Performance

Report

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| Name of service: | Benetas Corowa Court |
| Service address: | 752 Esplanade MORNINGTON VIC 3931 |
| Commission ID: | 3132 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 June 2023 |
| Performance report date: | 11 July 2023 |

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 Benetas Corowa Court (**the service**) has been prepared by D. Fekonja, 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 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 team’s report received 23 June 2023.

# Assessment summary

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| Standard 7 Human resources | 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 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 |

Findings

The service was previously found non-compliant with this requirement following a site audit conducted from 12 October to 14 October 2022. The service at that time was not able to demonstrate the workforce is planned and adequate in number to enable the delivery of safe and quality care.

The service has implemented several actions in response to the non-compliance identified at the site audit which have been effective. These include:

* Increased recruitment strategies including events to see whether potential new employees will be invited to the service to conduct group activities and see if they are the “right fit” for the service.
* During shift handovers, clinical staff review the allocations of staff to determine the appropriate mix of employees based on consumer acuity.
* The staff roster is released four weeks in advance and unfilled shifts are provided to agency staff to fill where required if permanent and casual staff are unable to fill shifts.
* The service recently closed the memory support unit at the service due to lower occupancy in the unit and to assist with staffing levels.

Morning and afternoon floater shifts have been extended which has equated to an extra 24.5 hours a week of care being provided to consumers.

During the assessment contact on 20 June 2023, the service demonstrated to the Assessment Team that the workforce is planned and adequate in number to enable the delivery of safe and quality care. Consumers advised there is generally staff available when they need them, and they did not have to wait for long periods when utilising their call bell. One consumer stated they use their call bell during the night and staff respond within minutes. Another consumer stated their personal care is scheduled at regular times each day.

The majority of staff described how there are sufficient levels of staff across the service and that shifts are filled during unplanned or planned leave. A small proportion of staff said there are not always enough staff however shifts are being filled when required usually by casual or agency staff. The service will also revert to a process whereby only clinical staff administer medications, allowing care staff to have more time to provide care.

Consumer and representative meeting minutes and staff meeting minutes reviewed by the Assessment Team identified staffing and recruitment are discussed and updates are provided to consumers, representatives, and staff.

The Assessment Team observed sufficient staffing levels throughout the service during the assessment contact. Staff were observed assisting consumers during meal service in the dining room and consumer rooms.

Call bell data reviewed by the Assessment Team from May 2023 to June 2023 evidenced an average response time of just over 4 minutes on the morning shift, just over 3 minutes on the afternoon shift, and just over 2 minutes on the night shift.

Based on the information provided in the assessment contact report I find the service compliant with this Requirement.

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)