Performance

Report

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| Name of service: | Performance report date: |
| Benetas Broughton Hall | 16 September 2022 |
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| Approved provider: | Activity date: |
| Anglican Aged Care Services Group | 22 August 2022 to 25 August 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Benetas Broughton Hall (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 response to the site audit report, received 13 September 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 | | Compliant |
| 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 felt staff treated consumers with dignity and respect and they felt valued as individuals. Care planning documentation outlined consumers’ backgrounds and their personal preferences.

Consumers and representatives confirmed the service recognised and respected their cultural background and provided care that was consistent with their cultural traditions and preferences. The Assessment Team observed information regarding interpreting services on display throughout the service.

Care planning documentation identified consumers’ individual choices concerning the delivery of care, who was involved in their care and how the service supported them to maintain relationships of importance. Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships.

Staff demonstrated an awareness of activities that included an element of risk to consumers and described the strategies in place to mitigate these risks. Consumers described the ways the service supported them to take risks to enable them to live the best lives possible.

Consumers advised they were provided with information which assisted them to make choices about their care and services. Management and staff described the various ways the service provided information to consumers regarding their care and services, which enabled them to exercise choice.

Staff outlined the practical ways they respected the personal privacy of consumers, such as knocking on consumers’ doors prior to entry and closing their doors during the provision of care. Consumers felt their privacy was respected, and personal information was kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The service demonstrated its assessment and planning processes considered risks to each consumer’s health and wellbeing, and informed the delivery of safe and effective care and services. Staff outlined the assessment and care planning process, and how it informed the delivery of care and services.

Consumers and representatives advised staff involve them in the assessment and planning process through regular conversations with clinical staff and management during the admission and care plan review process. Staff described how the service ensured the assessment and planning process reflected consumers' current preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, input was sought from health professionals. Staff described the importance of consumer-centred care planning and explained how they actively collaborated with consumers, representatives and other providers of care to ensure consumers were provided with quality care.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they were able to access consumer care plans upon request. The Assessment Team reviewed the assessment, care planning and evaluation policy, which stated consumers and representatives were partners in care and the outcomes of care would be communicated to them.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers circumstances changed, or incidents occurred. Management and staff described the care plan review process.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation demonstrated care was safe, effective and tailored to the specific needs and preferences of the consumer.

The service demonstrated high impact or high prevalence risks were effectively managed through regular clinical data monitoring, trending, reporting and the implementation of individualised risk mitigation strategies. Care planning documentation for consumers showed the identification of high impact or high prevalence risks and strategies in place to mitigate these risks.

Staff described the way care was provided to consumers who were palliating and the practical ways staff ensured the comfort of consumers. Consumers and representatives expressed satisfaction with the service’s approach to managing palliative care and supporting family visitation.

Consumers and representatives indicated the service recognised and responded to changes in condition in an appropriate and timely manner. Staff described how deterioration or changes to a consumer’s well-being was recognised, responded to, documented and monitored at the service. This information aligned with the service's policy on identifying and responding to clinical deterioration.

Care planning and handover documentation included information which demonstrated effective and appropriate sharing of information occurred across the service to support consumers’ care needs. Consumers and representatives advised consumers’ care needs and preferences were effectively communicated between staff across the service.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Management and clinical staff described how care at the service was supplemented by other providers of care, which aligned with the service's allied health referral policy.

The service has documented policies and procedures which supported the minimisation of infection related risks, including a COVID-19 outbreak management plan. Staff demonstrated a shared understanding of key infection control practices, and indicated these topics were a part of mandatory education for all staff.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers; this information was consistent with care planning documentation.

Consumers advised their emotional, spiritual and psychological needs were supported, and they were able to stay in touch with friends and family members. Staff described how consumers received support for their emotional and spiritual needs; this was achieved through one-to-one support, weekly church services and through conversations with the pastor.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside the organisation's service environment, have social and personal relationships and do the things of interest to them.

Consumers and representatives stated their needs and preferences were well communicated. Staff described the various ways they shared information and were kept informed of consumers’ conditions, needs and preferences.

Care planning documentation showed referrals to other organisations and providers of care and services. Consumers indicated they were supported by other organisations, support services and providers of other care and services.

Consumers advised they were satisfied with the quality and quantity of the meals provided by the service and were confident they would receive a different meal upon request. Staff advised updated dietary assessments for consumers were kept in the kitchen and noted consumers’ dietary needs, preferences and allergies.

Staff reported they had access to the required equipment to support consumers in their daily activities and equipment was well-maintained and kept clean. Management advised the service had a range of equipment to support lifestyle activities, and the service was able to purchase additional equipment as necessary.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 advised the service environment was welcoming and allowed for accessibility throughout the service, which enhanced their sense of belonging. The Assessment Team observed consumers regularly using communal areas and noted signage and handrails, which assisted consumers and visitors to access different areas of the service.

A review of the service’s preventative maintenance register showed the completion of all scheduled maintenance. Consumers and representatives advised they were highly satisfied with the cleanliness and maintenance of the service.

The Assessment Team observed the furniture, fittings and equipment at the service were safe, clean, well-maintained and suitable for use. Staff advised they regularly cleaned and sanitised consumer’s personal mobility aids and reported any repairs and hazards to maintenance staff.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives felt safe and supported to provide feedback or raise concerns with staff and management. Management and staff described the processes in place to encourage and support feedback and complaints.

Consumers and representatives were aware they had access to advocates, language services and other methods for raising and resolving complaints. Management described the information and brochures available in different languages for consumers with linguistically diverse backgrounds, along with information on display within the service regarding advocacy supports.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff utilised an open disclosure process when dealing with complaints. Staff demonstrated a shared understanding of the open disclosure process and described how they applied these principles in practice.

Management advised how feedback and complaints were trended and analysed regularly each month and how this information was used to inform continuous improvement as required. The service demonstrated a system and procedures for receiving, monitoring, and actioning feedback from consumers and their representatives.

**Standard 7**

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| Human resources | | Compliant |
| 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

The service demonstrated it had adequate staffing levels and mixes to meet the needs of the consumers. A review of monthly call bell report data for July 2022 showed an average response time of two minutes.

Consumers and representatives advised workforce interactions were kind, gentle and caring, and this feedback was consistent with observations made by the Assessment Team. The service had a range of policies and procedures which guided staff practice and outlined care and services were to be delivered using a person-centred approach.

Consumers and representatives indicated staff performed their duties effectively, and were confident staff were skilled to meet their care needs. A review of position descriptions showed the inclusion of key competency and qualification descriptions that were either desired or essential for each role, and staff were required to have relevant qualifications.

Staff advised the service provided mandatory and supplementary training to support them to provide quality care. The Assessment Team observed that over 80% of staff at the service had completed the annual mandatory training refreshers with eleven staff members overdue. Management provided evidence of email communication provided to the staff members who were overdue by two weeks, requesting they complete the training as soon as possible.

Staff described and recalled their most recent performance appraisal and confirmed appraisals occurred on an annual basis. Management advised the performance appraisal process included reviewing job expectations and the service’s values.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers were engaged in the development, delivery and evaluation of care and services through feedback forms, the service’s monthly internal audit program, consumer meetings and conversations with staff and management. Management advised the wider organisation had a community participation register, which was a new program that commenced in February 2022, where a group of representatives were involved in the development and evaluation of organisation-wide processes.

The service demonstrated the organisation was governed by a board that promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management advised the clinical manager provided a clinical indicator report to the quality team, who then reported any trends, concerns and significant incidents to the board.

There were organisation wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best lives they could and managing and preventing incidents through the use of an incident management system. Staff confirmed they had access to, and had been trained on, the service’s risk management systems.

The service demonstrated a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management advised the service minimised the use of restrictive practices by using non-pharmacological interventions or alternative methods before using any form of restraint.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)