Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Beresford Hall |
| Service address: | 1 Cranbrook Road ROSE BAY NSW 2029 |
| Commission ID: | 0970 |
| Approved provider: | Provectus Care Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 14 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 Beresford Hall (**the service**) has been prepared by K.Spurrell, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff showed respect towards consumers, understood their care preferences, and said they celebrated cultural events that aligned with consumers’ backgrounds. Care plans contained consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers said they felt safe, and staff treated them as individuals and staff understood consumers cultural backgrounds and provided care that was aligned with care plans. The service had a Diversity and Inclusion policy which guides staff to meet the specific needs of consumers with diverse characteristics and life experiences, inclusively and respectfully.

Consumers and representatives said consumers were supported to exercise choice and independence, decide who was involved in their care, and to maintain significant relationships.

Consumers who chose to take risks were satisfied they were supported to live the best life they can. Care plans contained risk assessments that detailed mitigation strategies. Staff described how risks were explained to consumers and the support provided to minimise risks.

Consumers said they received the information they needed to make informed choices. Staff described how they distributed information to consumers and representatives, including through the quarterly-newsletter, and the strategies applied for consumers who had difficulty communicating or living with cognitive impairments.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

A comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals and preferences. Staff described how assessments informed delivery of safe and effective care. Care planning documents reflected what was important to consumers in terms of how their care was delivered, and advance care and end of life planning were included if the consumer wished.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partner with consumers and representatives in the assessment and planning process. While most consumers and representatives confirmed they were involved in the assessment and planning process, during Site Audit, two representatives requested additional case conferences to be convened, the service acknowledged this and advised a follow-up consultation would be undertaken in relation to these requests.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Care planning documents were reviewed every 3 months, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care plans reflected safe and effective care, that is tailored to the specific needs and preferences of the consumer. The Assessment Team identified an area for improvement in relation to the recording of pain management. While consumer records indicated most consumers were observed to be comfortable and pain free, the care records for one named consumer, showed that no documented interventions were recorded for mild pain following a fall. The service acknowledged this area for improvement and in response provided evidence of staff training records with identifying pain management including, physically monitoring signs and symptoms of pain, and escalating concerns to clinical staff. On balance, the Assessment Team found this to be an isolated incident. Restrictive practices were managed in line with legislative requirements.

The service had policies and guidelines to effectively manage high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk were communicated and implemented by staff, and representatives were informed of circumstances such as falls and swallowing difficulties.

Care planning documents showed consumers who were nearing the end of life had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service partners with the Local Health District palliative care team with end-of-life care.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes, including handover, daily progress notes, incident reports, and feedback from consumers. This was consistent with representative feedback.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes, care and service plans provided adequate information to support effective and safe sharing of the consumer’s information to support care. Representatives expressed satisfaction in proactively receiving information regarding consumer’s condition.

The service had a network of approved individuals, organisations and/or providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had an Infection Prevention Control Lead, and policies and procedures to guide staff. Staff understood infection minimising strategies, including hand hygiene and outlined the service’s approach to minimising use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 were supported to participate in activities they liked and were provided supports to optimise their independence and quality of life and were observed engaging in a variety of group and independent activities. Consumers felt supported to maintain social, emotional, and spiritual connections, which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who were feeling low.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Consumers and representatives said information about consumers’ condition, needs and preferences were communicated within the organisation, and with others where responsibility of care was shared. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used external volunteer organisations to connect consumers to their community. This was reflected in consumer and representative feedback.

Consumers expressed satisfaction with the variety, quality and quantity of food, and consumers’ care plans recorded dietary requirements. Consumers were encouraged to provide feedback and contribute to the menu development alongside a dietician. A review of meeting minutes reflected consumers expressed concerns that food transported across the service with metal food covers meant the meals were losing heat. In response, the service has invested in plastic covers to keep the consumers food hot when being transported.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean, and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they had access to equipment they needed, and when issues were identified, they were reported to maintenance. Equipment was checked and serviced every 6 months or as required.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be welcoming with consumers moving between the different areas of the service to visit other consumers or participate in activities. Consumers were supported to personalise their rooms and had access to various balconies with views of the harbour, and other areas for consumers to socialise and relax throughout the day.

Consumers said the service environment was well maintained, and they could move around freely both indoors and outdoors. Cleaning staff have a cleaning schedule outlining daily, weekly, monthly, and quarterly cleaning schedules. The cleaning log is updated daily as work is completed.

The service environment was safe, clean, and well maintained. The service had a preventative and reactive maintenance program which identified all items were completed, and a process for daily logging of requirements for corrective maintenance. Staff described how equipment is kept cleaned and maintained, or reported if maintenance is required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they were encouraged to provide feedback, were comfortable to raise any concerns with management or staff and felt safe doing so. Staff described the process they followed should an issue be raised with them directly, including addressing it, or escalating it. The service had information regarding methods for making complaints visible throughout the service in multiple languages and places to submit feedback forms securely. A review of the feedback and complaint register identified the service captured feedback, suggestions or complaints from consumers/representatives and staff.

Consumers and representatives said although they were aware of other avenues for raising a complaint, they were comfortable raising concerns with management and staff in the first instance. Staff and management described the external resources available and said information on accessing advocacy or interpreter services were available around the service and included in the consumer handbook. Observations showed brochures for advocacy services available throughout the service.

Consumers, representatives and staff provided examples of when things had gone wrong, how the open disclosure had occurred and how the service had responded in a timely manner and maintained open communication. Open disclosure was embedded within the service’s complaint procedures. A review of the complaints register demonstrated responses were consistent with the service’s open disclosure policies and procedures, and appropriate actions were undertaken.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. For example, recent representative feedback regarding the lack of lounge seating in the memory support unit resulted in the service upgrading new lounge seating and a consumer and representative meeting organised for input into the designs.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with staffing numbers and although some consumers felt the service needed more staff, there were no substantial impacts on care or services provided observed by the Assessment Team. The service ensured there were adequate staffing levels and mixes to meet the needs of the consumers.

Consumers and representatives said staff were kind, caring and gentle when providing care and services. Management confirmed the service had documented policies to direct staff practice, which outlined care and services were to be delivered in a respectful and kind manner. The Assessment Team observed staff were greeting consumers in a friendly manner and using the consumer's preferred name during greetings.

Consumers and representatives felt staff were skilled and competent in their roles. Staff confirmed the training provided equipped them with knowledge to carry out care and services for consumers. Management explained the recruitment process included verification of minimum qualifications and registration requirements for respective roles, and training captured the requirements for the Quality Standards.

Staff were recruited, trained, equipped, and supported to deliver safe and effective care. Competency of staff was monitored through consumer and representative feedback, and completion of mandatory training. Training records evidenced completion rates for mandatory training, including the Serious Incidents Response Scheme and restrictive practices.

The performance of staff was regularly reviewed through performance appraisals, direct observation and feedback from consumers and representatives. Staff described the annual performance appraisal process, and the service’s records reflected appraisals were up to date.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said the service was run well and were satisfied with the level of engagement in the development, delivery and evaluation of care and services. Management and staff described ways consumers were encouraged to be involved and engaged, such as through resident meetings.

The service had systems and processes to monitor the performance of its service. Various reports were generated and consolidated and received by the governing body on a regular basis who then used this information to assess compliance with the Quality Standards and to initiate improvements to enhance performance or monitor care.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Although the Assessment Team identified an area for improvement relating to the service’s preferred pain management application, the services management team undertook a discussion during the Site Audit to determine the effective use of the platform. The Assessment Team reviewed policies and procedures relating to regulatory compliance, which reflected the relevant legislative requirements.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. The service had policies and procedures to guide staff on how to manage and respond to high-impact or high prevalence risks, to support consumers to live the best life they can.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship, and ways to minimise restrictive practices.

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)