Performance

Report

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| Name of service: | Mercy Health Bethlehem Home For The Aged |
| Service address: | 36-42 Specimen Hill Road GOLDEN SQUARE VIC 3555 |
| Commission ID: | 4358 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 17 April 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 Mercy Health Bethlehem Home For The Aged (**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.
* 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 said they were treated with dignity and respect. Staff spoke about consumers in a respectful manner and were familiar with consumers’ backgrounds, likes, dislikes, preferences and how these impacted on their care. The Assessment Team observed the Charter of Aged Care Rights displayed around the service.

Care planning documents included information regarding consumers’ background, identity and cultural practices. The pastoral care service provided a caring presence for consumers. Consumers were satisfied with how the service was meeting their cultural needs.

Consumers were supported to exercise choice and independence, decide who was involved in their care, and maintain relationships. Staff supported consumers whose families were unable to visit regularly through video and phone calls. Policy and procedures guided staff on providing choices for consumers and promoting their independence.

Care planning documents reflected decisions and activities taken by consumers that involved risks, and strategies in place to mitigate any risks. Risk assessments were conducted in consultation with the consumer, their representative and relevant health professionals.

Consumers said they received information through noticeboards and menus to make informed choices, such as what they want to eat and activities they wish to attend. Staff were observed providing information to consumers in a suitable manner, including for those with cognitive impairments.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

# 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

Assessment and planning considered risks to consumers’ health and well-being. Care planning documents identified a comprehensive assessment and care planning process which considered risks, and strategies to reduce or eliminate them.

Consumers’ care plans showed key information about diagnoses, specific end-of-life wishes and individual preferences and care needs. Advance care planning and end-of-life planning were included if the consumer wished.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described the process for referring consumers to relevant allied health professionals. Consumers and representatives said staff explained information about care and services, and they could access a copy of the consumer's care plan when they wanted to.

Care planning documents were reviewed every 6 months, or earlier if changes to a consumer’s condition were recognised or any incidents occurred. Clinical incidents were reviewed monthly at service and organisational levels to identify strategies to minimise the risk of reoccurrence, and improvements implemented.

# 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 said they received care that was safe and right for them and met their needs and preferences. Although the service had processes in place to manage restrictive practices, skin integrity and pain management in line with best practices, the Assessment Team found inconsistently documented wound photography and wound measurements. No impact to consumers was identified as a result of the documentation issue and management gave an undertaking to address the issue with staff. Care planning documents otherwise reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

Care planning documents identified high impact and high prevalence risks were effectively managed, and staff implemented strategies to minimise risks, such as sensor mats for consumers at risk of falls. Consumers and representatives felt high impact and high prevalence risks were effectively managed by the service.

Consumers felt their end-of-life needs and preferences will be met, and their comfort maximised. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service was supported by the local palliative care nurse when required.

Care planning documents reflected timely identification of, and response to, deterioration and changes in function of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, and said they escalated to registered staff or other health professionals when necessary.

Consumers considered their needs were effectively communicated between staff. Care documentation, including care plan summaries and progress notes provided information to support effective sharing of information about consumers’ condition, preferences, and care needs.

Consumers and representatives said referrals were timely, appropriate and occurred when needed, and consumer had access to a range of health professionals. Staff described the process to refer clinical matters to other providers. Care planning documents evidenced timely referrals occurred when needed.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. The service had an Infection Prevention Control lead to support the service’s preparedness in the event of an outbreak, together with an outbreak management plan. Staff were observed adhering to infection control practices, such as mask wearing, handwashing and sanitisation.

# 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 said they were supported to do things of interest, and staff encouraged participation in activities which optimised their well-being and quality of life. Care plans reflected consumers’ preferred activities and relevant supports. Lifestyle staff said they engaged consumers of all abilities into activities, such as gardening and pet therapy for consumers who were less mobile.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff outlined a pastoral care program in place and described additional support provided for consumers experiencing a change in mood, such as spending one-on-one time with consumers who do not wish to participate in group activities.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Lifestyle staff organised outings to enable consumers to engage in their local community, such as a visit to the local RSL club and marketplace.

Consumers and representatives considered information was adequately communicated between staff. Staff described how communication of consumers’ needs and preferences occurred via care plans and shift handover. Information was shared with relevant staff and updated on the service’s ECMS.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers.

Most consumers and representatives’ feedback was positive in relation to the food, which they said had improved since recent changes were made to the menu and kitchen staff. Although, food was a trending complaint theme, these concerns relating to food temperature, quality and temperature were being addressed through detailed continuous improvement actions. Changes made in response to consumer feedback included the recent introduction of a seasonal menu with 2 meal options and different serving methods. Consumers felt the temperature and quality of food had overall improved. The Assessment Team observed the kitchen to be clean and well maintained, with temperature monitoring up to date, and current food safety certificate.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers were generally satisfied with the maintenance of equipment. Staff interviewed said they had access to equipment when they need it and could describe how equipment was kept safe, clean and well-maintained.

# 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 had environments that reflected dementia enabling principles of design and sufficient lighting and handrails to support consumers to move around. The service had several shared areas for consumers to interact, indoors and outdoors, including a lounge area and café. Consumers were encouraged to personalise their rooms.

Consumers were satisfied the service was clean, safe and well maintained and said maintenance issues were dealt with quickly. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Effective systems were in place for labelling and prevention of lost clothing.

Consumers and representatives said furniture, fittings, and equipment were safe, clean and well maintained. Equipment was regularly reviewed to monitor for issues and prevent malfunction. Maintenance team members said ad-hoc maintenance items were redirected to external contractors when required. Documents reviewed by the Assessment Team, identified the service performed a 6-monthly communal environment audit. Results from the survey are used to drive improvements in the physical environment.

# 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 were encouraged and supported to provide feedback and make complaints. Mechanisms available to consumers included and not limited to, feedback forms, consumer meetings, and speaking directly with staff and management. Documentation reviewed by the Assessment Team confirmed complaints and suggestions were discussed at consumer meetings.

Consumers and representatives were aware of the channels available to them for feedback and complaints. Staff supported consumers and representatives to provide feedback, which included providing additional assistance to those from diverse backgrounds. Language and advocacy services were available to consumers and representatives as needed. Brochures regarding complaints, advocacy and language services were displayed on noticeboards.

Consumers and representatives said when they raise a concern it was addressed. Staff and management were able to describe the process that was followed when feedback or a complaint was received and most members of the workforce knew what open disclosure was and the underlying principles.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services such as, additional choices on the food menu. Document review demonstrated all feedback and complaints were reviewed and used to improve the quality of care and services and linked to the service’s PCI.

# 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

The Site Audit report brought forward mixed feedback from consumers and representatives in relation to care and services provided. Although some consumers and representatives felt staff were busy, they said this did not impact on care and services provided. Some consumers and representatives said call bell response times slow, however documentation reviewed demonstrated call bells were generally responded to within 5 minutes. Staff expressed confidence the needs of consumers were met, and said although they felt there were too few staff at times, they attended to consumer call bells as soon as possible. The service had a recruitment drive in place and statregies to mitigate impact of staffing issues on consumers.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner. Interactions were observed to be caring, with staff taking a personable approach with consumers. Staff understood consumer needs and preferences.

Consumers and representatives felt staff were skilled and knew what they were doing. The service had position descriptions for each role outlining the minimum qualifications and credential requirements. Probity checks and Australian Health Practitioners Regulation Agency registrations were managed via the servce’s online human resource system and were in date.

Consumers and representatives felt staff were equipped with the knowledge and skills required for their positions. However, training records showed completion rates were not high, though overdue rates were not easily determined as training became due at different times for different staff. Toolbox talks provided additional training on the same mandatory topics.

Staff performance was regularly reviewed through appraisals, direct observation and feedback from consumers and representatives. Staff confirmed they undertake annual performance reviews and were notified ahead of time.

# 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 and representatives were involved in development and evaluation of the service through a number of strategies including, feedback forms, surveys, and resident and representative meetings.

Management confirmed the governing body promoted a culture of quality, safety and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback.

The service had generally effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the organisation’s governance group monitors legislation and provides updates to the service on changes in legislation and regulations.

The service had effective risk management systems and practices to guide staff in relation to management of high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and incident management. Although some staff were outstanding with mandatory training as outlined under Requirement 7(3)(d), policies, procedures and tools were in place to support staff to comply with SIRS obligations.

The service had policies and guidelines around antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff provided examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise use of restrictive practice.

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)