Performance

Report

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| Name of service: | Braemar Village |
| Service address: | 24-32 Charsley Street WILLAGEE WA 6156 |
| Commission ID: | 7077 |
| Approved provider: | The Commissioners of the Presbyterian Church in WA |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 8 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 Braemar Village (**the service**) has been prepared by M Glenn, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received 25 May 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Staff are familiar with consumer backgrounds and specific strategies to maintain consumers’ identity, culture and diversity. Consumers stated staff know and understand what is important to them and how they like care to be delivered. Consumers were observed to be treated with kindness, dignity, and respect by staff.

Consumers said staff provide care in a way that makes them feel safe. Consumer preferences are respected and consumers are supported to participate in cultural and spiritual activities that are important to them. Staff could describe consumers’ preferences for receiving care in a way that makes consumers feel comfortable and safe.

Consumers could describe how they are supported to make decisions relating to the delivery of care and were observed enjoying friendships with each other and taking advantage of organised social events. Staff were familiar with consumers’ relationships with family and friends and how this influenced their involvement in care and services.

Staff demonstrated knowledge of consumers who choose to engage in activities where risks have been identified and could discuss how these risks were mitigated. Risk assessments undertaken include discussions with consumers and their families about how any risks identified will be managed to ensure consumer safety.

Information provided to consumers is communicated through emails to consumer representatives, noticeboards, activity programs, resident meetings, newsletters and via care plan reviews. Consumers are given opportunities to make personal choices, however, information to enable consumers to make day-to-day choices about alternative meal options was not always clearly provided. Management were made aware of this and an improvement training plan for front line catering staff was developed to ensure consumers are clearly informed of all the options available at meal times. Representatives were satisfied information was provided in a timely way, including when an incident has occurred or a change in the consumer’s condition has been identified.

Consumer privacy is respected with staff observed knocking on consumers’ doors prior to entry and closing the door during provision of care, and consumers’ personal space and privacy was respected when their family or friends visited the service. Policies and procedures are in place to protect the privacy and confidentiality of consumers, along with mandatory training for staff. Consumers feel their privacy is respected and raised no concerns about the management of their personal information.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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

Findings

A variety of risk tools and assessments are used by staff to plan care and identify any risks for consumers. Mobility assessments are conducted to identify consumers at risk of falls and to develop falls prevention strategies. Consumers and representatives confirmed the service discusses risks and plans care accordingly to mitigate any identified risk.

Information documented in care files is current with consumer needs, goals and preferences for care and services. Care files are updated by staff when required, and staff were able to describe how they ensure consumers’ needs and preferences for care delivery are included in their care planning and assessments.

Consumers and representatives stated they were satisfied with their level of involvement in the assessment and planning of care. Documentation showed a variety of external service providers, including wound and palliative specialists, allied health professionals and medical practitioners were included in the assessment and planning of care. Effective processes to ensure assessment and planning is based on an ongoing partnership with the consumer was identified.

Annual meetings are conducted with consumers and representatives to discuss care plans and provide copies if requested. Consumers and representatives stated they had either seen a care plan or had it discussed with them and were satisfied that the outcomes had been communicated.

Consumers and representatives stated the service regularly discusses the care and needs of consumers when incidents or changes in care occur. Documentation showed risks were reassessed and strategies reviewed for consumers who had been involved in incidents, such as falls or pressure injuries.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

Findings

Consumers and representatives are satisfied consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Staff were able to describe how care is tailored to consumers’ needs and preferences and ensure best practice. Observations showed staff identifying and delivering the care needs of individual consumers.

Staff were able to identify consumers at risk and describe what they do to minimise these risks. Consumers at risk of falls all had fall prevention strategies in place and staff were effectively monitoring and managing any consumers experiencing pain. Consumers and representatives are satisfied with how the service manages high impact high prevalence risks.

Representatives stated consumers are kept comfortable, and their dignity preserved while receiving end of life care. Staff were able to describe ways they maximise comfort, preserve the dignity and ensure end of life preferences of the consumer are delivered.

All consumers with changes or deterioration in condition had been recognised and responded to in a timely manner. Staff were able to describe how to recognise signs of deterioration in consumers and escalate further when required. Consumers and representatives are confident the service responds to changes in condition.

Verbal handovers were observed to communicate any changes in consumers’ care requirements and staff said they receive the necessary information to effectively provide care to consumers. Consumers and representatives stated they are satisfied that staff know consumers’ needs and preferences.

Consumers and representatives are satisfied consumers are referred to other service providers when required. Staff were able to state when and how they refer consumers and documentation demonstrated appropriate and timely referrals.

The service demonstrated effective practices to minimise infection related risks. Staff were able to describe how they reduce the risk of infection in their everyday practice. Documentation showed the service supports visiting General Practitioners in appropriate anti-microbial prescribing. Overall, consumers and representatives are satisfied with how the service manages infection related risks with the exception of one representative who stated they had not been happy with one staff member who during COVID, was not always wearing their mask correctly. Documentation showed this complaint was recorded and followed up.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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

Findings

Documentation included information on consumer needs and preferences in relation to daily living supports. Staff demonstrated detailed knowledge of the support needs of consumers and were able to describe goals for optimising independence and well-being. Consumers were observed engaging in exercise groups, therapy activities and using adaptive equipment to maintain their independence.

Documented personal profiles help promote and support each consumer’s emotional, spiritual, and psychological well-being. Consumers stated staff are kind and support them when they feel down.

Consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them. Staff were able to describe the interests of consumers in line with their care plan. Care plan documentation included detailed information about consumers’ likes, dislikes, preferences and social history to help identify how consumers can be supported.

Staff confirmed they receive information in relation to the changing condition, needs or preferences of each consumer. Therapy and lifestyle staff showed extensive knowledge about each consumer and communicate new information about consumer interests and preferences as they become known. Consumers confirmed staff understood their care needs and representatives confirmed they are kept well informed when changes occur.

Consumers feel the service makes timely referrals to other individuals, organisations, or providers to meet their services, supports and needs. Documentation showed access is available to specialists, including psychology, mental health professionals, speech pathology and a dietician. These services are used to ensure that consumers can engage fully in activities of daily living.

In relation to Requirement (3)(f) in this Standard, meals were found to be varied and of suitable quality and quantity. However, most consumers sampled stated that whilst they eat the main meals, they find them generally disappointing. Two consumers were observed to not be offered alternative meals when they expressed dislike of the meal when they were served and one consumer, who only received part of the meal due to known food intolerance, was not offered alternative options. The provider’s response to this specific Requirement included actions implemented following feedback received from the Assessment Team during the Site Audit and previous deficits known to the provider, which I consider adequately address the issues identified. Staff have completed toolbox training focusing on the dining experience for consumers which highlights the importance of alternate menu options specific to a consumer’s allergies and/or preferences. Weekly visits to the service from the Operations Manager of the catering contractor will be conducted to ensure ongoing compliance. The bi-monthly consumer engagement meeting will now be held monthly to address recent feedback, with attendance from the external catering contractor. Senior clinicians will now supervise mealtimes to ensure provision of meal choices and meal presentation meet satisfactory standards.

A range of equipment is provided to meet individual consumers’ needs, including walking aids, specialist commode and shower chairs, and transfer aids. All equipment appeared to be clean and in good condition. A general maintenance schedule is in place to check individual consumer walking aids and wheelchairs to ensure they are in full working order. Consumers stated they are satisfied with equipment provided to them.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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

Findings

The service environment was observed to be welcoming and supportive of consumers by way of lighting, wayfinding signage and comfortable spaces indoors and outdoors for interaction with others or for quiet time alone. Consumers rooms appeared personalised, many had pieces of their own furniture, artwork, and personal ornaments. Consumers and representatives said consumers felt at home and the staff are helpful and friendly.

Maintenance and cleaning schedules are in place and cleaning staff were observed to be regularly cleaning consumer rooms and communal areas. Consumers were observed to be moving freely throughout the service, including through both indoor and outdoor areas. Consumers and representatives said consumers feel safe at the service, and it is clean and well maintained, and they could manage the natural light, fresh air, and temperature in their rooms.

Staff could describe how to identify maintenance issues and escalate these when required. Regular maintenance schedules and processes ensure preventative maintenance of larger items, such as beds and hoists. Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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

Findings

Information describing how to provide feedback and make complaints is displayed around the service. Feedback and complaint forms are located in each wing and a locked box for submitting these forms is checked regularly. Consumers and representatives said they know how to give feedback or raise a concern and staff described ways they support consumers to provide feedback or raise concerns.

Consumers and representatives said they are aware of other services that can assist them. Staff were able to describe the external advocacy and language services, and are able to provide information and assistance to consumers and representatives if needed. Management said they don’t have any consumers or representatives currently utilising the external services and it is a permanent agenda item that is discussed at consumer engagement meetings.

Staff are provided training and ongoing guidance to manage complaints, suggestions and open disclosure. Consumers and representatives said staff acted promptly, with transparency and involved them in the resolution process for any issues raised. However, two consumers and representatives said they have not had any further communication from the service addressing their concerns. Following this feedback, management has conducted a full review of their process and have implemented changes to ensure consumer concerns are addressed.

Information from feedback and complaints is used to drive continuous improvement to care and service provision. Staff were able to describe improvements made as a result of feedback and complaints and consumers and representatives said they are kept up-to-date of changes verbally, at meetings or by the service’s newsletter.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Overall, consumers and representatives said they were happy with staffing levels and mix of staff. The staff roster is reviewed regularly and information from staff meetings, consumers and representatives and monthly call bell reports is taken into consideration to ensure staffing numbers and blend of skills meet the current needs of consumers. Staff stated there is enough staff to deliver care and services.

Consumers and representatives said staff are kind and caring when providing care. Staff demonstrated familiarity with each consumer's individual needs and were observed greeting consumers by their preferred name. Staff stated they would feel comfortable escalating to management if they were to witness or hear about fellow staff being disrespectful or unkind to consumers.

Staff are provided regular education and training to improve their knowledge and are provided job descriptions that outline the expectations and requirements of their role. Staff competency is assessed and discussed during annual performance appraisals. Consumers and representatives feel safe and confident staff are skilled to deliver care and services that met consumers’ needs.

A scheduled mandatory ongoing training program, that begins at induction, is monitored to ensure any non-attendance by staff is followed up and rescheduled. Consumers and representatives have confidence in the ability of staff to deliver care and services. Staff feel supported by management and are encouraged to participate in further training opportunities.

Staff undertake regular performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake. Staff performance is monitored by management through various methods, including direct observation, feedback, complaints and incidents.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# Standard 8

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

Findings

Management encourage and collect feedback from various methods that are reviewed to capture trends and opportunities for service improvement. Consumers and representatives are invited to attend consumer engagement meetings where they can discuss issues and provide input into the delivery of care and services.

The organisation has a governing committee that shares responsibility to ensure the delivery of care and services to consumers are consistently safe and of high quality. The service reports to the committee using information from clinical key performance indicators, risk and incident reports, quality indicators, staffing, infection control and the continuous improvement plan to demonstrate how the service is meeting the Quality Standards. Consumers and representatives feel the service is well run and safe.

Consumers and representatives said they are encouraged to provide feedback and complete surveys used to drive continuous improvement. The service uses a password protected electronic management system to document consumer information relating to care and services and has a range of strategies in place to continually monitor and improve services. Each financial year the service is provided a pre-approved budget to purchase products and equipment up to a set value without delays. Job descriptions and duty statements outline clear responsibilities and expectations for staff. Policies and procedures reviewed were up-to-date and reflected legislative changes.

Consumers are supported and encouraged to take risks and mitigation strategies are documented to guide staff to enable consumers to live their best life. Staff could describe consumers with high impact or high prevalent risks and how they delivered care and services as per policies and procedures.

Staff demonstrated an understanding of open disclosure and antimicrobial stewardship and could describe where they would find policies and procedures to guide them in practice. The service monitors infections and identifies trends to minimise the risk of infection to consumers and, therefore antimicrobial, usage. The policies and procedures guide staff to minimise the use of restraint and open disclosure polices promote honest discussions while striving for improvement and resolution in collaboration with consumers and representatives.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance 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-1)