Performance

Report

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| Name of service: | Performance report date: |
| Bethesda Aged Care Plus Centre | 19 September 2022 |
| Commission ID: | Activity type: |
| 5144 | Site audit |
| Approved provider: | Activity date: |
| The Salvation Army (Queensland) Property Trust | 09 August 2022 to 11 August 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 Bethesda Aged Care Plus Centre (**the service**) has been considered by Kathryn Spurrell, 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.
* 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 and representatives considered staff treat them with respect and provide care in line with their cultural preferences, values, and beliefs. Staff were observed to be treating consumers with dignity and displayed an understanding of consumers’ individual choices and preferences. Care planning documentation included information regarding consumer’s preferences for daily living.

Consumers described how they are supported to exercise choice and independence and to make decisions about the care and services they receive. Staff described how they support consumers to maintain relationships of choice, which was supported by care documentation which included information about care and services preferences, and when family, friends, carers or others should be involved in decisions about consumers’ care.

Consumers and staff described how consumers are supported by staff to take risks and live the best life they can and to understand the risks involved. Care planning documentation evidenced examples of consumers being supported to take risks and appropriate risks assessments being completed.

Staff confirmed consumers are provided information to assist them to make decisions about the things they would like to do through information displayed throughout the service, activity calendars, menus, newsletters, verbal communication from staff and consumer meetings.

Consumers privacy and staff described the practical ways they respect the personal privacy of consumers. The Assessment team observed staff knocking on consumers’ doors prior to entry and using passwords to access consumers’ personal information on the electronic case management system.

# 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 and representatives confirmed their involvement and consultation in the care planning and assessment process, which includes consideration of potential risks relating to consumers’ diagnoses and their preferred activities. Staff described the assessment process for consumers entering the service and a review of consumer care planning documentation demonstrated assessment, planning and consideration of risk informs the delivery of safe and effective care and services.

Care documentation demonstrated assessment and planning identified and addressed consumers’ individualised needs, preferences and goals or strategies and included representatives, and other health care providers in consumers’ care. The planning process included advanced care planning and consumers confirmed they have either a statement of choice or an advanced care plan in place.

The outcomes of assessment and planning are communicated to consumers and are readily available, consumers confirmed they can access a copy of their care plan.

Consumers and representatives confirmed care and services are reviewed regularly and following a change to a consumer’s needs or condition. The Assessment Team observed all consumers’ care plans have been reviewed within three months of the site audit.

# 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 confirmed they receive personal and clinical care that is safe, effective and tailored to their individual needs and preferences. Staff described the principles associated with managing high impact and high prevalence risks, including minimising restrictive practices. Risks associated with the care of consumers is reflected in their care planning documentation, which includes risk mitigation strategies.

Care planning documentation recorded the needs, goals and preferences for consumers nearing the end of their life and provide guidance to staff to ensure comfort and dignity for consumers when providing end of life care. Deterioration and changes in consumers’ mental health, cognitive or physical function, capacity or condition were identified and responded to in a timely manner.

Consumers and representatives said staff communicate effectively between each other, resulting in consumers’ needs and preferences being known and addressed. Staff confirmed changes in the care and services of consumers is communicated within the service through various ways including the case management system, care planning documentation and handover processes.

Consumers described how they access other health professionals, including medical officers, physiotherapists, dentists, and ophthalmologists. Staff were able to describe the process for referring consumers to external health providers.

The service has an infection prevention and control lead and an appropriate infection control program which includes anti-microbial stewardship and standard and transmission-based precautions to prevent and control infections. All staff interviewed were able to describe how infection related risks are minimised and the importance of reducing the use of antibiotics at the service.

# 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 and representatives confirmed that consumers receive safe and effective services and supports for daily living which meet their needs, goals and preferences and optimises independence.

The service demonstrated that there are services and supports available to support consumers’ emotional, spiritual and psychological well-being. For example, the service has strong connections with the religious community including community leaders, cultural and religious communities and chaplains. Care planning documentation captured information on services and supports that are important to consumers.

The service encourages and supports each consumer to do things of interest to them, have social and personal relationships and participate in their community both within and outside the service environment. Consumers confirmed they are supported to engage with their families and the community outside of their service.

Consumers and representatives indicated consumers’ condition, needs and preferences are effectively communicated within the organisation and with others responsible for care or services. Staff described how changes to consumers’ care and services are communicated through handover processes, progress notes and lifestyle notices displayed in the nurse’s station.

The service has processes in place to enable referrals to individuals, other organisations or providers of other care. Care planning documentation identified the involvement of other organisations and providers of care and services, including pastoral support and a therapy dog organisation.

Consumers and representatives were happy with the quality and quantity of meals. The Assessment Team observed that the kitchen was clean and tidy, and staff were adhering to food and safety protocols.

The Assessment team observed equipment used was safe, suitable, clean, and well maintained. Staff confirmed they can access the necessary equipment as required.

# 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

The service environment was welcoming and easy to navigate and optimised consumers’ sense of belonging and independence. Consumers felt at home at the service, and the Assessment Team observed consumers’ rooms personalised with furniture and décor of their choice.

Consumers and representatives reported the service to be clean and well-maintained and the Assessment Team observed consumers moving freely both indoors and outdoors.

Regular cleaning schedules were in place throughout the service and the furniture, fittings and equipment were observed to be generally clean and well-maintained. Regular maintenance was completed to a schedule, or as needed when a hazard is identified.

**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 and representatives felt comfortable to provide feedback and make complaints and described how they can provide feedback via feedback forms, consumer meetings, or speaking directly with registered staff. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives, which included feedback forms and confidential mailboxes located in the service's reception.

The service provided written materials to communicate advocacy, language, and external complaints pathways to consumers and representatives. The Assessment Team observed brochures, forms and posters providing information on advocacy and external supports for consumers in the reception of the service.

Consumers and representatives confirmed the service takes appropriate action in response to feedback in an open and transparent manner. The service had policies and procedures in place to guide staff and ensure consumer complaints are collected, managed, and responded to.

The organisation’s feedback and complaints policy, open disclosure policy and quality improvement plan shows the service uses feedback and complaints from consumers and representatives to resolve issues and inform the process of continuous improvement.

**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 and representatives said the service employs sufficiently skilled staff to provide the care and services the consumers require. Consumers and representatives described staff interactions with consumers as kind, caring and respectful.

Consumers and representatives said staff are sufficiently skilled to provide safe and effective care and services. Staff documentation demonstrates the service monitors the currency of staff qualifications and registrations, police checks and mandatory training.

The service has a recruitment process for employee selection to ensure the right people in the right roles, including screening and onboarding, regulatory compliance checking and a mandatory training plan.

The service had an effective performance and development system which included annual performance appraisals. Staff confirmed they received training, support, professional development supervision during orientation.

**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 and representatives advised the service is run well and they have a say in the development, delivery and evaluation of care and services. Management described various ways they engage consumers including three monthly consumer experience surveys, monthly consumer and representative meetings, feedback forms, and discussions with consumers and representatives during case conferencing.

The governing body promotes a culture that is safe, inclusive with quality care, is accountable for its delivery and maintains oversight through a governance framework consisting of policies and procedures, internal audits and benchmarking, and monitoring of key data.

The service has governance systems to support effective information management, compliance and regulation, complaints management and open disclosure and clinical care. Any updates to practice or legislative changes are disseminated to staff through staff meetings, memos, email correspondence, staff education, training sessions and amendments to policies and procedures.

The service provided a documented risk management framework, including policies describing how high-impact or high-prevalence risks associated with the care of consumers are managed. The service demonstrated there was a clinical governance framework in place, which included antimicrobial stewardship, minimising the use of restraint and open disclosure.

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-2)