Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Bethesda Caring Centre | 29 June 2022 |
| Commission ID: | Activity type: |
| 5401 | Site Audit |
| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (Q.) | 9 May 2022 – 12 May 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 Caring Centre (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 6 June 2022.
* other information and intelligence held by the Commission in relation to the service.

The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

# 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 felt their identity, culture and diversity are understood and valued and stated they are treated respectfully by staff. Staff were able to explain how consumer’s culture and preferences influenced the way in which care and services are delivered, such as facilitating activities that are culturally important to consumers. Care documents reviewed by the Assessment Team included important cultural information for consumers. Staff were observed assisting consumers in a dignified manner.

Consumers described how they make informed choices about their care and services and said they are supported to exercise choice and independence. Staff demonstrated how they support consumers to maintain their independence, such as informed decision making about care and services.

Consumers and representatives provided examples to demonstrate how consumers are supported to take risks to enable them to live the best life they can. Care planning documentation show that risks are identified through risk assessments and are discussed with consumers and or their representative.

Information provided to each consumer is current, accurate and timely, communicated clearly, easy to understand and enables them to exercise choice. Management described the ways in which information is provided to consumers and representatives.

Consumers expressed satisfaction in the way their privacy is respected, and staff demonstrated how they respect consumer’s privacy. The Assessment Team observed staff respecting consumer’s privacy, for example by knocking on doors before entering into their room and keeping personal information confidential.

# 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

Care planning documentation demonstrated that the service effectively considers risks to individual consumer’s health and well-being and uses this information to inform the delivery of safe and effective care and services. This was further reflected in feedback from consumers and representatives. Staff outlined the assessment and planning process for consumers upon entry to the service which were then reviewed four-monthly or more frequently when changes occur. The service has policies and procedures to guide staff practice in relation to assessment and planning.

The Assessment Team reviewed care planning documents and found they reflected consumer’s current needs, goals and preferences. End of life preferences, including advance care planning is included where the consumer wishes. Management described how the service works collaboratively with external providers to provide end of life care, and staff have been trained in palliative care through special project funding.

The service completes assessment and planning in consultation with consumers, representatives and providers of other services. Staff said changes or concerns regarding consumer’s health are communicated to representatives and referred to the medical officers or specialised health professionals if required.

Consumers and representatives said staff involve them in care planning and explain information about their care and services effectively. Consumers confirmed they can access a copy of their care plan should they choose to. Review of care planning documents demonstrated that assessment and planning outcomes are communicated to consumers and their representative.

# 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 and representatives considered that consumers receive personal and clinical care that is safe and right for them. Care plans are linked to best practice models of care and include a range of risk-based assessments tailored to consumer needs to optimise their health and well-being. Staff demonstrated an understanding of consumer’s clinical and personal care needs in line with their care planning documents, and described policies, procedures and work instructions that guide their practice and work. Care documents demonstrated that there are authorisation and consent forms in place for consumers subject to restraint

Care planning documents identified that high impact and high prevalence risks are effectively managed by the service and include directives for care staff such as manual handling instructions, falls prevention and monitoring equipment. Management outlined how consumers with high impact risks were reviewed at weekly meetings and discussions include strategies to manage these risks. Policies are available to all staff on high impact or high prevalence risks associated with the care of consumers.

Advance care plans and the needs, goals and preferences of consumers approaching end of life care are included in care planning documents. Staff described how these conversations are undertaken sensitively, with the approach adapted based on individual needs.

The service demonstrated that deterioration or change in consumer’s health are identified and responded to in a timely manner. This was reflected in care planning documents and progress notes and reflect feedback from consumers and representatives. Staff were able to explain how they recognised and responded to deterioration or change in the consumer’s condition and health status, and the processes to refer for medical review or transfer to hospital.

Consumers and representatives said they are satisfied that consumers’ needs, and preferences are effectively communicated between staff, and they receive the care they need. Staff were able to explain in various ways how changes in consumers care and services are communicated, which included hand over at the commencement of each shift, huddles, reading consumer’s care plans and progress notes.

Care planning documents showed the service makes appropriate referrals to other providers or organisations in a timely manner which was reflected in feedback from consumers and representatives. Staff explained how referrals are made in consultation with consumers and representatives.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including COVID-19. Staff were observed cleaning equipment, including shared devices between uses.

# 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 confirmed they receive the services and supports for daily living and described how the service assists them to engage in independent activities of interest to them. Consumers said the service regularly seeks feedback in relation to consumer preferences and activities offered. Care plans include information about what is important to consumers, and the support needed to help them do the things they wish to. The Assessment Team observed consumers engaging in a variety of group and independent activities during the site audit.

The service demonstrated services and supports to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives said staff are supportive if they are concerned a consumer is feeling low. The Assessment Team observed staff sitting and talking to consumers and engaging with them about topics of interest.

Staff described how consumers participate in activities both within and outside the organisation’s service environment and how programs support their social and personal relationships. Consumers were able to describe the ways in which they are supported to do things within and outside the service and how they maintain relationships with people important to them. Consumers’ and visitors were observed throughout the site audit being greeted by staff and staff were observed encouraging, assisting and supporting consumers during activities.

Consumers and representatives said that staff could identify their needs and preferences and how they like things done. Staff described how changes in consumers’ care and services are communicated through verbal and documented handover processes. Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers expressed satisfaction with the variety, quality and quantity of food currently being provided to them at the service. Care planning documents captured consumer’s dietary preferences and requirements and catering staff were aware of these.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained and that staff and maintenance undertake ongoing monitoring. Consumers confirmed this to be the case and staff were able to describe the process for reporting faulty equipment.

# 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 described feeling safe and at home within the service environment and said they can move freely, both indoors and outdoors. The service is well maintained with some work recently undertaken on elements that are aged, and areas affected by recent flood events. The Assessment Team observed the service environment to be welcoming, with environments that reflect dementia enabling principles of design and sufficient lighting and handrails to support consumers to move around.

Consumers have access to and were observed using a range of equipment including walkers, wheelchairs, and comfort chairs. Equipment to support personal care is also provided. Review of the programmed maintenance books demonstrated regular maintenance of equipment is completed according to a schedule. Call bells were noted to be in working condition and well-maintained throughout the service.

**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 said they were aware of how to make a complaint, had been provided sufficient information to make a complaint or provide feedback and, felt they were encouraged and supported to do so. Staff demonstrated understanding of the process they would follow should a consumer make a complaint or give feedback to them personally. Information about how to make a complaint or provide feedback was included in the service’s Resident Handbook.

Documentation confirmed consumers and representatives have access to advocates, language services and other methods for raising and resolving complaints. Consumers who had difficulty communicating said they were able to request assistance of staff or family members to provide feedback or make a complaint. Management advised that if required, interpreter services are available for consumers with other cultural backgrounds when the need might arise.

The Assessment Team found the service had comprehensive documentation which demonstrated that consumer and representative complaints and feedback are captured, assessed, and recorded. Management was able to describe areas of complaints made by consumers and representatives and what had been done in response to improve the quality of care and services. Consumers and representatives were able to describe the changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services.

**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 staff felt there are enough staff at the service to meet consumer needs and deliver safe and quality care. Call bell response times indicated that response rates are meeting targets.

The Assessment Team observed staff interactions with consumers were kind, caring and respectful of each consumer’s identity, culture, and diversity. The service has position descriptions which outline the qualifications, registrations, knowledge, skills and abilities required for each staff member's role and responsibilities. All staff undergo mandatory training and additional custom modules to ensure role-based training supports consumer’s needs. Staff were able to explain confidently the care needs of individual consumers.

The service has systems and processes to ensure staff are recruited, trained, and supported to deliver care and services. Staff confirmed they receive training and support to provide the care and services consumers require. Consumers and representatives felt staff are well trained to deliver the care and support they require.

Management described the annual performance appraisal and staff confirmed they took part in performance reviews every year and three and six months after appointment for new staff members.

**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 stated the service is well-run and confirmed they are involved in the delivery and evaluation of care and services. The services recruitment and selection procedures are designed to select staff who share the values of the organisation and who support the culture of safe, inclusive, and quality care and consumers are included in the recruitment process.

Policy and Procedures support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders.

The service demonstrated effective systems to support continuous improvement, financial management, workforce management, regulatory compliance and feedback and complaints. Staff said they can readily access the information that they need to perform their role. Consumer and representative feedback are reviewed by management and results are reported to the Board. The Board uses this information to identify the organisation’s compliance with the Quality Standards and to initiate improvement actions to enhance performance across the organisation.

The service’s risk management systems and practices included policies that covered the management of high impact or high prevalence risks associated with the care of consumers and incident management and prevention. Staff demonstrated awareness of these systems and how they were relevant to their work.

The service’s clinical governance framework included policies in relation to antimicrobial stewardship, minimising use of restraint, and open disclosure. Staff demonstrated awareness of the framework and described how they were relevant to their work.