Performance

Report

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| Name of service: | Performance report date: |
| Benetas Gladswood Lodge | 16 June 2022 |
| Commission ID: | Activity type: |
| 3033 | Site audit |
| Approved provider: | Activity date: |
| Anglican Aged Care Services Group | 17 May 2022 to 19 May 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 Gladswood Lodge (**the service**) has been considered by Melissa Frost, 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 provider’s response to the assessment team’s report received 10 June 2022 and 15 June 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 | **Non-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 4(3)(f) – the Approved Provider ensures consumer feedback is applied to enable meals to be of a suitable quality and variety, in line with consumers’ needs and preferences.
* Requirement 7(3)(a) – the Approved Provider ensures the number and mix of staff deployed enables delivery of safe and quality care and services, to support consumers to consistently receive personal care in line with their preferences.

# 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 said most staff treat them with dignity and respect. Staff described consumers’ backgrounds, culture and how they tailor care delivery. Care planning documents included details of consumers’ identity and cultural practices, including religious and spiritual needs.

Staff described how they support consumers to be independent and make choices, such as through providing options, encouraging relationships and delivering care in line with consumers’ preferences.

Consumers said they are supported to take risks of their choice. Staff described how they assist consumers to understand risks and make decisions. Care planning documents contain risk assessments that include mitigation strategies.

Information is provided to support consumers to make choices regarding their care needs and lifestyle activities. Staff described how they present information according to consumers’ preferences and needs, including use of aids.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care. Confidential information is secured through a password protected electronic care management system, and the nurses’ station was locked.

# 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

Care planning commences when consumers enter the service. Care plans include consumers’ current needs, goals and preferences, and advance care and end of life planning. They reflect individualised strategies to manage risks relevant to each consumer.

Consumers and their representatives said they are involved in the care planning process and staff understand what is important to consumers. Other health professionals, including medical officers, are also involved in assessment and planning.

Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Reviews otherwise occur every 3 months, and the service has implemented a new care plan evaluation process to support engagement of consumers and representatives.

# 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

Most consumers and their representatives said consumers receive care that meets their needs and preferences. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff follow procedures to deliver safe skin integrity and pain management care.

Staff described relevant high impact and high prevalence risks to consumers, and how these are assessed, reviewed and managed.

Care documents showed consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity.

Consumers’ representatives said deterioration or change in consumers’ condition is recognised and timely response occurs. Staff described how they identify and respond to changes, including escalating to clinical staff.

Information about consumers’ condition, needs and preferences is documented through care plans, progress notes and handover documents. Staff said they notify other health professionals and representatives if there is a change to a consumer’s condition, an incident, return from hospital or medication review.

Care planning documents reflect referrals occur to medical officers and other health professionals. Staff described the referral process and how any resulting recommendations are documented and followed.

Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Where meals are provided, they are varied and of suitable quality and quantity.

The kitchen environment was observed to be clean with safety protocols followed. Dietary needs and preferences are documented and available to kitchen staff. However, consumers and their representatives provided mixed or negative feedback regarding the quality and variety of meals. Some consumers said their needs and preferences were not met. The Site Audit Report contained some responses to the consumers’ feedback, including that some of the negative comments had been addressed with consumers and their representatives prior to the Site Audit.

The Approved Provider responded on 10 June 2022 and 15 June 2022 and included several supporting documents. As catering is provided by an external company, they supplied information addressing the feedback of each named consumer and evidence of consultation with consumers after the Site Audit. Some of the negative feedback was attributed to the use of agency staff, and the external company has taken action to recruit additional staff and enhance communication with agency staff regarding consumers’ needs and preferences.

Regarding the named consumers who said they did not receive meals aligned with their preferences or provided negative feedback regarding meal quality, the chef has met with the consumers and discussed their preferences and feedback, with further follow-up meetings set. While I am satisfied this shows the service is addressing the negative feedback, as it occurred following the Site Audit I am unable to consider this as evidence of compliance.

While I am satisfied that the service is working to improve meal quality for consumers, I have placed weight on the volume of negative feedback and the comments from consumers that they had raised the concerns prior to the Site Audit. I consider the changes being implemented will take time to demonstrate effectiveness.

At the time of the Site Audit, based on consumer feedback, the service had not demonstrated it was providing meals that were suitably varied and of high quality.

Accordingly, I find requirement 4(3)(f) is non-compliant.

I am satisfied that the remaining 6 requirements of Quality Standard 4 are compliant.

Consumers and their representatives said the lifestyle program generally supports consumers’ needs and they feel supported to participate in activities of their choosing, though some consumers sought more variety or information about available activities. Care plans include information about consumers’ goals and preferences. Staff described what was important to consumers and how they use health and leisure assessments to adapt the lifestyle program in accordance with consumers’ needs and levels of ability. Consumers were observed engaging in various individual and group activities.

Consumers and their representatives considered consumers’ emotional and spiritual well-being is supported. Staff described how they identify changes in consumers’ mood and give emotional support, and the service facilitates religious and cultural activities. Staff described how they support consumers to maintain relationships and participate in the community.

Information about consumers’ needs and preferences is communicated, including dietary requirements, and external service providers may also access care planning information. The service engages other individuals and organisations to supplement the lifestyle program.

Equipment was observed to be clean, suitable and stored appropriately.

# 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

Most consumers said the service environment is welcoming and they felt at home. Consumers’ rooms are personalised with furniture, photographs and artwork. Consumers were observed moving between the service’s indoor and outdoor areas and spending time together. Staff said they provide assistance for consumers to access courtyard areas through the coded doors if needed. Outdoor areas were observed to have shade and seating and were free from hazards, and indoor areas have wide corridors, handrails and signage.

Consumers said the service environment is generally well cleaned and maintained. Consumers said they felt safe when staff provided care using equipment, and that furniture and fittings are suitable. Staff described maintenance processes and procedures, and how potential hazards are addressed. Logs reflected that regular cleaning and maintenance occurs.

**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

Most consumers and their representatives said they are encouraged to provide feedback and feel comfortable to raise concerns, and know how to contact external services if they wish. They were aware of feedback forms, monthly consumer meetings, food focus groups and the opportunity to speak to staff. Staff described how they support consumers through assisting with completing feedback forms, or escalating issues to management, and how they communicate with consumers with varying communication ability.

Staff said they utilise interpreting services or refer consumers to advocacy services when relevant. Feedback forms list the methods by which consumers can raise concerns, with options for telephone and online forms, and secured boxes are available to deposit paper forms. Brochures regarding complaints, advocacy and language services were displayed at reception.

Most consumers and their representatives were satisfied the service actions complaints and concerns in a timely manner, and open disclosure is used. Some consumers described meal quality as a trending concern, which is addressed at Standard 4. Staff described how they address or escalate complaints, and how the information is used to make improvements. The service maintains a complaint recording system, that reflected most complaints are addressed promptly. Meeting minutes reflect complaints are discussed and action is taken and evaluated.

**Standard 7**

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| Human resources | | Non-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. | 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 following requirement is non-compliant:

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.

At the time of the Site Audit the service had staff rostered based on a greater occupancy, as one section of the service was closed. However, consumers and their representatives provided mixed feedback regarding consumers’ care needs and preferences being met, though they were generally satisfied with call bell response times. Feedback regarding agency kitchen staff is addressed at Standard 4.

Staff said they sometimes considered there were insufficient staff rostered to perform their duties well, which impacts consumers who may not receive their desired hygiene care, and as a result staff can sometimes feel stressed. Feedback from staff, consumers and call bell data (from February, March and April 2022) supported that staff generally attend to consumers promptly however 3-5% of call bells were responded to above the service’s expected maximum response time of 10 minutes.

The Approved Provider responded on 10 June 2022 and 15 June 2022. They included an action plan to address the deficiencies brought forward in the Site Audit Report, with some initiatives completed and some in progress.

The Approved Provider gave responses to the feedback from named consumers who said they experienced delays in being attended to. Regarding call bell response times, the Approved Provider said these are monitored daily and on average exceed the service’s target response time. I accept the Approved Provider’s explanations that generally the consumers’ experience was not reflective of systemic or ongoing staffing deficits.

The Approved Provider described actions taken to recruit personal care staff and increase the casual pool to fill vacant shifts. They described how rostering is planned and reviewed, and provided data that consumers receive a greater average of care hours due to the closure of one section. They described plans to increase the hours for Registered Nurse rostering and extend afternoon shift for nursing and personal care staff.

While I am satisfied the Approved Provider’s planned actions reflect good workforce planning to identify the number of staff required and fill vacant shifts, at the time of the Site Audit these initiatives were not fully implemented and will take time to show effectiveness.

I have placed weight on the consumer, representative and staff feedback, particularly in relation to the quality of care and services delivered to consumers. I consider this is sufficient to support at the time of the Site Audit the service did not consistently deploy the right number and mix of staff to deliver quality care and services.

Accordingly, I find requirement 7(3)(a) is non-compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 7 are compliant.

Consumers and their representatives considered most staff interactions with consumers are kind and caring. Staff were observed providing care in a respectful manner.

The service has processes to recruit suitably qualified and competent staff, and relevant registrations and qualifications are verified and recorded. All roles have position descriptions that identify qualifications, experience, responsibilities and duties.

Staff described details of the training they completed relevant to their roles and management said staff can request additional training at their performance discussions. Management review data to determine any trends that can be addressed through additional training. Training records reflected staff are up to date with mandatory training.

Staff described having annual performance reviews and regular informal discussions regarding their performance and competency.   
**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 and their representatives provided mixed feedback regarding their engagement in the development and evaluation of services. Staff and management described how they engage with consumers through discussions and meetings to obtain feedback.

The organisation’s governing body displays accountability and promotes quality care and services through taking action in response to feedback and identified trends, such as reducing admission paperwork and participating in a fracture study. Monthly newsletters are produced for consumers that include board communication. Changes that impact the service’s operations are communicated to staff through notices, training and via handover.

The organisation has effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities are identified and funding is secured through financial governance processes. Feedback and complaints are suitably addressed. Despite deficits being identified in workforce planning, the Site Audit Report and Approved Provider’s response reflected that governance processes were identifying opportunities for improvement.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff described how trends are identified and training is delivered to maintain a preventative approach. Staff described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff provided examples of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

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)