Performance

Report

**1800 951 822**

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| Name of service: | Benetas Corowa Court |
| Service address: | 752 Esplanade MORNINGTON VIC 3931 |
| Commission ID: | 3132 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Site Audit |
| Activity date: | 12 October 2022 to 14 October 2022 |
| Performance report date: | 21 December 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 Corowa Court (**the service**) has been prepared by James Howard, 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 conducted from 12 October 2022 to 14 October 2022; 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 on 10 November 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Requirement 7(3)(a)* – Ensure 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.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff were kind, compassionate, caring, friendly and always respectful. Staff showed respect to consumers by using their preferred names and ensured privacy when providing care. Staff were supported through mandatory training which addressed treating consumers with dignity, respect and valuing peoples’ identities and cultures. Consumers’ cultural needs were identified at admission and recorded in their care plans. Consumers’ spiritual needs were met by attending the service’s worship centre which all consumers could access for prayer and pastoral care.

Consumers said they were supported to exercise choice about how their care and services were delivered. For example, consumers chose who was involved in their care, as recorded in their care plans. Consumers said they were supported to take risks and live their best lives. Staff understood risks taken by consumers, who were supported by a dignity of risk assessment for activities they enjoyed.

Consumers said information was provided in a timely manner through newsletters, emails, resident and relative meetings and lifestyle calendars. The Assessment Team observed lifestyle calendars, newsletters and menu choices on display in consumers’ rooms. Consumers said their information was kept confidential and their privacy respected. Staff said consumers’ privacy was maintained during care delivery and their information kept confidential through a password-protected electronic care management system. Staff attended training in consumer privacy, dignity and confidentiality. The Assessment Team noted information about the service’s privacy policy was current and available in the foyer.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives confirmed their involvement in the assessment and planning process, which considered risks to consumers’ health and well-being. Management said consumers’ needs were regularly reviewed and the process was guided by care planning policies. A review of consumers’ files showed risks such as falls and pressure injuries were identified, along with strategies to minimise those risks. Where consumers nominated to have an end of life plan, documentation was included in their care plans and stored in the service’s electronic care management system.

The service partnered with consumers, their representatives and other providers of care during the assessment and planning process. The outcomes of assessments and planning were documented in a care and services plan which were available to consumers and representatives. Consumers’ care and services were reviewed every four months and when circumstances changed or incidents occurred. Clinical and care staff said consumers were informed of changes to their care plan, which was in line with the service’s assessment and planning policy.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Most consumers said they received personal and clinical care that was safe, effective and met their needs. However, other consumers said their personal care was impacted by a shortage in regular staff, who were replaced with agency staff unfamiliar with consumers’ individual needs. Some consumers expressed frustration at having to explain their care process and preferences to agency staff. Despite staff shortages, consumers’ care plans reflected their individualised care, which was safe and appropriate for them, particularly regarding skin integrity, restrictive practices and pain management.

The service effectively managed high impact and high prevalence risks associated with consumers’ care, which was confirmed by consumers and representatives. Staff identified risks to consumers and understood the strategies used to mitigate those risks. The service recognised the needs and preferences for consumers nearing end of life, which included providing comfort measures and maximising peoples’ dignity. During the site audit palliative care was being provided to one consumer, who was being supported by care and clinical staff.

The service identified deterioration or changes to consumers’ mental and physical function through sharing information at shift handovers, alerts raised in the electronic care management system, scheduled reviews, incident reports, progress notes and trend charts. Staff said changes in consumers’ conditions were notified to clinical staff. When consumers needed care and services from other organisations, care plans showed referrals were made to medical officers and allied health professionals. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the services and supports they received for daily living met their needs, goals and preferences. Staff understood what was important to consumers, whose care plans included the services and supports needed to optimise their quality of life, health, well-being and independence. Consumers said their emotional, spiritual and psychological well-being was well supported within and outside of the service. Lifestyle staff engaged with consumers in ways most appropriate for the person and pastoral care was provided by religious ministers. Volunteers to the service provided consumers with companionship, along with emotional, psychological and spiritual support as documented in care plans.

Consumers said they were actively engaged with their local community and were supported by the service to maintain relationships. Lifestyle staff said consumers were supported to maintain relationships with family and friends via digital devices and in-person visits. Service volunteers assisted consumers to participate in activities of interest to them, such as weekly shopping trips. Volunteers also provided entertainment during happy hour.

Consumers said they were satisfied with the variety, quality and quantity of meals provided. Staff understood consumers’ preferences and dietary requirements, which were recorded in care plans. Daily menus were displayed in consumer living areas and there was a choice of meals at each sitting. Where the service provided equipment, consumers said it was safe, clean, easily accessible, suitable for their needs and repaired or replaced quickly when needed. The Assessment Team noted equipment was safe, suitable, clean, well maintained and in good working order.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and designed to create a sense of homestyle living. Consumers said they felt at home in the service, which is enhanced by courtyards and external gardens. Consumers described their rooms as a personal space they could decorate with their own furniture, memorabilia, artwork and family photos.

The Assessment Team noted the service environment was clean, well maintained, comfortable and allowed consumers to move freely within and outside of the building. Staff understood the service’s process for documenting, reporting and attending to maintenance issues. Cleaning staff were observed cleaning consumers’ rooms, communal areas, staff rooms and high touchpoint areas. There were no malodours within the service. The service’s furniture, fittings and equipment were safe, clean, well maintained and suitable for the use of consumers.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and representatives said the service supported them to provide feedback and make complaints. Staff understood the feedback and complaints process, whereby consumers could raise concerns via feedback forms, speaking directly with staff, emailing management and attending consumer meetings and a food focus group. A review of consumer meeting minutes confirmed it was an avenue to provide feedback to the service. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Consumers said they were also comfortable raising issues directly with service management.

Consumers and representatives said when things went wrong the service apologised and acted promptly to resolve the issue. A review of the service’s complaints register confirmed the timely management of complaints, the use of open disclosure and actions taken in response to complaints. The service used feedback and complaints to improve the quality of care and services, such as making menu changes according to consumers’ preferences.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 7(3)(a).

*Requirement 7(3)(a):*

Most consumers, representatives and staff said there were insufficient staffing numbers at the service, which impacted the quality of care and services consumers received. In the fortnight preceding the site audit, the roster showed 37 unfilled clinical and care staff shifts; two extra nursing shifts were added; and 30% of shifts were filled by agency staff.

Consumers, representatives and staff gave examples of how insufficient staffing numbers impacted the quality of care and services consumers received. For example: increased call bell wait times; consumers having to ask one day in advance to go outside; waiting for meals; representatives waiting extended periods of time to be let into the service; consumers having to instruct agency staff on how to care for them; one representative had to attend to their loved one’s personal care needs and placed an instruction sheet in the bedroom for agency staff; staff worked alone with unmanageable staff workloads; incomplete consumer progress notes; consumers’ hygiene needs were not always met; and some consumers unnecessarily remained in bed for long periods of time.

In its response of 10 November 2022, the Approved Provider acknowledged the Assessment Team’s findings and explained staffing levels had been affected by the COVID-19 pandemic and a competitive employment market.

The Approved Provider’s response included documented evidence of the remedial actions being taken, which included:

* Limiting new consumer admissions to ensure adequate staff were available to care for existing consumers.
* Recommencement of training placements for student care workers.
* Recruitment of suitably experienced staff into key vacant roles.
* Improved roster management to better match consumers’ needs with staff skillsets.
* Publishing the roster four weeks in advance so staff could decide to work additional shifts and agency staff could be booked early.
* An enhanced plan for continuous improvement plan which included multiple actions being taken to increase staffing numbers.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the site audit, management acknowledged the service had inadequate staffing numbers. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, at the time of the site audit. I find the service was non-compliant with Requirement 7(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 7.

Staff interacted with consumers in a kind, caring manner which respected each persons’ identify, culture and diversity. The Assessment Team observed staff treating consumers with kindness during a meal service, which included being respectful of their needs and preferences. The service’s workforce was competent, trained and had the qualifications and knowledge to effectively perform their roles, and this was confirmed through consumer feedback. The service supported its workforce to deliver outcomes required by the Quality Standards through mandatory education in topics such as medication management, elder abuse and infection control. The service regularly assessed, monitored and reviewed staff performance through a formal annual review and ongoing informal support.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said the service was well run and they partnered in improving the delivery of care and services. Management said consumers provided feedback about the service environment, clinical and personal care, lifestyle activities, food and meals services, staffing and their overall satisfaction. Feedback was provided via meetings, feedback forms and case conferences.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which they were accountable. The board of directors (the board) met monthly to monitor the service’s performance through internal audits, consumer/representative and staff feedback and complaints, reported hazards and clinical incident data. The board used the information to monitor compliance with the Quality Standards and implement improvements to service delivery. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Staff understood risks to consumers such as falls, serious incidents as prescribed in aged care legislation, skin integrity and mental health. The service had systems in place which supported clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)