Performance

Report

**1800 951 822**

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| Name of service: | Benetas Dalkeith Gardens |
| Service address: | 49-53 Hazelwood Road TRARALGON VIC 3844 |
| Commission ID: | 3034 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 May 2023 to 9 May 2023 |
| Performance report date: | 30 May 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 Dalkeith Gardens (**the service**) has been prepared by S Byers, 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.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **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 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)(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 |

Findings

The service was found Non-compliant in Standard 4 in relation to Requirements 4(3)(a) and 4(3)(c) following a Site Audit in May 2022 where it was unable to demonstrate:

* services and supports of daily living including leisure and lifestyle activities met each consumer’s needs, goals and preferences.
* services and supports of daily living assisted each consumer to do the things of interest to them.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Consumers and representatives were satisfied they are provided with services and supports to optimise their independence, health, well-being, and quality of life. Lifestyle staff develop a weekly activity program based on the preferences of the consumers living at the service. The weekly program is provided to each consumer for input and feedback, with ongoing evaluation occurring through meetings, surveys, and verbal feedback. Social and lifestyle care plans are individualised and reviewed regularly. Attendance records are maintained for each consumer and provide lifestyle staff with information on the consumers’ engagement level in activities. Individual support is provided for consumers who do not wish to participate in group activities.

Consumers and representatives were satisfied they are supported to participate in the community, maintain relationships, and do things they enjoy. Care planning documents contained information on individual consumers’ interests and identified the people important to them. Staff demonstrated knowledge of individual consumers lifestyle preferences and activities of interest, and described how they support them to participate. The service has implemented male specific activities as requested by consumers at the service. Consumers were observed socialising in the communal areas, engaging in group and individual support activities. The dementia specific activity program has been reviewed to include additional sensory and interactive activities including doll and pet therapy, aligning with positive feedback from representatives. The Assessment Team observed consumers in memory support unit engaging with dementia specific activities.

Based on the evidence, summarised above, I find Requirements 4(3)(a) and 4(3)(c) are 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 |

Findings

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a Site Audit in May 2022 where it was unable to demonstrate:

* 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.

At the May 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Consumers and representatives said there are generally enough staff at the service to provide care when the consumer requires assistance. Staff reported staffing has improved in the last 12 months and management keep them updated about staffing at regular staff meetings. This aligned with meeting minutes viewed by the Assessment Team. Management described the strategies in place to fill shifts for planned and unplanned leave, this includes offering a variety of shift types, and accessing casual, permanent and agency staff. The service has access to several agency organisations to assist with staff, when necessary. Roster documentation demonstrated that most shifts were filled for the month prior to the assessment contact. Monthly call bell data demonstrated that call bells are responded to in a timely manner. The service demonstrated it is actively recruiting and engaging staff, recently employing several nursing staff. A new medication administration system is currently being implemented where care staff will no longer administer medication which will allow them more time to provide care.

Based on the available evidence, summarised above, I find Requirement 7(3)(a) is 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)