Performance

Report

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| Name of service: | Benevolent Living |
| Service address: | 60 West Street ROCKHAMPTON QLD 4700 |
| Commission ID: | 5072 |
| Approved provider: | Benevolent Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 October 2022 to 20 October 2022 |
| Performance report date: | 1 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 Benevolent Living (**the service**) has been prepared by G.Hope-Simpson, 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 staff generally treated them with dignity and respect and were valued as individuals. Consumers and representatives confirmed the service generally values and respects their cultural backgrounds, however deficits were identified in the service’s use of accredited interpreters and translators for one consumer, as discussed later in this Standard. Staff could identify consumers from a culturally and linguistically diverse background and provided information on how they supported the wellbeing of these consumers. Care planning documentation reflected what is important to consumers to maintain their identity.

Consumers and representatives said they were supported to make choices about their care, communicate decisions, and to maintain relationships of choice. Staff could give examples of how they support consumers do this. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers described how the service supports them to take risks and live their best life. Documentation showed a risk policy and process was in place, which identified strategies to mitigate risks. Management and staff were able to describe how consumers were supported to make choices and take risks to live the way they choose. However, 2 consumers did not have risk assessments with informed consent for leaving the service independently. When raised with management, immediate action was taken to address the deficits, in accordance with the service's care risk management policy.

Consumers and their representatives generally considered consumers were provided with information to make choices and were supported to understand that information. Staff described different ways information was provided to consumers, in line with their needs and preferences. The Assessment Team observed information was generally available to consumers in a clear and easy to understand way to support accurate decision making. However, one consumer was unable to communicate with staff due to a language barrier and translated materials were not provided. Care staff had learned some words in their language to support care, however ongoing communication problems were identified. Management confirmed steps had been taken to obtain translated materials and interpreters had been accessed but were not effective. During the site audit, management put in place additional measures to address the concerns. No specific detrimental impact to the consumer was identified, and on balance, the Assessment Team considered the service was compliant.

Consumers described how their privacy is respected by staff. Staff described how they deliver care to consumers respecting their privacy and dignity and how they keep confidential information secure.

# 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 consumers received care and services they need. Staff described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documentation considered risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services.

Consumers and representatives said staff regularly involve them in the assessment and planning and end of life wishes are discussed. Staff described how the service ensures assessment and planning reflect consumers' current preferences. Care planning documentation identified and addressed consumers’ current needs, goals and preferences and advance care planning.

Consumers and representatives said they were involved in the care planning process and were able to explain who was involved in their care. Staff described the importance of consumer-centred care planning and how it was achieved. Care planning documentation evidence regular care plan evaluations and review, and involvement of a diverse range of external allied health professionals and providers of care such as Medical Officers and allied health.

Consumers and representatives said the service maintains good communication with them, particularly around changes in care and medication, and staff explain things to them clearly and provide clarification. Clinical staff said representatives were contacted through telephone, in-person for representatives who visit regularly and email. Care planning documentation is available to consumers and representatives if they wish to have a copy and a copy daily living directive is available in the consumer’s room.

Most consumers and representatives said clinical staff discuss their care needs with them, and any changes requested were addressed in a timely manner. Care planning documentation mostly evidenced a review both on a regular basis and when circumstances change, such as consumer deterioration or incidents. Staff said Medical Officers and allied health professionals were involved in 3-monthly care plans reviews or sooner, if triggered by an incident or change in circumstances. However, one consumer and one representative reported concern regarding, respectively, a lack of support to get dressed and incorrect fluids provided. Care plans for both consumers had been updated, however in-room charts and signage had not been updated to reflect these changed needs for one consumer and staff were unaware of them. No significant detrimental impact to either consumer was identified, and immediate steps were taken to address the documentation gaps, reflecting that on balance, the service met Requirement 2(3)(e).

# 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 safe and effective personal and clinical care which is tailored to their needs. Staff described how they provide safe and quality care to meet the needs of consumers. Care planning documentation reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. The service demonstrated that restrictive practices for sampled consumers was aligned to best practice.

Consumers and representatives expressed satisfaction in the management and prevention of high-impact and high-prevalence risks. Staff described a range of mitigation strategies used to manage risk, which aligned with the care documentation. High-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending and reporting, and implementation of suitable risk mitigation strategies for consumers. The Assessment Team reviewed monthly clinical indicator reports for medication incidents and found the service was taking steps to reduce medication incident rates, through monitoring, staff training and continuous improvement actions.

Consumers and representatives had confidence when the consumer reaches the end of life their symptoms will be managed. Staff explained the assessment process used when a consumer’s condition changed, including consumers who were nearing the end of life. Care planning documentation showed palliative care management at the service included but was not limited to, spiritual care, pain management using a syringe driver, comfort care, oral hygiene, and mouth care.

Consumers and representatives said the service recognises and responds to changes in condition in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, documented and monitored. Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Procedures were in place to guide staff in their response to a deteriorating consumer.

Consumers and representatives said consumers care needs and preferences were effectively communicated between staff and consumers receive the care they need. Staff described how information is shared when changes occur. Care planning and handover documentation provide information to support effective and appropriate sharing of the consumer’s information to support care.

Consumers and representatives interviewed said referrals were timely, appropriate, occur when needed and the consumer has access to a range of health professionals. Clinical and care staff explained the referral process. Care planning documents reflected timely and appropriate referrals to other individuals, external allied health providers or organisations.

Staff described how they minimise infection related risks and manage the use of antibiotics, consistent with the service’s policies and procedures regarding infection prevention and antimicrobial stewardship. Management monitors antibiotic use through monthly reporting. The Assessment Team observed best practice infection control measures while on site and noted a thorough visitor and staff COVID-19 screening process.

# 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 and most representatives felt consumers were supported to participate in the activities they like, and they were provided with support to optimise their independence and quality of life. Lifestyle staff explained that consumers preferences and choices were collected and communicated, such as leisure likes, and dislikes, personal interests, spiritual needs and options are in place for consumers who do not attend activities. Consumer preferences aligned with care planning documentation. However, a representative was concerned about low activity participation rates for one consumer. Staff interviews demonstrated the consumer regularly declined participation, but documentation was not updated to reflect this.

Consumers and representatives said their emotional, spiritual and psychological needs were supported; confirmed they stay in touch with family and friends and explained how staff and volunteers provide comfort and emotional support. Staff interviewed understood how consumers’ emotional, social and spiritual needs were met via group supports with the pastoral carer, lifestyle staff and volunteer support, and weekly church and religious services. Care planning documentation aligned with feedback from consumers, representatives and staff.

Consumers and representatives said they were supported to participate in activities within and outside the service environment, maintain social and personal connections that are important to them, and do things which are important to them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service.

Most consumers and representatives said the consumer's condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways they share information and are kept informed of changing consumer condition, needs and preferences. Care planning documentation for consumers provided adequate information to support safe and effective care. Some gaps in communication regarding support for daily living were identified, as outlined previously in Standard 2, however prior to site audit, the service had identified opportunities for improvement by making care plans available to staff on their mobile devices.

Consumers and representatives said they were supported by other organisations, support services and providers of other care and services. Staff described other organisations and providers used by specific consumers. Care planning documentation showed referrals to other organisations and services, including a hairdresser, volunteers and religious supports.

Most consumers and representatives expressed satisfaction with the food variety, quality and quantity and said there were multiple options and alternatives to choose from. Management and hospitality staff said in response to 2 complaints from consumers about the food quality not meeting expectations, they were arranging a 'food forum' to address the concerns. Care planning documentation mostly reflected dietary needs and preferences. Consumers received the support they needed at meal times.

Consumers and representatives reported having access to equipment to assist them with their daily living, leisure and lifestyle needs. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean, and well maintained.

# 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, enhances their sense of belonging and allows for easy access through various parts of the service. The service environment was observed to be clean and open plan. Staff described how they make consumers feel welcome and optimise each consumer’s sense of belonging. Management described how they were part way through a multi-stage development expected to finish in mid-2023, which includes a new kitchen and laundry.

Consumers and representatives said the service is clean and well maintained. Cleaning staff said they have a schedule and they carry out routine and spot cleaning. A preventative and reactive maintenance schedule is in operation and it was noted all requests were resolved in a timely manner. Consumers were observed to be able to move freely around the service.

The Assessment Team observed, and sampled consumers and representatives said equipment is kept clean and is safe for use. The Assessment Team observed furniture in consumers' rooms and communal areas to be clean and in good condition, and consumers were seen to be using furniture in the lounge and outdoor areas.

# 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 and representatives knew how to make complaints and raise feedback via various avenues which included feedback forms, consumer meetings, and verbally to staff and management. Management and staff were able to describe the processes in place to encourage and support feedback and complaints. Observations showed a range of resources relating to the complaints mechanisms and secured feedback boxes located across the service.

Consumers and representatives said they were comfortable raising concerns with the service and were aware of advocacy services. Management described information available to consumers concerning advocacy and language services. Posters and resources related to the Commission and external advocacy services were available throughout the service. While one consumer did not have access to translated materials or interpreting services they needed, their representative confirmed they could raise concerns if required.

Consumers and representatives said the service responds appropriately to address their complaints. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong.

Consumers and representatives said feedback is used to improve care and services provided. Management described the complaints process and the actions taken in response, as well as how feedback and complaints have been used to drive continuous improvement across the service. The service demonstrated a system for receiving, monitoring and responding to feedback from consumers and representatives.

# 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

Most consumers and representatives said there were enough staff to provide care and services. Whilst some consumers and representatives said that the service appears short-staffed, they did not raise concerns about impact on consumer care and services as a result. Management and staff were able to describe how they ensure there is enough staff to provide safe and quality care, and documentation reviewed evidenced the service is planning staffing levels to meet consumer need.

Consumers and representatives said staff were kind, caring and gentle when providing care and services. Staff interactions with consumers were observed to be respectful of each consumer's privacy, identity and culture, in line with the service’s policies on privacy and diversity.

Consumers and representatives said staff perform their duties effectively, and they were confident that staff were skilled enough to meet their care needs. Requirements for registration bodies and criminal record checks were up to date and monitored. Management outlined that position descriptions include key competencies and qualifications that are desired or essential for each role.

Consumers and representatives said staff were competent and qualified to do their jobs and did not identify any deficits in performance requiring additional training. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. The service supported their staff to ensure they were receiving the training they needed to perform their roles. Mandatory training was up to date for the majority of staff.

Staff described their most recent performance appraisal, however a minority of staff had outstanding performance appraisals. The service had identified the opportunity for improvement prior to site audit and were on track to complete those outstanding by year end. Review of recent performance appraisal documentation showed an evaluation of staff performance, development activities undertaken, and future development goals.

# 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 were supported to be engaged in the development, delivery and evaluation of care and services. Documentation review demonstrated suggestions were actioned by staff and information used to inform design and delivery of services. For example, resident and relative meeting minutes confirmed consumer feedback and input into recent building and landscaping works.

The organisation is governed by a Board that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A robust organisational structure monitors the direction and improvements to the service through reporting mechanisms. Management described how the Board and operational committees maintain oversight to ensure safe and quality care is delivered within the service. Consumers and representatives could provide feedback on the delivery their care and services, through various avenues.

The service has processes and mechanisms in place for effective organisation wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a documented risk management system which monitors and assesses high impact and high prevalence risks associated with the care of consumers. Risks and incidents were reported, escalated and reviewed by management at service level through to the Board who provides feedback and suggestions to management. Staff had mandatory training in the Serious Incident Reporting Scheme, including responsibilities to identify and respond to abuse and neglect.

The service has a clinical governance framework which includes policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff understood the concepts and had received relevant trained.

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