Performance

Report

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| Name of service: | Performance report date: |
| Bethany | 24 June 2022 |
| Commission ID: | Activity type: |
| 5760 | Site audit |
| Approved provider: | Activity date: |
| Mercy Health and Aged Care Central Queensland Limited | 31 May 2022 to 02 June 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 Bethany (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the assessment team’s report received 23 June 2022
* 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 | | Compliant |
| 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 were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers felt valued, their culture was recognised and supported, consumers were supported to take risks to enable them to live their best life.

Consumers were encouraged to do things for themselves, staff knew what was important to them, they could exercise choice, retain their independence, and communicate their decisions relating to the care and services they wished to receive. Consumers confirmed their personal privacy was respected and did not voice any concerns regarding confidentiality as it related to management of their personal information. Consumers’ relationships were respected and supported, and staff demonstrated awareness of matters of importance to the consumer to support the consumer to live the best life they can.

Review of care planning documentation identified the service understood and supported consumer choice. Staff provided information consistent with care planning documents and demonstrated an understanding of consumers’ personal experiences to assist the consumers maintain relationships of choice. Consumers and representatives confirmed the service was effective in communicating and provided accurate and timely information that allowed consumers to make decisions on their day-to-day care.

Based on the information detailed above, it is my decision this Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 felt like partners in the ongoing assessment and planning of their care and services. Assessment and care documentation reflected individual consumer’s current needs, goals and preferences. Consumers were included in the ongoing assessment and planning of their care and services, and other persons the consumer wished to be involved were also included in assessment and planning processes. Consumers and representatives were informed about the outcomes of assessment and planning, and consumers had access to their care documentation if they required it.

Initial assessments were completed to identify consumers’ needs, goals and preferences, including advance care planning and end of life planning. Risks were identified as part of the assessment and care planning process. Care plans were reviewed on a three-monthly basis or as consumer care needs changed. The service accessed external services and allied health professionals as required to support consumer care.

Based on the information detailed above, it is my decision this Standard is Compliant.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 received personal care and clinical care that was safe and right for them. Care provided was is in line with best practice guidelines and was tailored to the needs of the consumer and services from Medical officers or other health professionals was timely when needed. Consumers confirmed they received care and services in line with their preferences for end of life care, including dignity and comfort. Appropriate and timely care was delivered to consumers who experienced a deterioration in their health.

The consumers’ care and services plan informed the provision of safe and effective personal and clinical care, and the sharing and communication of information to support the consumers health and well-being. Care documentation reflected the identification of, and response to, changes in consumers’ condition or health status, including the effective management of high impact and high prevalence risks to the consumer and referrals as required.

The service had a documented infection control process, including an Outbreak management plan, education and training for staff and the appointment of a dedicated Infection Prevention Control Lead at the service, to assist in the prevention and control of outbreaks, including COVID19.

Based on the information detailed above, it is my decision this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 received the services and supports for daily living that were important for their health and well-being and that enable them to do the things they want to do. Consumers were supported to participate in the service’s lifestyle program or engage in independent activities of interest to them. Consumers were able to participate in their community both within and external to the service environment. Consumers were encouraged to keep in touch with people who were important to them. During COVID-19 visitor restrictions, consumers were supported to maintain contact with family and friends through telephone and video calls.

Consumers confirmed their emotional and spiritual needs were well supported within the service by the lifestyle and pastoral care team. Consumers provided positive feedback regarding the quality, variety and availability of meals and the dining experience within the service.

Information regarding consumers’ needs and preferences was effectively communicated within and outside of the organisation including referral of information if required. Equipment provided was safe, suitable for the consumer, clean and well maintained.

Based on the information detailed above, it is my decision this Standard is Compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 they belonged in the service and feel safe and comfortable in the service environment.

Consumers confirmed they felt safe living at the service and they could access indoor and outdoor areas. Consumers and representatives reported the service is clean and well maintained. Consumers confirmed they felt at home, visitors were welcome in the service and they had various areas where they can sit comfortably.

Staff were aware of how to report items requiring maintenance. Documentation reviewed identified reactive maintenance is attended in a timely manner and preventative maintenance is undertaken as scheduled.

The service’s furniture was observed to be safe, comfortable and suitable for consumers.

Based on the information detailed above, it is my decision this Standard is Compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 were encouraged and supported to give feedback and make complaints, and appropriate action was taken in response to feedback and complaints. Consumers and representatives were encouraged by the service to provide feedback and were able to describe the various mechanisms available should they wish to provide feedback, make a suggestion or raise a complaint.

Consumers and representatives described management as approachable and said appropriate action had been taken when feedback had been provided or complaints were raised. Consumers and representatives who had previously raised complaints with the service were able to describe the improvements implemented by the service in response to their feedback.

The service provided examples and demonstrated that an open disclosure approach to complaints resolution or incidents was applied. Information was available for consumers throughout the service regarding access to advocacy services and consumers were aware of how to raise a complaint via external organisations and regulatory bodies.

Based on the information detailed above, it is my decision this Standard is Compliant.

**Standard 7**

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

## Findings

Consumers received quality care and services when required from people who were knowledgeable, capable and caring. Consumers and representatives confirmed staff were kind and considerate of consumer needs when providing care. Consumers and representatives reported staff knew what they were doing and were suitably skilled to undertake their roles and meet the care, needs and preferences of consumers.

The workforce was planned to ensure the appropriate number and mix of staff was available to manage and deliver safe and quality care and services. Staff stated there were enough staff to meet the care needs of consumers, and they were provided with appropriate training.

Management undertakes monitoring and review of the performance of staff members, however acknowledged the formal process and documentation of annual staff performance review is currently behind schedule, however, staff performance was being captured and enacted upon where required. Staff confirmed they were provided regular feedback on their performance.

Based on the information detailed above, it is my decision this Standard is Compliant.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives were invited to participate in consumer meetings and discussions on care and services including possible improvements. Consumers and representatives were encouraged to make suggestions to enable the service to support the consumers to live their best life. Representatives confirmed the service communicated with them and they were kept informed of any changes that may impact on the delivery of care and services of consumers.

Management communicated with the Board to ensure the organisation delivered safe and quality care and services to consumers. There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, compliance with legislation and regulations, and feedback and complaints.

The organisation implemented effective risk and incident management systems and practices to identify, report, prevent and manage risks and incidents, including incidents that must be reported in accordance with legislation.

The organisation developed a clinical governance framework which promoted and enforced the core elements of clinical governance, which directed the application, monitoring and management of clinical processes.

Based on the information detailed above, it is my decision this Standard is Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)