Performance

Report

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| Name: | Bentons Lodge - Residential Aged Service |
| Commission ID: | 3960 |
| Address: | 197 Bentons Road, MORNINGTON, Victoria, 3931 |
| Activity type: | Site Audit |
| Activity date: | 9 October 2023 to 12 October 2023 |
| Performance report date: | 22 November 2023 |
| Service included in this assessment: | Provider: 2744 Autumn Care Pty Ltd  Service: 8027 Bentons Lodge - Residential Aged Service |

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 Bentons Lodge - Residential Aged Service (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated dignity and respect, and their identity, culture, and diversity were valued. Staff described how they treated consumers with dignity and respect, by considering consumers’ life stories and backgrounds when delivering care. The service had policies which outlined the commitment to supporting diversity and inclusion.

Feedback from consumers and representatives reflected consumers received culturally safe care and services. Staff explained how they tailored care and services to support consumers’ cultural needs and preferences. Care planning documentation demonstrated consumers’ cultural needs were considered and included information to guide the delivery of culturally safe care and services, for example, support required to observe religious and cultural practices.

Consumers and representatives said consumers were supported to exercise choice and independence when making decisions about their care and who should be involved. In addition, consumers, including those with communication barriers, were supported to communicate their decisions and were able to maintain relationships of choice. Staff described ways they supported consumers to exercise choice and independence, for example, by asking consumers about their meal preferences and inviting participation in shared activities. Care planning documentation reflected consumers’ individual choices, including how care should be delivered and who should be involved, and support required to maintain relationships.

Consumers and representatives described how consumers were supported to live life on their terms, including doing things with an element of risk. Staff advised consumers were supported to live their best life through the assessment and discussion of risks associated with consumers’ choices, with risk mitigation strategies agreed to. Care planning documentation demonstrated consumers were supported to make informed choices and decisions about their care and services, through risk assessment processes, to live life on their terms. Policies were in place to support and empower consumers in making choices and decisions about their lives.

Consumers and representatives advised consumers were provided information in a timely manner which met their communication preferences, such as through communication cards, printed information, and verbal reminders. Staff described how they communicated information in a clear, easy to understand and personalised manner to help consumers make choices.

Consumers said staff were considerate of their privacy. Staff explained how they respected consumers’ privacy and maintained the confidentiality of personal information. Staff were observed following privacy protocols, consistent with feedback.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff described the process to assess and plan for consumers’ health and well-being to inform the delivery of safe, effective care and services, including the consideration of risks. Care planning documentation demonstrated assessment and planning considered risks to consumers’ health and well-being and included supporting information to guide staff with care and services.

Consumers and representatives said the service identified and addressed the current needs, goals, and preferences of consumers, including advance care and end of life planning. Care planning documentation identified consumers’ needs, goals, and preferences, and advance care and end of life directives if the consumer wished to discuss the matter.

Management and staff described how consumers’ needs, goals, and preferences were appropriately considered through the ongoing partnership and consultation processes with consumers and others involved in their care. Consumers and representatives said, and documentation reflected they were involved in the ongoing assessment, planning, and review of consumers’ care and services, and included others involved in the care of consumers.

Consumers and representatives said they had access to consumers’ care plans. Management and staff explained how they communicated the outcomes of assessment and planning to consumers and others, for example, through daily conversations, care plan reviews, telephone calls, and a copy of the care and services plan can be requested at any time. Management advised care planning documentation was readily available through the service’s electronic records management system for those involved in the care and services of consumers.

Consumers and representatives said care and services were regularly reviewed as evidenced in care planning documentation, including when there was an incident or change in circumstance impacting consumers’ needs, goals, or preferences. Management and staff advised care and services were reviewed each month to determine if they were effectively supporting consumers, with comprehensive reviews undertaken on a 3 monthly basis or when there was an incident or change in circumstance. Policies and procedures were in place to support staff in the assessment, planning, and review of consumers’ care and services.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered satisfactory personal and clinical care was provided. Management and staff demonstrated knowledge of consumers’ clinical and personal care needs and preferences, and described how they tailored care and services for consumers. Care planning documentation evidenced safe, effective care was provided and aligned to consumer needs and preferences and included strategies to optimise consumers’ health and well-being. Staff were observed implementing documented strategies, such as practices to minimise the use of restrictive practices. Policies supported staff in providing best practice care, for example, for end-of-life care.

Consumers and representatives feedback reflected high-impact, high-prevalence risks were suitably managed. Management explained, and documentation demonstrated high-impact, high-prevalence risks were effectively managed through regular monitoring processes, implementation of risk mitigation strategies for individual consumers, and analysis of clinical data to identify trends and improvements.

Management and staff described how they supported consumers nearing end of life by providing dignified care to maximise consumers’ comfort, for example, attending to personal care, pain management, and providing emotional support. Management and staff advised specialists, such as the palliative care team from the local hospital, were involved in the advance care and end of life pathway to support consumers in receiving appropriate care, in line with their needs, goals, and preferences.

Consumers and representatives said changes in consumers’ condition was responded to in an appropriate and timely manner, as reflected in care planning documentation. Management and staff described how they recognised, responded to, and managed deterioration in partnership with other health providers. Policies, procedures, and training was in place to support staff in recognising and managing deterioration or changes within consumers.

Management and staff described how information was communicated and shared within the service, and with others responsible for consumers’ care, for example, through documented and verbal handover processes, referrals, and face to face conversations. Documentation demonstrated information was accessible and shared with staff and others responsible for care.

Consumers and representatives said, and care planning documentation demonstrated timely and appropriate referrals were completed for a range of health professionals. Management and staff described the referral process in place for other providers of care, such as allied health therapists.

Management and staff described how they prevented and managed infection related risks, including practices to promote appropriate antibiotic prescribing. Staff were observed following infection prevention and control protocols, for example, sanitising hands before the delivery of care and services. The service had infection prevention control leads, an outbreak management plan, policies, procedures, and training to support staff in the minimisation of infection related risks.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered available services and supports optimised their independence and quality of life. Staff described how they involved consumers and representatives in care planning processes to inform the delivery of safe, effective services and supports for daily living, which met consumers’ needs, goals, and preferences. Staff said, and documentation demonstrated services, supports, and activities were tailored to meet the diverse needs of consumers, for example, walking groups accommodated consumers requiring assistance with mobility, and the service ran a seated yoga and meditation activity.

Consumers advised their emotional, spiritual, and psychological well-being was supported through services and supports, such as prayer groups. Staff described how they supported the diverse well-being needs of consumers, for example, providing emotional comfort and reassurance, and completing referrals for other services as required. Care planning documentation included strategies to support consumers’ emotional, spiritual, and psychological well-being.

Consumers described how they were supported to participated in their community within and outside the service environment, have social and personal relationships, and do things of interest, which aligned with documented strategies in care planning documentation. Staff outlined ways they assisted consumers maintain social participation and relationships, and supported interests, such as arts and crafts.

Consumers considered information about their conditions, needs, and preferences is communicated within the organisation and with others responsible for care. Staff described how they communicated information about consumers, for example, consumers’ dietary information was shared with and known by kitchen staff.

Consumers said they were referred to individuals, organisations and other providers of care and services when needed. Staff described how they engaged other providers to enhance consumers’ experience at the service, and outlined the external supports available, such as volunteers and religious organisations. Care planning documentation identified appropriate referrals were completed.

Consumers reflected the food provided was of satisfactory quality and quantity, and advised staff accommodated their requests and preferences. Overall, consumers considered their dietary requirements were met. One consumer identified that they had been served a meal that did not meet their dietary requirements, with feedback from management and documentation demonstrating the service responded to the incident by undertaking actions to prevent recurrence. On balance, the service had mechanisms in place to identify dietary requirements, and staff were aware of the consumers’ dietary requirement. Staff said consumers provided feedback through food focus groups, with consumers’ feedback influencing the menu.

Consumers advised they had access to provided equipment which helped them with daily living activities. Staff described the processes in place to maintain the safety, suitability, and cleanliness of equipment. Equipment was observed to be 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming and easy to understand, which aligned with observations. Management and staff described features of the service environment which helped consumers to feel welcome and optimised consumers’ sense of belonging, independence, interaction, and function. The service environment was observed to have sufficient lighting, handrails, and clear signage to assist with consumer navigation.

Consumers said the service environment was well maintained. Staff described the processes and schedules in place to maintain the cleanliness and maintenance of the service environment, including reactive and preventative maintenance. Staff outlined the infection prevention and control processes to clean the service environment during an outbreak, for example, cleaning high touch point areas. Documentation evidenced cleaning and maintenance was attended to in a timely manner, and systems were in place to monitor and respond to maintenance. Consumers advised they were able to move between indoor and outdoor areas.

Staff outlined the processes for cleaning and maintaining equipment, furniture, and fittings to ensure they were suitable for consumers. Consumers were observed using a range of equipment aids, and furniture and fittings were observed to be in working order, clean, and in good condition.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers, representatives, management, and staff described how consumers and others were supported to provide feedback or make a complaint, for example, through care plan reviews, meetings, feedback forms, directly to management or staff. Information was observed throughout the service environment to assist consumers and others in understanding their complaints and feedback options, including advocacy and language services. All consumers and representatives reported they felt safe, comfortable, and empowered to provide feedback.

Management and staff described the external pathways available for consumers to raise and resolve feedback and complaints, and consumers and representatives advised they were aware of external advocacy and language services. Consumer meeting minutes included information, and management advised the service hosts an advocacy seminar annually to inform consumers of available assistance.

Consumers and representatives said the service responded to complaints or when things went wrong in an appropriate manner. Management and staff demonstrated knowledge of the principles of open disclosure, and described how they would resolve complaints. For example, staff advised they would acknowledge concerns, apologise, conduct an investigation, and communicate in an open and transparent manner. Documentation demonstrated an open disclosure process was used in response to complaints, or when things went wrong.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how they would review feedback and complaints to inform improvements to care and services, as evidenced in the service’s continuous improvement plan (CIP). The CIP noted improvements initiated from feedback or complaints, such as improvements to meal temperature.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management described the workforce planning and management systems in place to deploy a suitable number and mix of staff in providing safe, quality care and services. Management explained the staff rostering processes in place, including accounting for unplanned leave and adjustments in response to feedback from staff, and the roster evidenced all shifts were covered. Staff and consumers advised there are sufficient staff to meet consumer needs in a timely manner.

Consumers and representatives said staff were kind, caring, and respectful. Staff demonstrated they were familiar with each consumer’s needs and identity and were observed to interact with consumers in a kind and caring manner. Staff reported interactions with consumers were informed by policies, procedures, and training, including on dignity and respect.

Management explained the service maintained oversight of staff competency, qualifications, and knowledge through recruitment and orientation processes, and regular training. Documentation demonstrated staff held the appropriate qualifications and registrations required for their role, in line with position descriptions.

Management described ways staff were trained and equipped to deliver outcomes required by these standards, such as pairing new staff with an experienced staff member and mandatory training. Documentation evidenced training was provided to staff covering topics relevant to these standards, for example, clinical deterioration. Consumers and representatives said they found staff to be knowledgeable, demonstrating appropriate skills for delivery of care and services.

Management described how they assessed, monitored, and reviewed staff performance on a regular basis, through mechanisms like staff appraisals. Policies were in place to guide the staff appraisal process and set out expected behaviours of staff. All appraisals were noted to be up to date and staff described the performance appraisal processes, identifying it provided opportunities to discuss positive feedback and areas to improve.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management described the mechanisms in place to involve consumers in the development, delivery, and evaluation of care and services, such as monthly consumer meetings, surveys, annual case conferences, consumer and representative advisory group, and through the feedback and complaints process. Consumers and representatives said they were involved in the development, delivery, and evaluation of care and services, as evidenced in documentation.

Management advised the governing body was supported by organisational structures with clear lines of accountability for the delivery of safe, quality care and services. Management explained monthly reports were generated which covered information relevant to service delivery, such as incident reports, feedback and complaints, staffing, and operational issues, and the results were discussed at monthly meetings with the Board. In addition, documentation evidenced internal audits were conducted against the Quality Standards, with the findings analysed and discussed by the Board to inform improvements.

Management and staff described the effective organisation wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, continuous improvement governance was supported by mechanisms such as feedback and complaints, staff feedback, internal audits, and observations. Management described the monitoring processes the timeframes in place to resolve improvement initiatives, which were monitored and documented on the service’s quality improvement plan (QIP) and continuous improvement plan (CIP). Documentation demonstrated the Board was involved in the review and approval of improvements to care and services.

Management and staff described the risk management systems and practices for the management of high-impact, high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. Policies, procedures, and training were in place to manage and prevent risks. The service’s incident register demonstrated incidents were identified and responded to and evaluated to inform improvements.

Policies and procedures were in place to support the clinical governance framework, and staff and management explained how they managed antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how they maintained oversight of clinical care through monitoring and reviewing clinical data, incident reports, and clinical meetings.

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)