Performance

Report

**1800 951 822**

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| Name of service: | Benetas Colton Close |
| Service address: | 1-19 York Street GLENROY VIC 3046 |
| Commission ID: | 4324 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Site Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 9 March 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 Benetas Colton Close (**the service**) has been prepared by K. Spurrell, 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.
* 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 so as 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

Staff treated consumers with dignity and respect, and demonstrated knowledge of consumers’ preferences. Consumers said staff treated them with respect and dignity, and that staff valued their culture and diversity. They said staff were kind, friendly, respectful, and helpful. The Service had documents and processes outlining consumers’ rights to privacy, respect, dignity, and confidentiality. The service’s consumer handbook contained information about advocacy organisations, interpreter services and spiritual services. Care documents contained information about consumers’ preferences.

Consumers said staff respected their culture, values, and diversity and that they tailored care to individual consumers’ needs. Staff knew which consumers were from diverse backgrounds and how to deliver care to those consumers respectfully. Care documents reflected consumers' cultural needs and preferences. The service had policies and procedures to inform and guide its staff in how to maintain consumers’ dignity.

Consumers said the service supported them to exercise and communicate their care preferences. They said staff respect their choices, such as whether they wished to involve representatives in their care, and how often they preferred to communicate with others about their care. Staff knew how to assist consumers to achieve their goals.

Consumers said the service supported them to take risks and live their best lives. Staff knew how to support consumers who wanted to take risks, including by helping consumers to understand the benefits and possible harm when making decisions about risks. The Service maintained dignity of risk forms and records of discussions between staff and consumers about risks.

Consumers said the service communicated with them and encouraged them to participate in decisions about their care and lifestyle, including through assessment and care plan consultations, consumer and representative meeting forums, newsletters, and lifestyle calendar activities. Representatives said management gave them up-to-date information. Staff adapted the way they communicated to suit individual consumers. The service kept copies of newsletters and minutes in information trays throughout the service, for consumers to read as they preferred. The service displayed its menu and activities calendar in the various dining areas around the facility.

Consumers said the service kept their information confidential. Staff preserved consumers’ privacy and dignity by:

* ensuring doors and curtains were closed when providing personal care
* keeping computers locked using password protection
* knocking on bedroom doors and waiting for a response before entering
* locking consumers files in cabinets
* using various other measures as appropriate.

# Standard 2

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

Findings

Consumers said the service involved them in assessing and planning their care and that their care was right for them. The service assessed individual consumer’s risks and used this information to ensure its care was safe and effective. Care documents showed staff had identified individual consumer’s risks, including risks connected with falls, pressure injuries and behaviours, and that staff had devised strategies to manage those risks. The service had a ‘resident of the day’ care plan review process, where it focused on reviewing a single consumers’ care plan each day. During the resident of the day reviews, a staff member engaged consumers specifically about how to improve care at the service. Staff knew which consumers preferred to take on risks, and how to support those consumers to manage their risks as safely as possible. Staff information aligned with the content of consumers’ care plans.

Consumers said staff were aware of and supported consumers’ needs, including by discussing and documenting their preferences for end of life care. Staff knew the needs and preferences of consumers, and their information aligned with the content of consumers’ care documents. The service’s electronic care management system had an alert function to help communicate important information about consumers’ preferences, including their preferences for resuscitation. Staff recorded consumers’ individual preferences in assessment and care documents.

Consumers said they contribute to the care planning process through formal conversations and by providing regular feedback. Care documents showed multiple health providers were involved in assessments, including dietitians, speech pathologists, medical officers, physiotherapists and geriatricians.

The service engaged consumers about their assessments, planning and care. Staff used handovers and the service’s electronic care management system to communicate care information among themselves. Consumers said the Service offered them a copy of their care plan. Care documents showed that staff communicated with consumers and their representatives.

Consumers said staff regularly reviewed their care and sought feedback about their preferences. Representatives said the service informed them when consumers’ care changed. Staff said they communicate with consumers during regular reviews. When an incident occurs, staff communicated with consumers’ representatives about the incident and interventions they used. Care documents showed the service reviewed consumers’ care every three months.

# 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 personal and clinical care that was safe and right for them, and which optimised their health and wellbeing. Care staff consulted senior clinical staff for guidance about best practice care or when a consumer’s care needs changed. The service had a suite of systems and processes to guide staff in managing falls, pain, skin integrity and psychotropic medication. Consumers’ care documents reflected care that was safe, effective, and tailored to their specific needs.

Consumers said the Service managed their high-impact, high-prevalence risks effectively, including risks related to falls, weight loss, skin integrity and pain. Staff knew individual consumer’s risks, and strategies to mitigate them. The service had policies and procedures about falls prevention, medication management, nutrition, hydration, pain management, weight management, and wound care. Care documents showed that staff identified high-impact, high-prevalence risks, and had planned interventions to manage them.

Care documents showed the service preserved the dignity of palliating consumers and provided care to them according to their preferences. Staff knew how to provide care in line with consumers’ end-of-life preferences, including by providing pressure area care, personal care, mouth care and managing symptoms. Care documents showed the service also used external palliative care providers to support palliating consumers. The Service had procedures and practice standards to guide staff providing palliative care. Care documents showed that staff responded promptly to deterioration, involved representatives regularly, managed consumers’ symptoms and delivered effective palliative care.

Consumers said staff recognised and reported changes in consumers’ health. They said staff responded promptly when consumers experienced a fall or felt unwell. The service had clear processes for escalating changes in consumers’ health, and procedural documents to guide staff if a consumer deteriorated. The service also maintained a flow chart on responding to clinical incidents or emergencies, which it regularly reviewed and made available on the service’s intranet. The service monitored for changes in consumers’ conditions using handovers, progress notes, scheduled reviews, incident reports and clinical charting.

Consumers said staff understood their care needs and they were confident staff shared information with others involved in their care. Staff and external organisations recorded information in consumers’ care documents about the consumers’ condition, treatment, upcoming appointments and relevant care interventions. Staff documented information in the Service’s electronic care management system, and communicated it during handovers, and through the system’s digital messaging application. Staff attended shift handovers prior to the start of their shift, to receive briefings about care priorities. The service used a shared handover sheet to document all consumer updates over 24 hours.

Consumers said they had access to the service’s Medical Officer, contracted allied health providers and external health organisations when required. Care documents showed staff had made referrals to a range of services and external providers. Physiotherapists were on site 4 days a week and responded to consumer needs as they arose.

Consumers said the service effectively minimised infection-related risks. Clinical staff performed diagnostic testing prior to commencing antibiotics, and they encouraged consumers to drink fluids to help manage UTIs. The service had procedural documents that guided staff on infection prevention and control. This included a concise COVID-19 outbreak management plan that involved screening staff and visitors prior to entry to the service and cleaning high-touch-point areas.

# 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 said their supports for daily living met their needs, goals, and preferences. The Service’s laundry received, labelled, washed and dried consumers’ clothes and delivered them to consumers’ rooms. Staff knew what activities consumers liked to do and care documents were consistent with staff information. Care documents showed what activities consumers liked, and strategies for optimising their quality of life, health, well-being, and independence.

Consumers said the service supported their emotional, spiritual, and psychological well-being, and that service staff organised emotional support within and outside of the service. The pastoral care team delivered religious services for consumers, and provided emotional, psychological and spiritual support. Care documents contained information about consumers’ emotional, spiritual and psychological preferences, and support strategies for staff to use during care.

Consumers said staff supported them to participate in activities both within and outside the Service, and that they could express their personal interests. Staff knew how to support consumers to do things that interested them. Care documents showed information about the activities that interested consumers, and the people important to them. During the site audit, consumers sat and chatted in communal areas, lifestyle staff provided one-on-one support, and entertainers performed on site.

Consumers said service staff communicated effectively among themselves about the consumers’ care needs. Care staff said the handover process kept them informed about evolving circumstances within the service. Lifestyle staff engaged with other staff to remain informed about consumers’ conditions. Care documents contained information about consumers’ conditions, needs and preferences, and staff could access these via the service’s electronic care management system.

Staff referred consumers to other providers promptly and appropriately. Consumers said they were confident staff would refer them to an appropriate provider if required. The service engaged external service providers to offer non-standard activities to consumers and care documents showed evidence of this.

Most consumers said the meals were varied, sufficient and good quality. Staff knew individual consumers’ preferences and dietary requirements. During the site audit, they served meals according to consumers’ preferences, and assisted consumers to dine. Staff planned the service’s menu using consumer feedback and by considering consumers’ dietary preferences, which staff had recorded in consumers’ care plans.

Consumers said they felt safe, and as though the service was home. They said the equipment was clean, suitable, and well-maintained. Maintenance staff completed equipment repairs promptly and satisfactorily, and consumers and staff said they felt comfortable raising maintenance items. The service stored shared equipment in designated areas, and staff cleaned it before and after use. Staff used shared equipment safely and hygienically. Maintenance documents showed staff carried out proactive and reactive maintenance.

# 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

The service environment was welcoming, with ample natural light and sufficiently lit corridors. It consisted of 2 large dining areas and multiple outdoor garden areas. Consumers said it was easy to navigate the facility and that they were free to access most areas. Staff assisted consumers to mobilise and supported them to go where they wanted. The service had floor plans and signage to support consumers and others to navigate the facility. The service gave consumers the opportunity to provide feedback about its environment at meetings and using feedback forms.

Consumers said the service environment was safe, clean, well-maintained and comfortable. The service had a process for reporting safety issues, which included an online system. The service’s maintenance officer inspected the service each day to identify any potential maintenance concerns. During the site visit, doors were unlocked, and consumers were supported to move as they wished. The service environment was well-maintained, and a comfortable temperature throughout.

Furniture, fittings, and equipment were safe, clean, well-maintained, and suitable. Consumers echoed this, saying the service’s equipment was well-maintained, safe and clean. The call bell system worked effectively, and staff responded to call-bell activations promptly. Maintenance staff carried out preventative maintenance according to pre-defined schedules, and corrective maintenance as needed. During the Site Audit, maintenance staff checked, cleaned, and repaired equipment.

# 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 said staff supported them to provide feedback and make complaints, and that they felt comfortable doing so. Staff knew how to support consumers to make complaints. The service had various channels available for consumers and their representatives to provide feedback, including verbally, through feedback forms, emails, telephone calls, emails or online. The service displayed posters throughout the facility about internal and external complaints services.

Consumers said they felt comfortable raising concerns directly with the service and had not needed to seek out external advocacy services. They said management responded well to feedback. The service had arrangements with third-party advocacy and language services and staff knew how to access information about those services. The service displayed brochures and posters about advocacy services throughout the facility. Staff and consumer handbooks included information about open disclosure, complaints services, and translation support services.

Consumers said the service responded appropriately to their feedback. They said the service notified them when an incident occurred, and it apologised and communicated well when things went wrong. Staff said they actioned feedback at daily handover meetings, team meetings, staff meetings, and meetings with consumers and their representatives. Management and staff knew the principles of open disclosure and how to apply them following incidents or when addressing feedback. A review of the feedback register and incident reports showed that staff used open disclosure, and that management investigated complaints as per the service’s complaints and feedback procedure.

Consumers said the service had used feedback and complaints to improve its care. Staff corroborated this, citing specific examples. Management analysed aggregated feedback, complaints and incidents data for trends, and used this analysis to improve the quality of the service’s care.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said staff occasionally seemed rushed, but this had not affected their care. Staff said they needed at least one more care staff member per floor to support them and that they worked as a team to get the work done. Management said that, as at the Site Audit, it was actively recruiting for new staff. It said that, in the event of unplanned staff absences, it seeks to fill positions from the service’s pool of casual staff. It also said it uses staff from its sister service, and from external agencies, to fill shifts.

Staff interacted with consumers in a kind, caring manner, and respected each consumer's identity, culture, and diversity. Consumers said staff treated them with dignity and respect and that staff were caring and considerate. The service’s policies, resources and training encouraged staff to respect consumers and maintain their dignity.

Staff were competent and had the qualifications to perform their roles effectively. The service kept relevant employment documents on record, including clearance from the National Disability Insurance Scheme and police organisations, statutory declarations, vaccination certificates, and certificates establishing the right to work in Australia. Consumers said staff were competent and had the required skills to perform their duties. Management monitored staff accreditations, and ensured staff met the minimum qualification and registration requirements for their roles.

Consumers said staff had the necessary knowledge, training and skills to perform their work. Staff said the service provided regular training, and that the training supported them to deliver quality care to consumers. The service delivered orientation training, annual mandatory training and other modules, such as on medication, manual handling, fire and evacuation, and infection control practices.

The service regularly assessed, monitored, and reviewed the performance of its workforce. It had a performance appraisal process and was able to provide examples of performance appraisals completed prior to the Site Audit. Staff confirmed they had completed performance appraisals.

# 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

Consumers said the service was well run, that staff informed them of changes, and that they felt comfortable speaking to management about issues. Management engaged consumers about their care and asked for suggestions about how to improve the service.

Consumers said they felt safe at the service and that the service environment was inclusive and welcoming. Staff said the service promoted and maintained a culture of care that was safe and documents showed the service had an appropriate policy framework to support a culture of safe and inclusive care.

The service had effective systems to govern information management, continuous improvement, finances, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff members said the service’s information management system was effective. Management described how the Board maintained effective oversight through structured organisational reporting and a management framework.

The service had risk management systems to monitor and assess high-impact, high-prevalence risks associated with consumers’ care. Staff identified, reported and escalated risks, which management then reviewed at the service level, and at the corporate level. Management said it analysed incident data to identify trends. Various committees reviewed the reported risks, including the clinical governance committee, staff within the service’s quality review and My Aged Care meetings, and the Approved Provider’s Board.

The service had a clinical governance framework, and systems to minimise restrictive practice and promote safe, high-quality clinical care, anti-microbial stewardship, and open disclosure. Clinical staff said the service's clinical governance framework was effective. They said the service trained them in its clinical governance systems. The service presented policies, procedures and other tools supporting effective clinical governance.

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