Performance

Report

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| Name: | Bene Aged Care - The Italian Village |
| Commission ID: | 6018 |
| Address: | 6 Mumford Avenue, ST AGNES, South Australia, 5097 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 February 2024 |
| Performance report date: | 27 February 2024 |
| Service included in this assessment: | Provider: 848 Italian Benevolent Foundation SA Inc  Service: 4035 Bene Aged Care - The Italian Village |

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 - The Italian Village (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for the assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, and representatives.

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

# Assessment summary

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| 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** |

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 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)(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

Documentation showed risk assessments were conducted using validated tools, and risk mitigation strategies implemented where risks were identified. Staff were knowledgeable of assessment and planning procedures and described processes to identify individual risks. Consumers and representatives were satisfied with assessment and planning processes and said staff were aware of the risk mitigation strategies implemented.

Staff were knowledgeable of the care plan review process and confirmed reassessment of care and service needs occurs following incidents or other changes in consumers’ condition. Documentation confirmed consumers are regularly reassessed and care plans updated when changes in consumers’ condition impacted their needs, goals, or preferences. Consumers and representatives said their care and service plans have been reviewed including when circumstances change, or incidents occur.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

Findings

High-impact and high-prevalence risks associated with the use of restrictive practices, management of falls, pain, and diabetes were appropriately identified and managed. Regular meetings are held to assess the progress of these consumers to identify effective interventions and determine any further actions needed to manage risks. Staff were knowledgeable of high-risk consumers and the strategies and interventions implemented to mitigate identified risks. Consumers and their representatives are satisfied with the management of high-impact and high-prevalence risks.

Documentation showed the health status of consumers is monitored daily with deterioration or changes reported to clinical staff for further assessment and evaluation. Observations of staff confirmed the use of interventions to manage consumers’ health changes is consistent with care documentation. Consumers and representatives are happy with the care and services consumers receive and had confidence in the abilities of staff to identify deterioration or changes in consumers’ health.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care compliant.

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