Bene Aged Care - St Clair

Performance Report

2 Jelley Street
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**Commission ID:** 6838

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

**Assessment Contact - Site date:** 1 July 2021

**Date of Performance Report:** 12 August 2021

# Publication of report

This Performance Report **will 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** |  |
| Requirement 1(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site 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 Contact - Site report received 16 July 2021

# STANDARD 1 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the Requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that 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. The service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers interviewed confirmed they felt supported to undertake risks and activities of their choice; to live the best life they can. For example, a consumer is supported to continue to smoke cigarettes; a consumer was supported to refuse medical intervention and choose conservative treatment and another consumer has been supported to be taken to the pub to play the poker machines.

The Quality Standard is not assessed as only one of the six specific requirements have been assessed. The one requirement assessed was found to be Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

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

The assessment team found that the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers interviewed confirmed they felt supported to undertake risks, such as: smoking cigarettes; refuse medical intervention and advice; undertake activities of their choice; and to live the best life they can. Staff interviewed demonstrated knowledge of consumers’ risky activities and could discuss how risks were mitigated.

The service has implemented and reviewed the smoking policy and procedure and provided training to staff to ensure the safety of a consumer who chooses to smoke. Additionally, the assessment team found the service purchased, installed and maintained equipment to modify the smoking environment to increase airflow.

The assessment team reported that clinical staff were able to demonstrate which consumers had bed poles in place and the assessment process involved to ensure consumers use these safely.

I am satisfied that at the time of the audit the service was able to demonstrate that they have processes in place to support consumers to take risks to enable them to live the best life they can.

I find this requirement Compliant.

# STANDARD 8 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

To understand how the organisation understands and applies the Requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered the organisation is well run and that they can partner in improving the delivery of care and services. The service is governed by a Clinical Governance Framework that promotes a culture of safety and quality and is committed to quality care and services for consumers. The service has governance systems in relation to risk management to identify and respond to high impact or high prevalence risks, including to identify and respond to abuse and neglect, supporting consumers to live the best life they can and the Serious Incident Response Scheme (SIRS) reporting.

Management described actions the service has taken and the assessment team observed these actions implemented at the service and were embedded into everyday practice at a service and organisational level. Such actions include: training for all staff regarding the identification and reporting of incidents; increased monitoring and review of incidents by site management; updating governance documents; and improved organisational level awareness through reporting and committee meetings.

The Quality Standard is not assessed as only one of the five specific requirements have been assessed. The one requirement assessed was found to be Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The assessment team found that the service was able to demonstrate they have effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. Consumers confirmed being able to live their best life through activities of choice and how they are supported to do this.

Management demonstrated systemic improvements regarding managing, evaluating and documenting behaviours of concern. Clinical and care staff discussed training undertaken regarding the serious incident response scheme (SIRS) and behaviour management. The Assessment Team viewed training records for elder abuse, unexplained absences and SIRS and noted that clinical staff had completed the training in April 2021.

The assessment team found that the service has an overarching clinical governance framework that provides guidance to all staff members regarding the quality and safety of clinical care and services and ensures staff are accountable to provide clinical quality and safety which includes responsibilities for monitoring and reporting, clinical risk management and monitoring clinical indicators/outcomes. A monthly clinical incident report is provided to the organisations’ clinical governance committee, director of residential aged care and the quality team to review and analyse.

I am satisfied that the service was able to demonstrate effective risk management systems and practices in relation to the areas covered by this requirement.

I find this requirement Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.