Bene Aged Care - St Clair

Performance Report

2 Jelley Street   
WOODVILLE SA 5011  
Phone number: 08 8449 0900

**Commission ID:** 6838

**Provider name:** Italian Benevolent Foundation SA Inc

**Site Audit date:** 9 November 2020 to 11 November 2020

**Date of Performance Report:** 29 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Approved Provider’s response to the Site Audit report received on 10 December 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers indicated they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Specific examples from consumers and representatives include:

* Staff are kind, respectful and caring and they felt consumers are treated with dignity and respect.
* Consumers are valued, feel safe and consumers’ ethnicity and culture is respected.
* Several consumers confirmed they receive information about the service in newsletters, bulletins, emails and verbally from staff.
* Supported to communicate with family, friends and other consumers during COVID-19 restrictions.
* Privacy and confidentiality is respected.

Care planning documentation includes consumers’ goals, cultural and spiritual needs and preferences, with care plans developed in consultation with consumers and representatives.

Staff interviewed demonstrated knowledge of consumers’ personal histories and preferences. Staff said consumers are given choices, including daily care needs, such as showering times and meal choices. Staff described how consumers are supported to exercise choice about the care and services they receive daily.

The service provides consumers and representatives with admission packs on entry to the service which includes a copy of the service handbook, meal service information, an activities calendar, a copy of the Charter of Aged Care Rights, hairdresser information and information about food safety, privacy and confidentiality.

The organisation has privacy and confidentiality policies and procedures to guide staff in relation to the collection and use of consumer information. Electronic information is password protected and staff confirmed consumers’ hard copy documentation, including paper copies of care plans, were kept in the nurses’ stations which can only be accessed by keypad.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard to be Compliant and Requirement (3)(d) in this Standard to be Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found the service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can. While risk activity forms were completed for consumers who chose to take risks, the service did not demonstrate effective implementation of strategies to support one consumer’s safety and minimise risk while participating in an activity of the consumer’s choosing. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team viewed the risk assessment for a consumer who chooses to participate in an activity which has associated risks. This included several strategies to support the consumer, including direct supervision by staff to provide specific assistance and ensure safety equipment and processes were used. However, the Assessment Team observed, and some staff and the consumer confirmed staff do not always provide direct supervision or ensure safety equipment is used.

The Approved Provider submitted a response to the Assessment Team’s report and indicated the service commenced remedial actions during the Site Audit and are committed to making improvements in response to the deficiencies identified by the Assessment Team. Improvements include, but are not limited to:

* The organisation has revised the smoking policy and procedure.
* Staff have been provided with a toolbox education package, including competency testing.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service had not effectively supported one consumer to engage in an activity of their choosing through staff not consistently implementing strategies which were specifically developed to minimise risk and potential harm to the consumer while participating in this activity.

For the reasons detailed above, I find Italian Benevolent Foundation SA Inc, in relation to Bene Aged Care – St Clair, Non-compliant with Standard 1 Requirement (3)(d).

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

Overall, consumers and representatives interviewed indicated they are partners in the ongoing assessment and planning of care and services. Specific examples from consumers and representatives include:

* Care plans reflect consumers’ care needs and preferences and staff discuss care plans with them on a regular basis.
* Advance care planning and end of life preferences are discussed with staff.
* Medical officers and allied health professionals are involved in care and outcomes of assessments by medical officers and allied health professionals are communicated to consumers and/or representatives.
* Care and services are reviewed regularly and when circumstances change, and representatives indicated they are notified promptly following incidents.

Staff interviewed indicated consumers’ care and services are reviewed weekly by clinical staff and by the multi-disciplinary team monthly. Staff stated they have access to policies and procedures to guide assessment and care planning processes and have access to accurate care plans, with any changes to care plans highlighted at handover or through progress notes.

Clinical staff interviewed described incident management processes which included assessment of consumers, notification to medical officers and representatives, and completion of incident reports.

Care files viewed demonstrated a range of assessments relating to both clinical and lifestyle are completed on entry by clinical staff and reassessments are conducted annually thereafter or as required based on consumers’ needs. Care plans are developed in consultation with consumers and/or representatives, including informing consumers and/or representatives about the outcomes of assessments by medical officers, allied health and other health specialists.

A range of clinical risk assessment tools were used in the assessment process, including skin, mobility, nutrition and hydration, falls, behaviours and wounds. Individualised management strategies to minimise impact of risks were documented in care plans. Care files also included a palliative care assessment to identify consumers’ end of life preferences. Advanced care directives were in each consumer’s hard copy file.

Clinical incidents were reported, collated and monitored on a weekly basis and reported to the Clinical Governance Team each month.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

Overall, consumers and representatives interviewed indicated they receive personal care and clinical care which is safe and right for consumers. Specific examples from consumers and representatives include:

* Consumers and representatives are satisfied consumers are receiving appropriate care for consumers’ individual needs, including management of diabetes, wounds and pain.
* Consumers have access to medical officers and allied health professionals when needed and are confident staff would recognise, report and manage any issues with their health or well-being.

Staff interviewed indicated they had access to policies and procedures that were regularly reviewed and updated to reflect best practice principles and guidelines, including policies relating to restraint, pain and skin integrity.

Management and staff described processes for identifying and managing high-impact or high-prevalence risks associated with the care of consumers, including falls, diabetes, mobility, and behaviour.

Consumer files viewed indicated consumers’ health status is monitored and documented, changes identified, and referrals initiated where necessary. A range of risk assessments had been undertaken in relation to skin integrity, falls, wounds, pain, diabetes, behaviours and nutrition and hydration. Clinical and care staff demonstrated a knowledge of antimicrobial stewardship principles and described strategies to minimise the need for antibiotics.

Consumer files also demonstrated that staff recognise and respond to deterioration in the health and well-being of consumers in a timely manner. Staff described the process they follow when a consumer becomes unwell or their condition deteriorates, including escalating the observation to a registered nurse, contacting a medical officer and family and, where appropriate, initiating a transfer to hospital.

Consumer files also demonstrated referrals had been made to a range of health professionals, such as physiotherapists, speech pathologists, dietitians, optometrists, geriatricians and Dementia Support Australia (DSA). It also indicated there was a system for reporting, collating and monitoring infections.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

Overall, consumers and representatives interviewed indicated consumers get the services and supports for daily living which are important for consumers’ health and well-being and enable consumers to do the things they want to do. Specific examples from consumers and representatives include:

* Consumers enjoy attending the activities provided and are supported by staff to maintain their independence and engage in activities and relationships of their choosing.
* Consumers are provided with emotional support when needed.
* Consumers are satisfied with the meals provided and can provide feedback. Management are responsive to feedback and make requisite changes to the menu.
* Consumers’ rooms are cleaned daily, clothes returned clean, and wheelchairs and shower chairs are cleaned after use.

Documentation demonstrates assessments and care plans include information in relation to consumers’ personal and family histories, past and present interests, cultural and spiritual preferences, and activity choices. Care plans also included information in relation to how individual consumers wish to maintain relationships with their family, friends or other people. Care planning documentation indicates consumers are referred to individuals and other organisations and outcomes shared with appropriate staff and allied health professionals.

Documentation indicates consumers’ dietary needs and preferences are discussed with the consumer and their representative, including allergies, on entry to the service, at six-monthly reviews or when there are changes to a consumer’s nutritional and hydrational status, with this information communicated to kitchen and care staff.

All consumers are provided with a copy of the activities calendar which indicates a range of activities are offered.

The Assessment Team observed the main kitchen and the kitchenettes to be clean and tidy. Equipment in the kitchen used by hospitality staff was clean, safe and in good working order. Consumers and family members had access to tea and coffee and fruit in the kitchenettes. Clinical and ancillary equipment was observed to be clean and in working order. Lifestyle equipment, such as books, jigsaw puzzles, bouncing balls and Rosary beads were readily available.

Staff interviewed provided examples of how they support consumers to maintain connections with the community and strategies used to support consumers’ emotional well-being. Staff said they have access to equipment when they need it, including shower chairs, lifters and wheelchairs. Staff indicated consumers have access to plenty to eat and they receive feedback daily to improve food services to ensure consumers are happy.

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the area designated for smoking was safe and included emergency fire safety equipment. Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement Compliant. I have provided reasons for my finding in the respective Requirement below.

Overall, consumers and representatives indicated consumers consider they belong in the service and feel safe and comfortable in the service environment. Specific consumer and representative examples include:

* Consumers are happy living at the service and have decorated their own rooms with personal items.
* The service has a home like feel and is always clean.
* Furniture is suitable and safe and the service responds quickly to items requiring fixing or maintenance attention.

The Assessment Team observed the service to be clean and well maintained. The layout of the service enabled consumers to move around freely, both indoors and outdoors.

The service demonstrated that preventative and reactive maintenance ensures the service’s environment, furnishing and fittings are well-maintained. The service conducts audits of consumers’ rooms and all areas of the service every three months to ensure they are clean and safe.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found the service was unable to demonstrate the area designated for smoking was safe and included emergency fire safety equipment. The Assessment Team provided the following information and evidence relevant to their recommendation:

* Management stated the organisation is a smoke-free environment but prior to this policy, two consumers residing at the service chose to smoke.
* The Assessment Team observed the area designated for smoking to not include emergency fire safety equipment, such as fire blanket or fire extinguisher.
* During the Site Audit the service completed a risk assessment of the designated smoking area and placed an order for both a fire extinguisher and fire blanket. By the completion of the Site Audit, a fire extinguisher and fire blanket had been placed in the designated smoking area.

The Approved Provider submitted a response to the Assessment Team’s report and indicated the service commenced remedial actions during the Site Audit and are committed to making improvements in response to the deficiencies identified by the Assessment Team. The Approved Provider also submitted the following additional information:

* The designated smoking area is visible from one of two dining and lounge areas and is completely visible through glass windows and doors. A fire extinguisher is available in the dining room and signage for this equipment is visible from the designated smoking area.
* The workplace inspection checklist has been reviewed to ensure it includes the designated smoking area.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have found the designated smoking area prior to the Site Audit did include access to fire safety equipment to use in the event of an emergency, albeit not in the immediate vicinity. The Approved Provider’s response states this equipment was accessible and visible from the designated smoking area and there was no indication staff could not access this equipment in a timely manner in the event of an emergency. I have also considered that during the Site Audit, the service installed a fire extinguisher and fire blanket in the immediate vicinity of the designated smoking area.

For the reasons detailed above, I find Italian Benevolent Foundation SA Inc, in relation to Bene Aged Care – St Clair, Compliant with Standard 5 Requirement (3)(c).

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

Overall consumers and representatives interviewed indicated consumers and representatives are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Specific examples from consumer and representatives include:

* Comfortable providing feedback or raising concerns with staff or management and the service has followed-up and addressed concerns in a timely manner.

The service demonstrated consumers are provided with information about internal and external complaints processes, advocacy services, the new Aged Care Quality Standards and the Charter of Aged Care Rights in the resident handbook. The Assessment Team observed brochures and posters in English and other languages informing consumers and visitors about advocacy services and external complaints processes.

The service had policies and procedures to assist staff in capturing all feedback and documenting concerns on feedback forms. All staff interviewed by the Assessment Team were able to demonstrate a clear understanding of the service’s feedback procedure.

The Assessment Team viewed the service’s complaints, compliments and feedback log and found that all complaints had been investigated and actions taken to resolve the concerns in a timely manner.

Management advised they had implemented a monthly survey process to provide another opportunity for consumers and representatives to regularly provide feedback. Management advised and provided documentation demonstrating the service had an open disclosure policy and process in place to ensure staff and management apply open disclosure practices when things go wrong. Staff had been provided with training on the Aged Care Quality Standards and open disclosure processes.

The service demonstrated that feedback and complaints were reported monthly to the executive team and analysed for trends and opportunities for improvement. Management provided examples of complaints and suggestions that had been used to improve the quality of care for consumers.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as all Requirements in this Standard have been assessed as Compliant.

Overall, consumers and representatives interviewed indicated consumers receive quality care and services when they need them and from staff who are knowledgeable, capable and caring. Specific examples from consumer and representatives include:

* Staff are kind, respectful, caring and know what they were doing.
* Staff answer call bells promptly and there is always enough staff to provide care and services.

The Assessment Team observed staff available to assist consumers and they were interacting with consumers in a kind, caring and respectful manner.

The service was able to demonstrate processes which ensure there are sufficient numbers of competent staff to provide care and services to consumers. Staff said the roster allowed them to provide care and services to consumers and they were familiar with their needs and preferences.

The organisation has recruitment and training processes to ensure staff have the relevant qualifications, skills and clearances to enable them to perform their roles. Staff have access to position descriptions, policies, procedures, codes of conduct, and orientation and induction information. Staff were provided with training and completed competency assessments relevant to their roles.

Staff interviewed said they generally have enough time to provide care and services. They said they can call on staff from other areas for assistance when needed. They were aware that management monitored call bell response times to determine if they were answered promptly. Staff complete mandatory training and on-line education and were supported to undertake additional training.

Managers conduct annual performance appraisals with their staff and performance is monitored on an ongoing basis through feedback from consumers and staff, observations and by reviewing incidents.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements in this Standard has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers and representatives consider they are involved in the development, delivery and evaluation of care and services. Surveys, regular meetings, one-to-one conversations and care plan reviews provide opportunities to consider the perspectives of consumers and representatives to identify improvement opportunities.

Management described how the governing body promoted a culture of safe and inclusive quality care for consumers. The Board of Management receive monthly reports from all of the Approved Provider’s services, including financial reports, occupancy levels, regulatory activities, adverse events, staff education and training, continuous improvement activities, and infection outbreaks. The Assessment Team was advised that changes had been implemented within the last six months to manage the COVID-19 pandemic and to ensure consumers, representatives and staff were informed of the actions the organisation had taken to manage a potential outbreak.

The service has overarching and effective governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information management systems support clinical incident trending, critical incidents, and the feedback register. The service had policies and procedures and staff interviewed were able to demonstrate they can access this information and how it relates to their roles. The service maintains a plan for continuous improvement which indicates improvements have been implemented. Management said they receive legislative updates from peak bodies and the information was disseminated to staff at meetings, training, handover and in a legislative folder in the nurses’ station.

The service demonstrated how they reviewed and monitored antimicrobial stewardship, open disclosure practices and the use of restraints within the organisation. The organisation provided a documented clinical governance framework, including a policy relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Staff said they had been informed about the Aged Care Quality Standards and had discussed related policies at handover, staff meetings and education sessions.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in this Standard to be Compliant and Requirement (3)(d) in this Standard to be Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* While the service had an organisational risk register, incidents of consumer behaviours which constituted a risk to staff were not captured in the service's adverse events register.
* Information provided by staff and the service’s documentation demonstrated consumer behavioural incidents were not consistently recorded in accordance with the organisation’s policy and procedure.
* The Assessment Team viewed the behaviour monitoring charts for some consumers and identified incidents of consumers’ verbal abuse and physical assaults towards staff. The Assessment Team also viewed the service’s adverse events register and noted none of the behaviours charted were reported on the service’s incident reporting register. The Assessment Team also viewed progress notes which identified behavioural incidents which not been recorded on behavioural monitoring charts or adverse event forms.

The Approved Provider submitted a response to the Assessment Team’s report and indicated the service commenced remedial actions during the Site Audit and are committed to making improvements in response to the deficiencies identified by the Assessment Team. Improvements include but are not limited to:

* The organisation has conducted a review of all policies and procedures relating to adverse events, behavioural management, compulsory reporting and elder abuse.
* Staff training will also be provided in relation to reporting responsibilities and monitoring of adhering to reporting processes has been improved to include automated electronic alerts to clinical management when a behaviour chart record has been completed.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service’s risk management systems and practices were not effective. Staff were not effectively reporting consumers’ behavioural incidents to support the organisation to identify and assess risks to the health, safety and well-being of consumers or to improve the service’s performance in relation to care delivery. I have also considered that several staff practices did not effectively support a consumer to live the best life they can through failure to consistently implement strategies to minimise the risk of harm to the consumer.

For the reasons detailed above, I find Italian Benevolent Foundation SA Inc, in relation to Bene Aged Care – St Clair, Non-compliant with Standard 8 Requirement (3)(d).

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The service has implemented an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team in the relevant Requirements.

The service should seek to ensure the following:

* **Standard 1 Requirement (3)(d):**
  + Ensure staff implement strategies developed to support consumers to safely engage in activities of their choosing.
  + Monitoring processes are used in relation to ensure staff are implementing interventions included in the plan of care.
* **Standard 8 Requirement (3)(d):**
  + Staff consistently and accurately report consumer behavioural incidents, so they are captured in the service’s incident reporting processes.
  + Monitoring processes are used to ensure staff are implementing interventions included in the plan of care.