Performance

Report

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| Name of service: | Bert England Lodge |
| Service address: | 111 Woodbridge Drive COOLOONGUP WA 6168 |
| Commission ID: | 7191 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 19 October 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 Bert England Lodge (**the service**) has been prepared by A Kasyan, 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.

# 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 six of the six Requirements have been assessed as Compliant.

Consumers stated they felt the staff knew them well, including what is important to them and staff treated them with dignity and respect.

All staff were observed to consistently have respectful interactions with consumers and demonstrated an understanding of each consumer’s background and knew preferences of individuals.

Care and services provided to consumers were found culturally safe. Staff provided examples of how they support and respect consumers’ individual needs and are providing culturally safe care that is right for the individual consumer. The service has a cultural representative who oversees the weekly cultural days and monthly country-focused theme which promotes cultural awareness and inclusion.

Consumers confirmed they were supported to make decisions about the way their care and services were provided and felt supported to maintain relationships of importance to them.

Staff described how they support consumers to take risks to enable them to live the best lives they can. Care plans showed risks were identified, and consumer choice agreements were observed to outline the identified risk, the potential injury and the level of support required. Care plans were observed to contain relevant information, and consumer choice agreements were signed by the service and the consumer/representative with dates of review and evaluation scheduled.

Communication and information provided is tailored for individual needs, inclusive of level of cognition. Consumers and representatives interviewed confirmed the service provides adequate information to enable them to make informed choices about their day-to-day care.

Consumer’s privacy is respected and personal information is kept confidential. The service uses an electronic password protected system to store information about consumer’s care and needs and other personal information. Staff were observed during the visit to knock on doors prior to entering and close doors to allow for privacy when care was being attended.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs.

Care plans are located in the cupboards of consumers’ rooms and are readily available to consumers and staff providing care. Consumer and representative are given or emailed a copy of the care plan for review after the care plan conferences.

All consumers’ files reviewed included information about advance care planning. It included information on cardiopulmonary resuscitation, hospital transfers and spiritual beliefs.

Staff described how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and services plan.

Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed showed plans had been regularly reviewed including on return from hospital.

# 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 seven of the seven Requirements have been assessed as Compliant.

All consumers and representatives agreed staff meet the consumer’s healthcare needs. Consumers reported feeling safe and confident that they are receiving quality care. Consumers and representatives confirmed they are confident that when the consumer is unwell the service provides the necessary care and/or has them reviewed.

Staff described how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff described the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Each of the care and service plans reviewed showed the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. Care files showed consumers are referred to a range of health professionals and providers of specialised services in a timely manner.

# 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 seven of the seven Requirements have been assessed as Compliant.

Each consumer interviewed confirmed they get safe and effective services and the service supports them in maintaining their independence that meets their needs, goals and preferences. Staff described services and supports offered to consumers that help optimise their health, well-being and quality of life.

The service has a chaplain in attendance twice a week who is available on call for all consumers that wish to utilise the support.

Staff showed their understanding of the importance of spiritual connection for all consumers within the service and advised they ensure consumers who want to participate in church services are supported to attend them.

The lifestyle department meet weekly and discuss activities that are meaningful and important to each consumer. A recently conducted survey identified consumers were wanting more activities that were male-focused. As a result, a Gardening club and Man Cave group were established utilising a male volunteer.

Consumers living with cognitive or mobility impairment are involved in smaller group activities or activities suited to their own individual needs.

Care planning documentation for all sampled consumers showed adequate information to support safe and effective care in relation to services and supports for daily living. The service uses the electronic record system and a referral form is generated to the appropriate area including allied health, chaplaincy, or other organisations and service providers as needed. Consumers reported they were generally satisfied with the food.

The chef obtains feedback from consumers after each lunch time meal service and ensures it is acted upon timely and effectively.

# 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 three of the three Requirements have been assessed as Compliant.

Consumers interviewed reported the service environment was welcoming and they felt comfortable and at home.

The Assessment Team observed the environment to be clean and safe. The service has recently undertaken a number of improvements in relation to the service environment and is still undertaking this process. An interior decorator has been engaged to modernise the environment and enhance comfort for the consumers.

Consumers were observed to be moving freely throughout the service indoors and outdoors with consumers in some houses being able to access the garden areas directly from their bedrooms. The consumers in the dementia support unit also have a secure garden area accessible to them.

Staff reported they have access to a range of equipment and furnishings and felt safe using them and confirmed their understanding of the systems and maintenance arrangements.

The service ensures routine and preventative maintenance schedules are carried out and these are entered into this system and automatically generated at the required intervals. Staff report things are generally fixed in a timely manner.

# 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 four of the four Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints and they feel comfortable doing so. Management and staff confirmed they support consumers to provide feedback and lodge complaints about any issues they have. Documentation showed that feedback forms and complaints are lodged, and observations confirmed that the service has posters pamphlets about complaints.

Consumers and representatives are provided with complaint information on entry and feedback is provided through relative and representative meetings held monthly in each house.

Consumers and representatives confirmed they are aware of advocacy services and how to lodge an external complaint if they wish to. Staff said they act as advocates for consumers and will lodge feedback and complaints on their behalf.

Observations showed that advocacy and external complaints information is available to all consumers along with language services if they require them. External complaints information, advocacy and language services were observed to be available through the service on posters and in pamphlets.

Consumers and representatives confirmed they are satisfied when issues are raised that management and staff respond appropriately and when incidents occur open disclosure is used. However, it was identified that with one incident the service could not demonstrate that open disclosure was used and some complaints that are immediately resolved were not always recorded on the complaints register. Staff and management could describe open disclosure and provided examples of where it had been used. There are policies and procedures for staff to follow in relation to complaints and open disclose to ensure best practice is followed.

Consumers and representatives interviewed were satisfied that their complaints or feedback are used to improve the quality of care and services. Management could demonstrate that feedback and complaints are analysed with improvements added to the continuous improvement plan to improve care and services. Staff could advise of improvements that have come from feedback from consumers.

# 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 five of the five Requirements have been assessed as Compliant.

The workforce is planned and the mix and match of staff enables safe and quality care. Consumers and representatives confirmed they are satisfied with the staffing numbers in the service and don’t have to wait long on most occasions to be attended to. Staff said they were able to complete their duties, and management replaces staff when staff cannot attend at short notice. Management said they do consider consumer acuity and feedback from staff and consumers on staffing and have incorporated this into planning and the roster.

All consumers and representatives interviewed confirmed staff are kind and caring when providing consumers with care and services. Staff were observed to have kind interactions with consumers, allowing them choice and treating them respectfully. Management said they monitor staff to ensure they are kind and respectful to consumers.

Consumers and representatives confirmed that staff are knowledgeable and are good at what they do. Staff said they have duty statements and receive continual training to ensure they are effective in their role. Management confirmed that all competencies are checked and duty statements are always updated to reflect the requirement of the role. Documents showed all professional registrations are current and there are duty statements for all roles.

Consumers and representatives confirmed that staff are trained well and can provide them with quality care and services. Staff advised they completed an orientation and receive ongoing training. There is a corporate and service orientation for staff to complete prior to commencement at the service and compulsory training is completed annually. Documents showed all staff have completed orientation and mandatory training.

Performance reviews are held regularly and monitoring of staff performance is completed on a day-to-day basis. Staff confirmed they have performance appraisals and have input as to their training needs. Where performance issues are detected, action is undertaken to remedy the issues.

# 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 five of the five Requirements have been assessed as Compliant.

Consumers and representatives described the different ways they are able to provide feedback and confirmed management makes changes based on their suggestions. Consumers advised they feel safe at the service and they are provided with quality care and services.

The Board is responsible for governance policies and procedures and has an organisation structure that monitors care and risks within the service. The organisation has a strategic plan which provides direction and drives improvements for the organisation. Management provided examples of how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

The service has effective organisational risk management and clinical governance systems, and staff practice is in line with organisational expectations in managing risks. Staff are trained to respond to abuse and neglect of consumers and could explain their reporting requirements. Consumers are supported to live the best life they can by the service providing them activities and allowing them to take risks if they choose to. The service has an effective incident management system to ensure all incidents are managed in line with the Serious Incident Response Scheme.

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)