**Performance**

**Report**

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| Name of service: | Bene Aged Care - Community Services |
| Service address: | Level 1, 480 Torrens Road WOODVILLE NORTH SA 5012 |
| Commission ID: | 600063 |
| Home Service Provider: | Italian Benevolent Foundation SA Inc |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 30 November 2022 |
| Performance report date: | 20 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bene Aged Care - Community Services (**the service**) has been prepared by S Bickerton, 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.

# Services included in this assessment

**Home Care:**

* Bene Casa Home Care Packages, 18525, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012

**CHSP:**

* Allied Health and Therapy Services, 4-7XN879U, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Centre Based Respite, 4-7XNNX59, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Domestic Assistance, 4-7XNNX96, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Flexible Respite, 4-7XNNXER, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Home Maintenance, 4-7XNNXMY, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Meals, 4-7XNNXRZ, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* CHSP Personal Care, 4-7XNNXUS, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Social Support - Group, 4-7XNYJVV, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Social Support - Individual, 4-7XNYK16, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* CHSP Transport, 4-7XNYKCB, Level 1, 480 Torrens Road, WOODVILLE NORTH SA 5012
* Centre Based Respite, 4-7XNNX59, 6 Mumford Avenue, ST AGNES SA 5097
* Allied Health and Therapy Services, 4-7XN879U, 6 Mumford Avenue, ST AGNES SA 5097
* Meals, 4-7XNNXRZ, 6 Mumford Avenue, ST AGNES SA 5097
* CHSP Transport, 4-7XNYKCB, 6 Mumford Avenue, ST AGNES SA 5097

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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.

# Other relevant matters:

Non-compliance of requirements 2(3)(b), 3(3)(b), 7(3)(a), 8(3)(c) and 8(3)(d) was identified during a quality audit conducted on 16 February 2022.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | Compliant |

Findings

At the time of performance report decision. the service was:

* Demonstrating partnership with consumers and representatives to ensure assessment and planning processes are effective in identifying and addressing needs, goals and preferences

Consumers and representatives of the service described in different ways that the service meets their individual needs, goals and preferences. Service management evidenced care planning documentation with sufficient details including consumer goals, preferences, and advanced health directives. For example:

* One consumer (HCP L4) representative described how the service reassessed the consumer following a return from hospital and considered the consumers preferences in care planning
* One consumer (HCP L2) described being involved in assessment and planning process for themselves and another consumer (HCP L4). This consumer indicated goals and preferences are being met by the service

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* All consumer support plans have been reviewed and updated
* Service staff training has been delivered to guide consistent documentation practises in assessment and support planning
* The service conducted an internal audit in relation to consumer medication and behaviour management
* The service initiated an ongoing assessment and planning audit to capture and measure information against its consumer base
* The services audit tools have undergone revision to encompass new consumer queries related to assessment planning and evaluation
* The services behaviour support plan template has undergone revision
* A new internal consumer assessment audit schedule has been developed and embedded by the service
* Clinical and complex case management meetings have been regularly scheduled to discuss consumer risks and monitor emergent trends

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing the safe management of consumer risks, and demonstrating positive outcomes for consumers with high impact, high prevalence risks

The service demonstrated consumer risk assessments are conducted to mitigate risks for consumers, particularly with high impact, high prevalence risks. Service staff described and explained individual consumer risks and how the service mitigated them. Service documentation evidenced that information is reflected in care planning and includes risk mitigation strategies. For example:

* Support planning documentation for one consumer evidenced strategies to assist in managing complex personal behaviours
* Service documentation for one consumer evidenced a medication incident being followed up by the service and subsequent strategies embedded to mitigate future occurrences

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* The services vulnerable persons list evidenced an audit and review against the Aged Care Quality Standards
* An internal review on medication management processes and incident management was evidenced
* Consumer impacts in relation to medication incidents evidenced analysis and escalation
* Service clinical meetings evidenced medication incidents being a standing agenda item
* The service evidenced consumer medication incidents inform continuous improvement initiatives
* Risk management was evidenced in service meeting agendas and meeting minutes for review by case managers and data trending

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating its workforce receives ongoing support, training, professional development and feedback to meet the needs of consumers and deliver outcomes
* Demonstrating the workforce is planned, with sufficient qualified staff to enable the delivery and management of safe and quality care and services

The service demonstrated the number and mix of members of the workforce enables delivery of safe and quality care and services. Consumers and their representatives expressed positive feedback regarding the services workforce and described in different ways they felt the number of staff at the service is sufficient to ensure they receive services in accordance with needs and preferences. Service staff explained having sufficient time and information to undertake their duties to deliver services in a safe and efficient manner. Service management explained that whilst there is a high turnover of staff, they have implemented retention strategies and overall the service has a higher ratio of staff engaged compared to staff leaving.

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* The service evidencing onboarding new care staff and continuous recruitment activities
* The service evidenced streamlined and efficient recruitment processes
* The service demonstrated a focus on recruiting support staff that can speak and understand different languages to cater for consumers with diverse backgrounds
* The service evidenced policies and procedures to prioritise service delivery in the event of unfilled shifts

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 | 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 | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing identification of risks through established risk management systems
* Demonstrating delivery of safe quality care through established governance systems

*Information Management*

Information regarding consumers including personal, medical information and incident reports is provided to the workforce on a ‘need to know’ basis to ensure consumer privacy and confidentiality is maintained. All consumer files secured in internal information management systems and are password protected. Field staff have access to consumer’s information including support plans, alerts, risks, and assessments.

*Continuous improvement*

The service demonstrated initiative in seeking opportunities for continuous improvement through a range of existing and new operational systems and processes. This included self-assessment audits to identify deficiencies with consumers classified as being high risk. Continuous quality improvement is embedded in service operations and staff practice, with documents evidencing issues identified for improvement, actions taken, completion dates and outcomes. A Continuous Improvement Coordinator has recently been appointed to support comprehensive review and streamlining of quality and compliance systems, and processes to enhance efficiency and effectiveness of service delivery.

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* The service evidenced it conducts monthly quality committee meetings with senior management and incorporates continuous improvement in this agenda
* The service evidenced medication incident reports are published every three months and identify all medication incidents for that period. The report also includes a section titled ‘Quality Improvement Actions’, which outlines actions to be undertaken as part of the service’s continuous improvement plan

*Financial governance*

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service for their consumers. Monthly statements include income and expenditure, including an itemised list of the care and service provided, and ongoing balance. Management has oversight of the service’s income and expenditure and this is reviewed regularly and discussed at monthly management committee meetings

*Workforce governance*

Management and staff are provided with a job description and have a clear understanding of their roles, responsibilities and accountabilities. The Service supports and develops its staff to deliver safe and quality care and services. Staff performance is reviewed annually with ongoing training opportunities and support. Agency and brokerage staff are provided with sufficient information and expectations by the service during their onboarding process and through regular communications with the Service.

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* The service evidenced onboarding new care staff and is actively recruiting more
* In addition to its regular recruitment campaign, the service has partnered with the external organisations to engage apprentices in providing domestic and care services to consumers.
* The service demonstrated implementing strategies to retain staff

*Regulatory compliance*

The organisation monitors compliance with requirements on a regular basis. The quality team liaises with relevant departments to ensure changes to the relevant legislation are monitored and recorded. The service quality team evidenced compliance with specific requirements, such as police clearances and vaccinations.

*Feedback and complaints*

The organisation deals with feedback and complaints fairly, promptly, confidentially and without retribution. There is an established system for logging, escalating, tracking feedback and complaints, ensuring these are handled promptly and outcomes are evaluated. Feedback and complaints are recorded and processed through their continuous for improvement mechanism.

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* The service evidenced implementation of a ‘Feedback investigation’ section on complaint forms, outlining actions the service has undertaken to address the matter
* A comprehensive review of feedback was evidenced as being compiled quarterly along with the services risk management reports, enabling the service to identify trends, feedback, complaints, and risk
* The service evidenced procurement of software to enable staff to submit incidents and feedback in real time

*Effective risk management systems and practices*

The service evidenced a documented risk management framework, with systems embedded to identify, evaluate and mitigate risks. The service evidenced a suite of policies to guide identifying consumer risk. Assessment and care planning evidenced incorporation of risk identification and triggers associated assessment tools to calculate risk scores.

Service management evidenced and demonstrated improvements undertaken by the service since a quality audit conducted in February 2022:

* Clinical and complex risk management meetings evidenced regular occurrences and incorporated consumers at risk, including detailed chronology of events and actions
* Implementation of training module was evidenced, guiding service staff and management in identifying high impact and high prevalence risks.
* Service staff demonstrated completion and understanding of service training in identifying consumers with behavioural changes and high impact, high prevalence risks

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)