostly indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified information regarding consumers’ dietary needs and preferences. Staff demonstrated an understanding of consumers’ specific dietary requirements and preferences, and outlined how they accommodated these needs.

Staff advised they had access to the required equipment, and described how faulty or damaged equipment was replaced. Consumers advised they felt safe when using the service’s equipment, and confirmed equipment was kept clean. A range of mobility equipment and equipment for activities of daily living were observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed the service environment was welcoming and easy to understand. Management and staff described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction and function. Consumers were observed having warm and welcoming interactions with staff, and engaging in conversations with other consumers and visitors.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Maintenance staff provided the preventative maintenance schedule and outlined the process for arranging any building or equipment repairs. Staff were observed cleaning the communal areas and consumers’ rooms throughout the duration of the Site Audit.

Staff described their responsibilities for the cleaning and maintenance of personal equipment, furniture and fittings within the service. Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumer use. Representatives confirmed the furniture at the service was 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

Consumers and representatives said they were comfortable providing feedback or making a complaint and knew the relevant processes. Staff described avenues available to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Information regarding how to make a complaint or provide feedback was observed on display around the service.

Consumers and representatives were made aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Information regarding internal and external complaints, feedback processes and advocacy services was displayed on noticeboards and brochures in communal areas.

Most consumers and representatives said management promptly addressed and resolved their concerns after lodging a complaint, or when an incident had occurred. Staff demonstrated an understanding of open disclosure and described providing an apology and implementing actions to prevent recurrence of the incident or complaint.

Overall, consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed to improve the quality of care and services. Most feedback and complaints were trended, analysed, and used to improve the quality of care and services. The service’s plan for continuous improvement (PCI) included entries obtained from various sources such as feedback and complaints, consumer meetings, and internal audits.

# 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 and representatives were mostly satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Staff advised they were satisfied with staffing levels, and indicated they had the necessary time to complete their duties. A review of the service’s roster and call bell response times evidenced the service had adequate staffing levels to meet the needs of consumers.

The service had a range of policies and procedures to guide staff to deliver care and services in a respectful, kind and consumer-centred manner. Consumers and representatives confirmed staff engaged with consumers in a kind, caring, gentle and respectful manner. Staff outlined how they respected consumers, including following their preferences and requesting their consent prior to providing care.

Management confirmed the service had a comprehensive education program which provided staff with training during their induction and on an ongoing basis. Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The service demonstrated evidenced all staff had the appropriate registrations to perform their respective roles.

Consumers and representatives mostly confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management described how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards. Staff felt they were adequately trained, equipped and supported to deliver safe and effective care to consumers.

Staff demonstrated an understanding of the performance review process which included discussions with management regarding their performance. A review of the performance appraisals register evidenced all staff were up to date with their performance appraisals. Management advised performance appraisals were conducted on an annual basis and monitored by a paper-based register.

# 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

The service demonstrated the development, delivery, and evaluation of care was made in consultation with consumers. Overall, consumers and representatives said the service was run well, and they were mostly satisfied with their level of engagement. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

Management outlined the service’s organisation structure and reporting responsibilities which supported the accountability of the governing body to promote safe and quality care and services. Management advised the service utilised an analysis of audits and data to inform reporting to the governing body and drive continuous improvement across the service. The service had an internal improvement audit program to support the governing body, management and staff to promote safe, inclusive and quality care and services.

Management and staff 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 communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service had a risk management system, with supporting policies and procedures. Staff received training regarding elder abuse and risk management procedures, including managing and reporting incidents. Staff described how they managed high impact and high prevalence risks and supported consumers to live their best lives.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)