Performance

Report

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| Name: | Bene Aged Care - Campbelltown |
| Commission ID: | 6907 |
| Address: | 565 Lower North East Road, CAMPBELLTOWN, South Australia, 5074 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 21 August 2024 |
| Service included in this assessment: | Provider: 848 Italian Benevolent Foundation SA Inc  Service: 4318 Bene Aged Care - Campbelltown |

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 Bene Aged Care - Campbelltown (**the service**) has been prepared by R Beaman, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the assessment team’s report.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers and representatives confirmed they are treated with dignity and respect and staff support them to make decisions about their care and services. Consumers are satisfied care is delivered in a way that respected their choices and was culturally safe. Consumers confirmed they are provided accurate information in a timely manner which enables consumers to exercise choice. Consumers are satisfied with the way information about care and services is communicated to them and confirmed it was done in a collaborative and timely manner. Staff were observed respecting consumers privacy through care delivery. Consumers and representatives confirmed they are able to take risks to live the best life they can and are satisfied in the way staff supports them to do so.

Staff are familiar with consumer’s needs, goals and preferences and were able to describe the ways in which they support consumers to exercise choice including undertaking activities of risk. Staff provided examples of the ways in which they deliver care in a culturally safe manner for consumers including gender specific care. Staff confirmed they have received training in relation to consumer dignity and choice.

Consumer care documentation confirmed consumers are supported to exercise choice and make decisions about their care and services, with their needs, goals and preferences recorded to guide staff. Care documentation included information about consumer preferences in relation to care and service delivery and recorded communication of that information with consumers. The service has policies and procedures available to staff to guide them in relation to consumer choice, dignity and decision making.

Based on the information in the Assessment Team’s report, I find Standard 1 Consumer dignity and choice compliant.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers confirmed they are included in the development of their own care and services, and they are informed of the outcomes of assessment and planning that is undertaken for those. Consumers and representatives are confident assessment and planning considered risks in relation to consumer health and wellbeing and this is reviewed regularly or when any changes or incidents occurred. Consumers are confident their care planning information was current and confirmed this is discussed with them and they are able to access their individual care plans whenever they wished to. Documentation confirmed consumer and representative involvement in the assessment and planning process and where assessments were completed risks to consumers health and condition, including but not limited to, skin integrity, falls and nutrition with strategies to manage those risks recorded to guide staff delivering care.

Staff could describe the assessment and planning processes in place and confirmed care plans and information to deliver individualised care is accessible to them. Staff described the ways in which they share and receive information about the outcomes of assessments through handover processes and management provided the processes in place to ensure timely reviews of consumer assessments and care is undertaken including the review of progress notes and alerts by the continuous improvement coordinator.

Documentation showed consumer’s preferences for care and services is documented in the care plan and this is reviewed at regular intervals or when changes or incidents occur. Care plans reflected consumer’s needs, goals and preferences for care including individualised strategies to manage their health and wellbeing, with advanced care planning information recorded. Incident documentation confirmed reviews of consumer care for effectiveness occurs past incident and where required new strategies for care are documented and communicated to staff. Consumer care documentation confirmed input from other providers of care including medical officers and allied health professionals and that outcome of assessments are discussed collaboratively with consumers and where appropriate their representatives.

Based on the information in the Assessment Team’s report, I find Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 confirmed care is delivered in a way that meets consumer’s needs, goals, and preferences, and tailored to individual consumers. Consumers are confident any risks to their health and wellbeing are managed well by staff, and they would recognise and respond to any changes in condition in an appropriate and timely manner. Consumers and representatives are confident staff communicate information about their conditions to other providers of care and confirmed they did not have to repeat it.

Staff demonstrated knowledge of consumers needs, goals and preference in relation to personal and clinical care and described the processes they take to monitor consumers condition and the escalation process in place should they identify changes. Staff described the ways in which they deliver care to consumers nearing end of life providing examples of how they work with the consumer and their family to ensure all wishes for care are respected, and how they maintain consumers’ dignity and maximise their comfort.

Care documentation reflected individualised goals of care for consumers and included strategies to manage specialised care needs. Documentation recorded strategies to manage high impact and high prevalence risks for consumers to guide staff practice and included communication for allied health and other providers of care where required. Care documentation showed where incidents or change in condition of consumers occur including deterioration, staff respond in a timely manner with appropriate action taken.

Observations of infection control practices showed staff regularly maintain hand hygiene and information about those located throughout the service. Documentation confirmed the service monitors antibiotic usage to ensure it is the right dose used for the least amount of time. The service has an infection prevention control lead in place.

Based on information in the assessment team’s report, I find Standard 3 Personal care and clinical care compliant.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers confirmed they are supported to optimise their independence and health and wellbeing through the lifestyle program, including through participation in the activity program and meals of choice. Consumers are satisfied with the quality and quantity of meals and confirmed they are able to choose alternative meals whenever they wish to. Consumers described the ways in which staff provided additional support to them when they feel low in mood and are confident staff communicate their needs and preferences for care to other providers of care.

Staff demonstrated an understanding of consumer’s needs, preferences, likes and dislikes for activities and meals and provided examples of the ways in which they supported consumers to maintain independence and engage in the lifestyle services. Staff could describe the processes in place to ensure consumers are engaged in activities of their choice and interest and how the activity program is evaluated to identify improvements. Staff confirmed they have access to other providers of care including volunteers to provide additional support to consumers or enabling consumers to have access to the community outside of the service.

Documentation confirmed information about care in relation to lifestyle is recorded in care plans and communicated to other providers where appropriate. Consumer’s dietary needs, likes and dislikes are recorded in care plans, with the information also observed in the kitchen and servery areas for staff to refer to.

Consumers were observed interacting with other consumers through activity program, meals or visiting in communal areas. Group activities were facilitated with consumers observed engaging in the wider group, staff were observed asking consumers if they wished to join activities and assisting those that needed it to participate. Meal service was observed to be engaging, consumers were interacting with other consumers and staff asking consumers what their choices were for the meal and offered alternatives where a consumer did not want the menu choices.

Care documentation recorded consumers preferences for activities and included strategies to support consumers maintaining their independence. Consumers and representatives confirmed they are referred to other providers of care in a timely manner and are confident staff communicate their care needs for lifestyle supports when required. Staff confirmed they have access to equipment for lifestyle services. Observations showed equipment used by consumers for mobility and engagement with the lifestyle program is clean and well maintained and consumers confirmed they feel safe using it.

Based on information in the assessment team’s report, I find Standard 4 Servies and supports for daily living compliant.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers are satisfied with the cleanliness of the service environment and confirmed they can easily navigate the areas they wish to. Consumers described the service environment as homely and confirmed the service environment is welcoming for their visitors and includes various communal areas large and more private, they could use when they wished.

Staff confirmed the service has a cleaning and maintenance schedule with routine and preventative items that are listed to guide staff completing those. Staff confirmed where issues are identified that require maintenance, they escalate those for resolution. Consumers are satisfied with the maintenance program and confirmed any items that require fixing are done so in a timely manner.

Observations of consumer’s rooms showed they are furnished with personal items and appeared clean and well maintained. Communal areas indoor and outdoors were observed to be clean and free from clutter with doors unlocked to enable consumers to move freely between both.

Documentation confirmed there is a system in place for routine and preventative maintenance along with a cleaning schedule for all areas of the service environment.

Based on information in the assessment team’s report, I find Standard 5 Organisation’s service environment compliant.

# 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

This Quality Standard is compliant as all Requirements have been found compliant.

Consumers and representatives confirmed they feel comfortable providing feedback and making complaints and are supported to do so in their own language if they wished. Consumers are satisfied with the way complaints are handled and confident staff action those in a timely manner. Observations showed information about how to make complaints was available to consumers throughout the service in various languages and included how to access advocacy services.

Staff demonstrated an understanding of the service’s feedback mechanisms in place and described ways in which they supported consumers to provide feedback or make complaints about care and services. Staff provided examples of how they action complaints for consumers or escalated to the duty supervisor or management for actioning.

Documentation confirmed the service maintains a feedback register which records all consumer feedback including complaints. Management described the systems in place to record complaints and monitor those through to resolution. Management confirmed they work with the consumer or representative who has provided feedback to reach a mutual resolution in a timely manner. The service’s plan for continuous improvement was observed to include action items that have come from consumer feedback or complaints.

Based on information in the assessment team’s report, I find Standard 6 Feedback and complaints compliant.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers and representatives are satisfied with the number of mix of staff and confirmed they know their needs well and provide assistance in a timely manner in a way that meets their preferences. Consumers confirmed staff are trained and competent at their roles and described staff as kind, caring and respectful of their needs. Staff interactions with consumers was observed to be kind, caring, respectful and engaging.

Staff confirmed they receive regular training both face to face on the job and in an online learning environment. Staff are satisfied with the allocations and confirmed they are supported to do their roles. They do them in a way that meets the needs of consumers, and they do not have to rush care. Staff are able to describe the organisation’s performance appraisal process and confirmed they undertake performance reviews with their supervisor annually.

Documentation confirmed staff are recruited with the appropriate qualifications and skills to the role they are assigned, all roles have appropriate job descriptions in place and there is a register that records and monitors staff training. Management described the service’s process for performance reviews which is done through observation, feedback from consumers and staff and monitoring incidents. Management confirmed where issues of staff performance are identified through the review processes either informal or formal procedures are undertaken with the staff member.

Based on information in the assessment team’s report, I find Standard 7 Human resources compliant.

# 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

This Quality Standard is compliant as all requirements have been found compliant.

Consumers and representatives confirmed they feel engaged in the development and delivery of care and services and described various ways they are able to do this including through resident meetings, consumer surveys and through the consumer advisory group. Consumers are confident the service is run well and confirmed they feel safe. Documentation confirmed consumer feedback is used to drive continuous improvements. A recent laundry refurbishment has occurred as a result of consumer suggestions to change processes.

The organisation has a board who can communicate with consumers in Italian, the common language of the service’s cohort of consumers. The board meets monthly and is provided the service performance report which includes complaint and incident information. The organisation has a number of regular committees including a Clinical Governance committee of which board members alternate attending those. The service has a regular High Risk meeting which reviews individual consumers and risks associated to ensure risk mitigation is actioned.

Documentation shows organisational governance is in place including financial and workforce governance, information management and continuous improvements. Management confirmed they receive updates from the organisation about any changes in policy or legislation and feedback and complaints are monitored through a dedicated system with oversight at both a service management and organisational level.

The organisation has an effective risk management and clinical governance framework supported by relevant policies and procedures including but not limited to the management of high impact and high prevalence risks, recognising and responding to abuse, antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation’s incident management system is monitored regularly through management reviews, clinical governance meetings and investigations of incidents are undertaken to determine cause and develop strategies to mitigate risk of harm.

Staff confirmed they have access to policies and procedures to guide their practice and they have been trained in incident management including reporting serious incidents via the serious incident response scheme.

Based on information in the assessment team’s report, I find Standard 8 Organisational governance compliant.

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)