Performance

Report

**1800 951 822**

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| Name of service: | Benetas Lovell House |
| Service address: | 389 Alma Road CAULFIELD NORTH VIC 3161 |
| Commission ID: | 3122 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Site Audit |
| Activity date: | 15 March 2023 to 17 March 2023 |
| Performance report date: | 28 April 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 Lovell House (**the service**) has been prepared by G-M. Cain, 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 in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described how they respect and understand consumers' personal circumstances and life experiences. Care documentation reflects what was important to consumers to maintain their identity, including who was important to them, cultural background, spiritual preference, family relationships, and individual personal preferences. Observations showed staff treating consumers with dignity and respect using their preferred names, and the service hosted cultural diversity week celebrations.

The services policies and procedures guide staff to have an inclusive, consumer-centred approach to culturally safe care and service delivery practices. Consumers and representatives provided examples of ways staff delivered care so they felt comfortable and safe, respecting their ethnicity, spirituality, culture, sexuality, and relationship status.

Consumers and representatives confirmed that consumers are supported to make choices regarding how their care and services are delivered, including with whom they wish to be involved. Staff described how consumers are supported to maintain relationships, including regular family visits. Care documentation included the recording of the consumer's representatives and whom the consumer wished to be involved in care.

Care documentation evidenced the completion of risk assessments for consumers. Consumers describe how the service supports them to take risks to enable them to live the best life possible. While the site audit report brought forward information that Dignity of Risk forms were not completed for all consumers choosing to smoke, I have placed weight on evidence that the service had a designated smoking area, staff understood processes to support consumers to take risks and immediate actions taken by the service in response to this deficiency.

Consumers and representatives said they receive information that is up-to-date, accurate, and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice and control. Staff described strategies to communicate information to consumers with communication difficulties, such as cue cards, pictorial cards, phone calls and emails. Observations showed the displaying of posters and pamphlets around the service, including the Charter of Aged Care Rights, information about COVID-19 and copies of the newsletter and other correspondence from management, were available in the service foyer.

Consumers confirmed that staff respect their privacy and knock on the door before entering consumers' rooms. Observations showed that staff respected consumers' privacy by knocking before entering consumers' rooms. Staff described how consumers' personal information is stored in the service's electronic care management system, protected with passwords. And how they maintain the confidence of consumers' information by not discussing it in front of other consumers and representatives. The service incorporated 'confidentiality agreements' in employment contracts, and the consumer handbook provided information regarding consumers' rights to access consumers' confidential information.

# 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 and representatives confirmed that they are involved in the care planning process and that consumers received the care and services they needed. Clinical staff understood the assessment and care planning process and how it informs safe and effective care delivery, including what is important to consumers about how their care is delivered. Care documentation included completing risk assessments, and care plans included risk management strategies. The organisation had policies and procedures to guide staff in consumer assessment, care planning and risk management.

Consumers and representatives confirmed that the service had discussed the consumers' preferences for their end-of-life care, including their wishes on whether to be transferred to the hospital. Care documentation included information about the current needs, goals and preferences of consumers, and staff described the individual needs and preferences of the consumers in line with their care planning documentation. The service had an advanced care planning procedure to guide staff practice.

Care documentation demonstrated that consumers and representatives are consulted throughout the assessment and care planning process through a formalised case conference or regular feedback and updates. Staff described that the assessment and care planning process involved a partnership with the consumer, and care documentation reflected a multidisciplinary approach towards care and services.

Consumers and representatives confirmed they are engaged in communication regarding the outcomes of assessment and planning and are always offered a copy of their care plan. Staff describe how changes to the care and services plan are communicated and confirmed receiving updated information promptly.

Care documentation confirms that care plans are reviewed regularly and when the consumer's circumstances have changed or incidents have occurred. Staff confirmed that care plans are reviewed 3 monthly or when health or care needs change and described how incidents might trigger a reassessment or review of consumer's needs.

# 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 and representatives provided positive feedback and confirmed that consumers received safe and effective personal and clinical care that is best practice, tailored to meet the individual consumer's needs and optimise their health and well-being. Overall, consumers and representatives were satisfied with how risks to consumers' health and/or well-being are managed; and they had made their end-of-life wishes and preferences known in completing advanced care directives. They said the service recognises and responds to changes in consumers' health and/or well-being appropriately and promptly. Consumers confirmed that their needs and preferences are effectively communicated between staff. They had access to various health professionals, including allied health practitioners and medical specialists, and referrals were made as required.

Staff described how they provide safe and quality care to meet the needs of individual consumers; for example, staff described how they supported a consumer who presented with changed behaviours by commencing pain chart monitoring, a sleep assessment, behaviour chart monitoring and a delirium screening. Staff understood consumers' risks and strategies implemented to minimise and monitor them. Staff said they cared for consumers at the end of life by providing comfort care, pain control, and supporting emotional and spiritual preferences. Staff described the process for identifying and reporting changes and deterioration in a consumer's condition, including signs and symptoms such as recognising pain, poor appetite, weight loss, changes in bowel movement, and changed behaviours. Information is shared between staff through the electronic care documentation system notifications and handover.

Care documentation was individualised, including end-of-life needs and preferences, and reflected management of high-impact, high-prevalence risks to consumers, such as falls. Care documents evidenced referrals to other organisations and providers of care, including allied health professionals, medical officers and specialist dementia services, and recorded information about changes in a consumer's condition, clinical incidents and transfer to/from the hospital.

The service demonstrated the minimisation of infection-related risks through standard and transmission-based precautions and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks, including an outbreak management plan. The service had an appointed infection prevention and control lead who had completed the appropriate training. Staff's knowledge demonstrated an understanding of key infection control practices. Observations showed that staff wore personal protective equipment and practised hand hygiene regularly.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Most consumers and representatives said they feel supported to participate in activities they like and do things that interest them. Consumers raised feedback concerning areas for improvement, and the service demonstrated they had been actively engaging with consumers in response to this bus trip, and a book club will be reintroduced. Management described how the service partners with consumers and representatives by completing a lifestyle assessment to identify individual preferences upon entry to the service. These included leisure likes, dislikes, interests, social, emotional, cultural, or spiritual needs and traditions. Care documentation This information was included to guide staff in care and service delivery.

Consumers and representatives said their emotional, spiritual, and psychological well-being needs, goal and preferences are supported. Consumers receive one-on-one support, and pastoral care staff provide companionship and spiritual support. Pastoral care staff said they hold reflection rounds every Tuesday in the service, and consumers with different cultural backgrounds attend them. Care documentation included entries from the pastoral care staff for consumers receiving support.

Consumers spoke of being supported with life choices, including maintaining personal relationships as they wish and participating in their community both within and outside the service environment. Staff described how they support consumers to do what interests them. Care documentation reflected things of importance to consumers and included strategies to support these choices.

Consumers' needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff shared consumer care information during handovers. Documentation, such as communication books and consumer dietary preferences, provided adequate information to support the delivery of safe and effective services and supports tailored to consumer preferences.

The service demonstrated timely and appropriate referrals are made for individuals and organisations providing support for consumers' lifestyle needs. Staff describe the external supports used to support consumers' daily living needs and preferences. Observations showed consumers visiting the hair salon during the site audit.

Consumers were satisfied with the variety, quality and quantity of food provided at the service and felt the meals met their needs and preferences. Staff understood consumers' dietary preferences, which was reflected in care documentation. Observations showed staff engaging with consumers during the meal service in a kind and caring manner. Tables were set with table clothes, placemats and cutlery, and meals were plated and brought to the tables for consumers to choose from.

Consumers and representatives said equipment is safe, suitable, clean, and well maintained for consumers' use, and this was confirmed on observation. Staff said equipment is regularly maintained and cleaned and were able to describe processes for identifying equipment requiring maintenance. Service documentation, including scheduled preventative maintenance, was current and up to date.

# Standard 5

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

Findings

Consumers and representatives said the service environment is welcoming, and they feel at home. One consumer stated, 'it's a really nice place here'. Observations showed consumers' rooms decorated with personal furnishings and pictures. The service had signage in various languages displayed in corridors to assist consumers to mobilise independently to rooms.

Consumers and representatives said the service was clean and well-maintained, and they have access to both indoor and outdoor areas. Observations showed consumers' moving freely between their rooms and staff supporting consumers requiring assistance with mobilisation and the doors to the garden area to be unlocked and free from obstruction. Care documentation evidenced consumers’ subject to environmental restrictive practices had appropriate consents and authorisations documented.

Consumers said furniture, fittings and equipment throughout the service were safe, clean and well-maintained. Staff knew how to inform maintenance staff of any issues. Maintenance staff described the preventative and corrective maintenance schedules, including how the service engages external contractors to repair the building or equipment. Documentation identified that the service had planned maintenance scheduled and demonstrated ongoing monitoring and timely response to breakdowns and repairs as required.

# 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

Overall, consumers and representatives felt supported and safe to provide feedback and make a complaint and described how they provide feedback or make a complaint regarding care or services received. One consumer said they attend consumer and food focus group meetings and felt comfortable raising suggestions, particularly about the menu. Consumers knew of external complaints and advocacy services; however, they said they had not needed to escalate their concerns.

Management and staff described how they would support consumers in providing feedback or making a complaint, including avenues available to consumers and representatives to do this. Staff said they support consumers with their feedback by reporting to the nurse in charge and completing a feedback form on the consumer's behalf or directly entering the feedback into the incident management system. The service utilised an electronic complaints system to record and monitor consumer feedback. Observations showed feedback forms, locked feedback boxes, and posters and flyers relating to advocacy services located throughout the service. The consumer handbook included information on interpreter services, a list of advocacy and external complaints services and contact details for the organisation's customer centre and the Chief Executive Officer.

Consumers and representatives said management addresses and resolve their concerns and complaints, including apologising when making the complaint or when things go wrong. Staff described the service's feedback processes, including escalating to management for investigation and follow-up. Management confirmed that an open disclosure process is applied following an adverse event and as part of the service's complaints management and resolution process. The service had policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers and representatives stated they believed feedback and complaints had been used to improve the care and services. Meeting minutes confirmed that feedback provided by consumers and representatives had been actions; for example, consumers requested that curries and Asian meals be added to the menu, and this occurred. Staff described how feedback and complaints have resulted in service improvements. The service demonstrated that consumer feedback is trended, analysed, and used to improve the quality of care and services.

# Standard 7

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

Findings

Consumers and representatives said there was enough staff to meet the needs of the consumers, and consumers' requests for assistance as promptly attended to. Consumers, representatives, and staff expressed satisfaction with the recent changes to the management team and the appointment of a lifestyle manager due to commence within the next week. Staff confirmed they had the resources to provide care to consumers, and the staffing levels changed based on the consumer's needs. The services had processes to ensure a planned workforce, including utilisation of the regular workforce to cover shifts, and it required agency staff.

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit.

Consumers and representatives expressed confidence in the staff's ability and felt that they have the appropriate skills and knowledge to deliver the duties of their role. Staff described the qualifications, knowledge, and experience needed to perform their duties and said the service offers opportunities to support their ongoing development. Management described how new staff are supported and the process to ensure staff are suitable and competent when recruiting. Staff are required to complete mandatory role-specific training, and stated that the training is useful and effective and assists them in undertaking their role. Position descriptions and duty statements capture staff accountabilities, and staff are required to sign their position description indicating they have understood the requirements and obligations of the role.

The service maintains records of performance appraisals and demonstrates regular assessment, monitoring and review of the performance of each staff member. Staff confirmed completing their performance appraisal and confirmed receiving regular feedback from their direct line report. Management described how the service monitors staff performance through observations and feedback from consumers/representatives and following incidents. A documentation review identifies that performance appraisals are scheduled and conducted annually.

# 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 and representatives are engaged in developing, delivering, and evaluating care services. Consumers said the service was well run, the staff were approachable and supportive, and they confirmed that consumers are invited to participate in meetings and forums, including identifying areas for improvement. Staff described how they engage with consumers regarding their care and services. Management provided examples of consumers’ involvement in lifestyle activities and the decoration at the service. Service documentation, including meeting minutes and the continuous improvement plan, demonstrated consumer engagement with activities to improve care and services.

The service demonstrated that the governing body has processes to ensure the service is accountable for delivering care and services and promotes a culture of safe, inclusive, and quality care and services.

The Board receives information from consolidated reports with information relating to internal audits, consumer and staff feedback and complaints, hazards and risks and clinical incident data. The Board act where required and provided regular updates to the service’s staff to ensure the latest information is disseminated and available. Consumers and representatives confirmed they are provided regular updates about outcomes of care and COVID-19.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, quality improvement plan, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident response scheme. The service utilised an electronic incident management system which all staff access to record incidents, hazards, feedback, and complaints. The systems used a risk management classification category and included guidance for the assessment of risks and associated actions required. Management reports monthly to the Board, and at an organisational level, daily monitoring of the service plan for continuous improvement and audits is conducted.

The service had a clinical governance framework with a suite of policies and procedures to guide clinical care, including antimicrobial stewardship and a process for open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

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)