Performance

Report

**1800 951 822**

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| Name of service: | Gibson Street Complex |
| Service address: | 26 Gibson St BENDIGO VIC 3550 |
| Commission ID: | 3541 |
| Approved provider: | Bendigo Health Care Group |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 24 November 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 Gibson Street Complex (**the service**) has been prepared by Denise 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 assessment team’s report received on 24 November 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| 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 felt they are always treated with kindness and respect by staff at the service. Staff articulated the needs and preferences of consumers and were observed to be respectful in their interactions. Care planning documentation was individualised to consumers.

Consumers and representatives said staff work with them to promote an inclusive and safe environment by incorporating their preferences, interests, and health considerations when planning the menu and activities. Staff reported engaging with consumers about their interests and preferences. Minutes of consumers’ meetings were available in communal areas.

Consumers and representatives confirmed they were included and involved in decisions about how their care and services were delivered and were able to maintain relationships of choice. Care documentation demonstrated staff supported consumers’ choices and preferences.

Management, staff, and allied health professionals reviewed risks and assisted consumers to understand relevant risks and identified strategies to help them live the best life the can. Care planning documentation captured consumers’ goals and preferences and ensured a tailored and proportionate response to risk.

Consumers and representatives reported receiving relevant information in response to queries regarding their care and services. Consumers and representatives were updated through one-one one or group meetings, either face-to-face or through phone calls or video conferences. Consumers and their families also received updates through electronic mail and monthly newsletters which were printed and available in communal areas.

Interactions between consumers and staff demonstrated respect for consumer privacy and confidentiality. Consumer records were stored on database management systems requiring unique access codes and passwords. Staff were guided by organisational policies relating to consumer privacy and confidentiality.

# 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 said consumers’ current needs and preferences were considered in the care planning process and assessment of risks. Staff described how assessment and care planning is used to deliver safe and effective care and services. The service had a process which guides staff in the assessment of new consumers on entry to the service.

Consumers and representatives confirmed they were given the opportunity to discuss their care needs, goals, and preferences, including advance care directives and end of life planning. Advance care directives are in place for consumers who consented to provide this information. Staff demonstrated a comprehensive knowledge of what is important to consumers in relation to their personal and clinical care.

Consumers and representatives indicated active involvement in assessment, planning and review of their care and services. Staff identified people who the consumer wished to be involved in their care to ensure effective communication and consumer privacy. Consumers care planning documentation demonstrated consumers are partners in their care.

Care planning documentation indicated the outcomes of assessment and planning were communicated to the consumer and their representative and were documented in their care plan. Staff, consumers and representatives confirmed they have access to relevant care plans.

Consumers and representatives reported satisfaction with changes made by staff following incidents that impact on the needs, goals, or preferences of the consumer. Management advised changes to consumers’ care are communicated to representatives promptly who confirmed prompt communication occurred. Care documentation demonstrated changes in conditions, such as deterioration, triggered reassessment of the consumer and appropriate changes to cares and services.

# 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 the personal and clinical care they receive is safe and right for them, Care planning documentation demonstrated individualised care, which was safe, effective, and tailored to the specific needs of the consumer. Staff described consumers’ needs and preference and how these were managed in line with their care plan.

Care documentation reflected that high impact or high prevalence risk, including oral care and reduced nutrition or hydration were identified, and interventions such as the introduction of supplements were implemented to effectively manage risks. Consumers and representatives confirmed care and services were safe and appropriate for the consumer and were satisfied with how risks were managed.

Staff advised discussions relating to end-of-life care needs, goals, and preferences are approached during the initial assessment process. Consumers and representatives confirmed having discussions relating to end-of-life planning and care planning documentation demonstrated end of life care plans were in place for those who chose to participate.

Care documentation demonstrated identification and response to deterioration or changes in condition. Consumers and representatives were satisfied with the service’s response to deterioration. Staff described how they monitor, report, and respond to changes in condition, including the involvement of medical officers, where required.

Consumers and representatives said staff know consumers and their care needs well, consumer information is shared with other organisations where responsibility of care is shared. Care planning documentation provided adequate information about the consumers’ condition, needs, and preferences for staff and other organisations responsible for care.

Care planning documentation demonstrated timely referrals and involvement of medical officers and other allied health professionals including dieticians and speech pathologists in response to changes in consumer dietary intake or weightloss. Consumers and representatives described the contribution of individuals and providers of other services to consumers’ care. Staff advised input from external health professionals inform the ongoing care and services of consumers.

The service had processes in place to minimise infection-related risks and to support the appropriate use of antibiotics to reduce the risk of antimicrobial resistance. The organisation had an infection prevention and control management structure and infection control educated staff who provide ongoing education to staff at the service. Staff demonstrated an understanding of how they minimise the spread of infections and the need to ensure antibiotics are used appropriately.

# 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 and representatives reported receiving safe and effective services, which were tailored to their needs, goals and preferences. Staff were knowledgeable about consumers needs and preferences and said they supported consumers to maintain their independence and quality of life. Consumers’ needs, goals, and preferences were reflected in their care plans.

Consumers and representatives described participating in meaningful activities of interest of importance to them. Staff demonstrated how services were delivered and tailored to meet consumers’ needs. Care planning documentation reflected consumers’ life story and experiences which provide insight into their preferences.

Consumers reported they were supported to participate in activities of interest to them and maintain personal relationships. Staff described how they assisted consumers to follow their interests, pursue and maintain personal relationships. Consumers were observed engaging with each other and staff within the service.

Staff demonstrated an understanding of their roles and responsibilities in handover procedures to ensure continuity of services and supports for consumers. Staff described how information is shared through progress notes and handovers. Consumers and representatives confirmed they are made aware of the services accessed through regular updates. Care planning documentation recorded consumer or representative consent regarding the sharing of information with others.

Care planning documentation demonstrated collaboration with individuals, organisations, and other service providers to support the diverse needs of consumers. Consumers confirmed they are referred to appropriate services and were satisfied with the supports provided. Staff advised referrals to other services were timely and the service evidenced it had established links with a network of individuals, organisation and service providers to ensure consumers have access to a range of services and supports.

Consumers and representatives reported a variety of meal options were provided and were of suitable quality and quantity. Consumes felt the dining experience was comfortable, not rushed, and supported their quality of life. Staff demonstrated knowledge of consumers’ nutrition and hydration needs and preferences and recommendations made by allied health professionals in relation to individual consumers. Staff demonstrated appropriate preparation and storage of food to ensure quality. Consumers were involved in the development of the menu through focus groups, and verbal and written feedback.

Consumers and representatives said they felt safe when using the service’s equipment. Staff were able to advise consumers how to report concerns regarding furniture, fittings, or equipment. Management advised, although personal equipment, such as personal mobility equipment and manual or electric wheelchairs, are maintained by the consumer or their families, staff are able to assist consumers, including through provider referrals.

# 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

Consumers said the facility is welcoming and provided adequate seating for visitors and guests. Navigational signage was observed in common areas to support consumers’ independence and provide visitors with easy access. The Assessment Team observed various communal areas to support consumers’ interactions with each other and their visitors and observed consumers’ rooms and doors to be personalised.

Consumers and representatives indicated the service environment is clean, comfortable, and well-maintained. Consumers felt safe in the facility. Consumers utilising mobility equipment, including four wheeled walkers and electric wheelchairs were observed freely moving around the service through hallways which were free from clutter and obstructions. Cleaning staff advised consumers rooms and ensuites and communal areas are cleaned daily. Consumers had access to outdoor areas which were free from clutter and obstructions.

Consumers and visitors had access to a range of appropriate equipment and comfortable furniture in common areas and consumers reported feeling safe in the facility. Consumers and staff were observed using furniture in the lounge and dining rooms safely. Cleaning staff advised furniture in common areas were cleaned and maintained daily to support consumers’ health and well-being.

# 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

Consumers and representatives said they felt comfortable providing feedback or making a complaint, if necessary, with consumer feedback a standing item on the agenda for consumer meetings. Staff described feedback and complaints mechanisms and processes and how they supported consumers and representatives to make complaints. Information was displayed in the service in relation to providing feedback; feedback forms and lodgement boxes were available in various areas of the service.

Consumers and representatives said they were aware of various methods for raising and resolving complaints and staff described how consumers are provided with information relating to advocacy and external complaint services, including through the entry process. Information relating to external complaint mechanisms and supports was provided to consumers in various forms, including posters and brochures displayed in the service and in the consumer handbook.

The organisation had documented policies in relation to consumer feedback and open disclosure which guide staff practice in relation to actions following the raising of a complaint. Consumers and representatives who confirmed they had made complaints described the actions taken by management as appropriate and timely in response. Complaints’ documentation supported open disclosure had been used when things had gone wrong.

Management described processes by which feedback was used to improve services and provided examples where improvements have been made in response to feedback or complaints. Consumers and representatives felt feedback and complaints provided at consumer meetings and through other means were used to improve the quality of care and services. The organisation had documented policies in relation to using feedback and complaints to identify areas for continuous improvement.

# 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 and representatives said the quality of staff and care provided met their current needs. Consumers reported call bells were not always being answered promptly, however said this has not impacted on their care and management confirmed corrective actions to reduce the call bell response times were being implemented. Staff said there were adequate staff allocated to meet consumers’ needs. Staff were observed to be available when consumers needed them, and management described using supernumerary staff to ensure an appropriate mix of staff enabled safe and effective care.

Consumers and representatives said staff are kind, caring and gentle when delivering cares and service. Staff interactions with consumers were observed to be kind, caring and respectful of consumers’ identity and diversity. Staff described the organisation’s expected behaviours were outlined in organisation’s code of conduct and the staff handbook.

Management detailed processes for ensuring the workforce is competent and have the qualifications or knowledge to effectively perform their roles. Staff felt competent to provide cares required by consumers and outlined mandatory training and assessments required. Consumers and representatives felt confident staff are sufficiently skilled to meet their care needs. Documentation demonstrated staff had relevant qualifications to perform the duties outline in their position descriptions.

Workforce documentation demonstrated recruitment and training requirements ensured staff have the knowledge to deliver the outcomes required by the Quality Standards. Consumers and representatives felt staff knew what they are doing and could not identify any areas where staff required more training.

The organisation had a documented policy on staff performance management which included guidance for performance, and competency review of staff and management of staff whose performance is below standard. Management described the process for performance appraisals and how they were tracked through an electronic human resources platform. Workforce documentation demonstrated performance appraisals being completed with staff.

# 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 detailed processes by which consumers are engaged to partner in the development, delivery and evaluation of care and services provided. Consumers felt involved in the development and delivery of care provided and the service. The organisation had a number of strategies to involve consumers in the development of service delivery, including consumer experience surveys, feedback mechanisms, consumer working groups and consumer forum meetings. Documentation, including consumer meeting minutes, demonstrated input from consumers on the development and delivery of care and services.

The organisation had policies and procedures which included information as to how the governing body promotes a culture of safe, inclusive, and quality care and services. Consumers felt the organisation promoted a culture of safe, inclusive and quality care and was accountable for its delivery. Regular reports were submitted to the governing body through committees, which included information about clinical and quality indicators, critical incidents, serious incident reporting scheme reports, feedback and complaints and continuous improvement.

Management described, and documentation confirmed, effective organisation-wide governance systems in relation, but not limited, to continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. The organisation had policies and procedures that detailed processes around each governance system and provided guidance to staff.

The organisation had effective risk management systems implemented which monitored and assessed high impact or high prevalence risks associated with the care of consumers and included a risk management and clinical governance framework. Staff explained the processes of risk management, including key areas of risks identified that have been mitigated. The organisation had incident management systems, regular clinical meetings and data monitoring systems in place. The governing body actively participated in the review of incidents and other reports, and where required directed change at the service to minimise risk and support consumer safety.

The organisation had a documented clinical governance framework, which included policies relating to infection control management, antimicrobial stewardship, restrictive practices and freedom of movement, and open disclosure. Staff demonstrated an understanding of processes related to the clinical governance framework and committee meeting minutes confirmed key strategies for implementing the framework were discussed.

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)