Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bexley Care Centre |
| Service address: | 82-84 Connemarra Street BEXLEY NSW 2207 |
| Commission ID: | 2541 |
| Approved provider: | Fresh Fields Management (NSW) No 2 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 June 2023 to 7 June 2023 |
| Performance report date: | 28 June 2023 |

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 Bexley Care Centre (**the service**) has been prepared by   
D. McDonald 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
* The provider’s response to the site audit report received 22 June 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

**Areas for improvement**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**Standard 1**

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

**Findings**

Consumers and representatives said consumers were treated with dignity and respect. Staff were observed interacting with consumers in a respectful manner and in line with consumers’ preferences. Care documentation reflected consumers’ background, personal preferences, identity and cultural practices.

Consumers said their cultural backgrounds informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly. Staff were guided by policies and procedures outlining delivery of culturally safe care and services.

Consumers and representatives said consumers’ decisions were supported, including to maintain important relationships. Staff were knowledgeable of consumers’ choices and those they wished to be involved in their care. Care documentation reflected consumer choice.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff confirmed supporting consumers wishing to take risks, including ensuring they understood benefits and potential harms. Care documentation reflected risk assessments and minimisation strategies.

Consumers and representatives said information provided was timely and accurate. Staff confirmed information was provided through an events calendar and meetings. Monthly newsletters, meeting minutes, menus and activity calendars were displayed on noticeboards.

Consumers said their privacy was respected and their personal information kept confidential. Staff were observed knocking on doors, closing doors prior to care delivery, locking the nurses’ station and using passwords to access the electronic care management system.

**Standard 2**

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

**Findings**

Consumers and representatives confirmed involvement in care assessment and planning. Staff were knowledgeable of care assessment processes and care documentation evidenced risk assessments and mitigation controls. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers and representatives said assessment and planning, identified the consumers’ needs goals and preferences, including for end of life care. Staff discuss end of life care with consumers upon entry, during annual care reviews or if a consumer’s condition deteriorates. Care documentation evidenced consumers’ needs and preferences, including palliative care plans.

Consumers, representatives and staff confirmed consumers were actively involved in assessment and planning of care and services. Care documentation evidenced integrated and coordinated assessment, planning and review involving consumers, representatives and allied health professionals.

Consumers and representatives confirmed they were informed of the outcomes of assessments and were offered copies of care plans. Staff described, documenting assessment and care planning information into an electronic care management system to ensure it is readily available.

Consumers and representatives gave positive feedback regarding regular review of care and services. Staff described undertaking routine care reviews every 4 months or in response to changes or incidents. Care documentation evidenced reviews, assessments and changes in consultation with consumers and allied health professionals.

**Standard 3**

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

**Findings**

Consumers and representatives provided positive feedback regarding personal and clinical care which was tailored to consumers’ needs and preferences. Staff were knowledgeable of consumers individual care needs and were trained in best practice approaches to wound management, palliative care and infection control. Care documentation evidenced best practice care delivered in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks and working with allied health professionals to develop minimisation strategies. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigations.

Care documentation evidenced commencement of an end of life pathway in collaboration with palliative care specialists, and for consumers their pain and comfort was managed. Staff were knowledgeable of palliative care practices and confirmed participating in relevant training. Policies, procedures and clinical protocols guided staff to manage palliating consumers.

Consumers and representatives said staff promptly recognised and responded to deterioration in a consumer’s condition. Staff described the escalation protocols in response to identified changes and care documentation evidenced responsive interventions and consultation with allied health professionals.

Staff described exchanging information regarding consumers’ condition, needs and preferences during handovers and through the electronic care management system, and informing representatives through phone calls, emails and meetings. Staff were observed accessing and exchanging up to date consumer information.

Consumers and representatives said referrals to specialised individuals and services was timely, appropriate and met consumers’ needs. Staff were knowledgeable of referral pathways and care documentation reflected referrals made to a range of allied health professionals, including physiotherapists, dentists and medical officers.

Consumers and representatives gave positive feedback regarding the service’s infection management practices. Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and were guided by an Infection Prevention Lead. Visitors were screened for infection prior to entry and observations confirmed supplies of personal protective equipment.

**Standard 4**

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

Following an assessment contact undertaken 17 November 2022 to 18 November 2022, the service was previously found non-compliant with Requirement 4(3)(a) regarding a lack of individual activities of interest to consumers at risk of social isolation.

The evidence within this Site Audit report supports the service has returned to compliance as staff had participated in training to recognise socially isolated consumers, and all lifestyle documentation was audited with a program of individualised activities developed for socially isolated consumers which aligned to their interests. The frequency of team meetings for lifestyle staff and their rostered shifts were increased to support oversight of the new processes. Consumers provided positive feedback regarding services and supports which optimised their quality of life and staff were knowledgeable of consumers’ individual needs and preferences. Care documentation reflected services and supports were personalised to each consumers needs and preferences.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described providing consumers with individualised support and facilitating online religious services. Care documentation evidenced consumer preferences were identified and observations confirmed consumers participating in emotionally beneficial activities.

Consumers said they were supported to participate in activities within the service and the community. Staff described taking consumer to a local school as part of a program, or welcoming schools and volunteers to the service. Documentation reflected a range of activities for consumers in the service or the community.

Consumers and representatives said consumer information was shared with those involved in their care. Staff confirmed exchanging consumer information during handovers, through discussions or the electronic care management system. Care documentation evidenced consumers’ needs and preferences and involvement by representatives.

Representatives confirmed consumers had access to other service providers aligned with consumer needs. Documentation evidenced referrals were made to a range of services including those which provide social support.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Consumers could provide feedback through food focus meetings which included tastings and confirmed alternate meals were available. Staff were observed updating consumers dietary requirements and assisting consumers during meal service, where required.

Consumers said equipment was safe, suitable, clean and well-maintained and were aware of how to request maintenance. Staff described reviewing maintenance schedules daily and records evidenced registration, completion and ongoing monitoring of preventive and responsive maintenance.

**Standard 5**

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

**Findings**

Consumers and representatives said the service environment was welcoming and consumer rooms were open and well lit. There were communal areas, outdoor courtyards, and comfortable furniture. Management described recent renovations and seeking consumer input regarding the environment, and observations confirmed consumers had personalised their rooms.

Consumers said, and the service environment was observed, to be safe, clean, maintained and comfortable. Contracted cleaners described following daily and weekly schedules and additional cleaning as requested. Staff described maintenance undertaken by staff or contractors and cleaning and maintenance records evidenced up to date tasks.

Consumers and representatives said, and observations confirmed, furniture, fittings and equipment were clean, safe, well-maintained and suited to consumer’s needs. Staff confirmed having access to required equipment to safely support consumers.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

**Findings**

Consumers and representatives said they were encouraged to provide feedback or make a complaint. Management confirmed they supported consumer feedback and complaints through feedback forms, surveys and meetings. Feedback forms and lodgement boxes were available should consumers or representatives wish to lodge feedback anonymously.

Consumers and representatives said they were aware of advocacy services. Staff were knowledgeable of advocacy and language services and how to assist consumer access. Management confirmed availability of advocacy newsletters and meeting minutes evidenced advocates attended consumer meetings.

Consumers and representatives said appropriate action was taken in response to feedback and complaints, including apologies from staff. Management described prompt timeframes in which the service aimed to address and resolve complaints, which was evidenced in the complaints register. Management of feedback and complaints were guided by policies and procedures.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management described analysing and evaluating feedback and complaints in consultation with consumers and representatives, as evidenced in the plan for continuous improvement and meeting minutes.

**Standard 7**

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

**Findings**

Consumers and representatives provided positive feedback regarding the number of available staff to meet consumers’ care needs. Management said shift vacancies were filled by permanent or agency staff and call bell response times were monitored with extended wait times investigated. Rosters evidenced a full complement of staff for each shift.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable and respectful of consumers’ needs and preferences and were observed interacting with consumers in a kind and caring manner. Care documentation evidenced consumers’ identity and preferences.

Consumers and representatives said staff demonstrated knowledge and competency to perform their roles. Staff described being supported to participate in orientation and ongoing training and were paired with experienced staff upon commencement. Records confirmed professional registrations and security vetting was completed and monitored.

Staff confirmed participating in mandatory and elective training and management confirmed training had been planned for the year ahead including for, but not limited to, infection prevention, manual handling and incident reporting. Staff were surveyed to determine training needs and records confirmed all staff had completed mandatory training.

Management confirmed staff completed performance appraisals and their performance was also regularly monitored, assessed and reviewed. New staff underwent probationary reviews at 3 months, post commencement and every 2 years thereafter, or as needed if issues arose. Records evidenced majority of staff appraisals had been completed.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

Consumers and representatives said they were involved in the development and delivery of care and services through meetings, surveys and feedback processes. Management confirmed consumer involvement in care development, delivery and review. Documentation evidenced staff encouraging engagement and consumers inputting to care and service delivery.

Management described the governing body promoting a safe and inclusive culture through monitoring information from the service to develop strategic plans. The service routinely advised the governing body of clinical data which was discussed through a range of governance meetings. A board member routinely visited the service to gather feedback from consumers and staff.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of processes to identify, manage and report serious incidents, including abuse or neglect, and records evidenced all staff had participated in serious incident training.

A clinical governance framework supported by policies and procedures informed best practice. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Records reflected all staff had participated in training for these practices.

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-1)