Performance

Report

**1800 951 822**

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| Name of service: | BSL Aged Care - Clifton Hill |
| Service address: | 160 Gold Street CLIFTON HILL VIC 3068 |
| Commission ID: | 3309 |
| Approved provider: | Brotherhood of St Laurence |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 21 October 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 BSL Aged Care - Clifton Hill (**the service**) has been prepared by G Hope-Simpson, 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.

# 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

Consumers reported being treated with dignity and respect and supported to maintain their values and cultural practices. Care plans documented consumers’ identities, life histories, language and cultural needs. The service has policies and procedures to support delivery of culturally safe care and to protect and enhance consumer dignity and choice.

Consumers confirmed they are supported to maintain important relationships, make and express care decisions and take risks they want to take. Staff described supporting consumers to communicate with loved ones and identified risk-taking consumers. Care plans identified consumer risk-taking decisions and strategies in place to support independence and mitigate safety risks.

Consumers said they receive the information needed to inform decisions about daily care. Staff explained, and observations confirmed, information is provided in hardcopy, displayed digitally and provided verbally each day.

Consumers considered staff respect their privacy and care preferences. Staff demonstrated understanding of privacy needs. Observations confirmed staff await permission before entering consumer rooms and ensure discretion when attending to consumers. The service has policies and procedures in place to guide staff practice in the collection, storage and use of personal information.

# 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

Consumers and representatives considered the service provides satisfactory care, with risks identified and managed. Assessment and planning are used to inform delivery of care and services, with registered staff assessing each consumer on admission to the service. Care plans showed assessment and planning tools used to identify risks and risk-management strategies, including for falls, pressure injuries, weight loss and behaviour.

Consumers and representatives confirmed involvement in assessment and planning, including for advanced care and/or end of life planning conversations. All sampled care plans documented consumers’ current needs, goals and preferences, and all contained advanced care directives. Staff demonstrated understanding of consumer care preferences.

Interviewed consumers and representatives considered they partner with the service in assessment and planning, which they confirmed involves other organisations, individuals and providers of their choice. Staff described the referral process and care plans reflected multi-disciplinary care teams, including but not limited to, Medical Officers (MOs), physiotherapists, dieticians and other allied health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning are communicated to them and most had a copy of their current care plan or were aware how to access one. Sampled care plans were a current account of consumer needs, goals and preferences.

Consumers and representatives reported being notified of changes in circumstances and when incidents occur. Care plans are reviewed every three months as per service policy and following changes in consumer condition and incidents.

# 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 said consumers receive care that is tailored to their needs and which optimises their health and well-being. Care planning documentation and staff interviews demonstrated the service provides safe, effective and individualised personal and clinical care, including in relation to restrictive practices, pain management and skin integrity.

Review of care planning documentation showed the service uses appropriate tools to identify and effectively manage high impact, high prevalence risks, including in relation to falls, weight loss and pressure injuries. All consumers and representatives were satisfied with how their risks are managed.

Consumers and representatives interviewed confirmed the service had discussed end of life care and advanced care planning with them. Sampled care plans documented advanced care and end of life planning, referral to an external palliative care service and the delivery of end of life care in line with consumer preferences. Interviewed staff outlined how care changes as consumers near the end of life, to focus on comfort and involvement of loved ones.

Consumers and representatives reported the service recognises and responds to deterioration and changes in condition in a timely manner. Staff gave recent examples of deterioration they had responded to. Care plans, progress notes and charting showed staff monitor consumer condition and respond to observed changes and deterioration.

Consumers and representatives were satisfied the service communicates changes in their condition. Care planning documents contained sufficient information on consumer condition, needs, preferences and risks to support provision of safe and effective care. Staff described how changes in care are communicated, including through handovers, meetings, care plans, daily task reports and electronic care management system (ECMS) notifications.

Care planning documentation showed the service makes timely and appropriate referrals to a range of medical officers, allied health professionals, external organisations and other individuals. Staff are guided by referral procedures and demonstrated their understanding of the process for internal and external referrals.

Interviewed consumers and representatives were satisfied with the service’s infection control practices. Staff demonstrated understanding of antimicrobial stewardship principals and confirmed they had been trained in Personal Protective Equipment (PPE) use, hand hygiene and outbreak management. Observations confirmed robust COVID-19 screening measures and effective infection control measures used by staff.

# 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

Consumers considered they receive daily living supports that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Care planning documentation showed the service identifies consumers’ lifestyle likes, dislikes, social affiliations and supports them to do things they want to do. An activity calendar observed during the Site Audit showed a varied lifestyle program catering to a range of abilities and interests.

Consumers said the service supports them to meet their emotional and spiritual needs and promotes their well-being. Staff said they support consumers individually if they do not wish to participate in group activities. The service has a weekly mindfulness group, a weekly non-denominational church service and links with volunteer visitors, to support wellbeing.

Consumers said the service supports them to maintain relationships and to do things that interest them in the community outside the service. Care plans documented hobbies and activities of interest to sampled consumers and the supports needed to pursue them. The lifestyle program is developed with and evaluated by consumers.

Consumers said staff know them, and they do not need to repeat their preferences. Staff access information about consumer condition, needs and preferences using the ECMS and through shift handovers. Staff said they are informed of changes in care needs and outlined how information is shared internally and with external providers.

Care plan review demonstrated timely referrals to other individuals, organisations and providers, such as dementia services, counselling services and volunteers. Staff outlined the referrals process and how volunteers are identified, screened, trained and matched with consumers.

Generally, consumers said meals provided were varied and suitable in quality and quantity. Consumers can choose from multiple options at each meal. Food services staff described how individual consumer dietary requirements and preferences are met and consumer feedback is used to evaluate menus.

Consumers and representatives said equipment is clean, well-maintained and suitable for use. Staff understood how to report maintenance issues and said they have access to the lifestyle and daily living equipment needed to perform their roles.

# 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, easily understood and navigated, with clutter free walkways and directional signage in use. Consumers and representatives said the service is welcoming, homelike and simple to navigate.

Consumers and representatives said the service is clean, well maintained and comfortable. Observations confirmed a clean and well-maintained environment, with consumers enjoying unfettered access to indoor and outdoor parts of the service. The cleaning service manager explained that cleaning staff are supported with detailed schedules and cleaning procedure flowcharts to guide their practice.

Consumers and representatives interviewed said service furniture and equipment is safe, clean, well maintained and suitable. Staff understood how to log maintenance requests using the service’s online system. Furniture and equipment were observed to be clean and well-maintained. Documentation review showed preventative and corrective maintenance of equipment and environmental inspections by the maintenance officer.

# 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

Sampled consumers and representatives said the service asks them if they have concerns, they felt supported to provide feedback and make complaints, and they knew how to do so if needed. Information about the complaints and feedback process is displayed in the service. Staff described how they would support consumers with communication barriers, to provide feedback or raise concerns.

Consumers and representatives said while they know about external avenues for making complaints, they are comfortable to make complaints directly to management or staff. Information about advocacy services and external complaint avenues was displayed on notice boards and in multi-lingual brochures.

Consumers said that management deals with complaints to their satisfaction and in a timely manner, with apologies given. Staff understood the feedback and complaints process and are guided by the service’s complaints management policy. Review of the service’s complaint and incident register demonstrated timely and appropriate action and an open disclosure process used in handling of complaints.

Consumers said the service uses their feedback to improve the service. Staff knew how the service uses feedback and complaints to improve care and services. The service’s Plan for Continuous Improvement (PCI) demonstrates trending of complaints and feedback occurs, and actions taken are evaluated in consultation with consumers and/ or representatives.

# 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

Consumers said their call bells are answered quickly and they receive unrushed, quality care from staff members who know them. Staff considered they have enough time to do their jobs and provide care that is to consumer preference and need. Rosters are planned to ensure the right number and mix of personnel.

Consumers said they trust staff, who they reported treat them with care, kindness and respect. Staff were aware of consumer cultural needs and the Code of Conduct which applies to them. Observations showed staff interacting with consumers in unrushed manner, taking time to sit and talk.

Consumers were confident the workforce has the necessary training, skill and competence to perform their roles. The service has systems in place from the point of recruitment onwards, to ensure staff have the training, clearances, registrations, skills, and qualifications to perform their roles.

Staff confirmed they receive training, support, supervision and access to professional development opportunities necessary to carry out their duties effectively. Online and face-to-face training is provided on an ongoing basis and new staff receive an induction and orientation to the service.

Staff described having annual performance appraisals and accessing additional training or receiving new responsibilities as a result of the appraisal process. Documentation review confirmed regular performance assessment, monitoring and review of the workforce, including during probation periods.

# 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

Consumers reported being involved in development, design and evaluation of care and services. Staff and management interviews outlined how the service supports consumer participation, including through ‘resident and relative’ meetings, focus groups, feedback forms and surveys, which inform the service’s PCI.

The organisation’s governing body displays accountability and promotes quality care and services by seeking out information and advice they need to exercise their responsibilities and ensuring members have the right experience and skills to govern the organisation.

The service has effective governance systems in place for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation has a service governance framework. Staff said they have ready access to information needed to do their jobs and the service has a PCI which incorporates outcomes of feedback, complaints, audits and surveys, analysis of quality indicators and changes arising from legislation shifts. Financial governance arrangements are effective, with the service supported by the organisation’s head office. Workforce governance responsibility is shared between the service and head office and which also monitors the service’s regulatory compliance.

Consumers were confident in how the service responds to incidents and concerns regarding abuse and neglect. There are embedded policies and a documented risk management framework. Staff understood how the service works to reduce and manage high impact and high prevalence risks to consumers, and their reporting requirements in relation to incidents, ‘near misses’ and consumer abuse and neglect. The service has an effective dignity of risk process in place to support consumers who want to take risks to enhance their quality of life.

Consumers considered they receive safe, effective and quality care and services. There is a clinical governance framework in place which includes documented policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding of these concepts, how the service adheres to the policies and how data collection on quality indicators informs improvement in care at the service.

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)