Performance

Report

**1800 951 822**

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| Name of service: | Benetas Gladswood Lodge |
| Service address: | 15 Waxman Parade BRUNSWICK WEST VIC 3055 |
| Commission ID: | 3033 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 June 2023 |
| Performance report date: | 27 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 Gladswood Lodge (**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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Finding

The service was found Non-compliant in Standard 4 in relation to Requirement 4(3)(f) following a site audit in May 2022 where it was unable to demonstrate the provision of varied and quality meals that met the needs and preferences of all consumers.

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

The service has engaged in ongoing consultation with consumers to discuss their preferences and seek feedback about the meals provided. All consumers and representatives interviewed provided positive feedback about the quantity, quality, and variety of meals provided. Consumers confirmed the chef regularly consults with them, is familiar with their preferences and offers alternative choice to what is on the menu, where requested. The chef described a seasonal 6-weekly rotating menu. Consumers have input into menu planning and food choices through a monthly consumer meeting which has food focus as a standing agenda item. The daily dietary and drinks report contained information regarding dietary requirements, staff described the dietary preferences of individual consumers and consumers were observed receiving meals in accordance with these requirements. The dining experience was calm, consumers were observed sitting at their preferred tables or places in the service, being assisted by staff in a dignified manner.

Based on the available evidence, I find Requirement 4(3)(f) is 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 enable, the delivery and management of safe and quality care and services.

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

All consumers and representatives interviewed were satisfied the service has an adequate number and mix of staff to ensure safe and quality care and services. Staff said the service has enough staff and they have sufficient time to complete their tasks during their shift. Management described several strategies in place to address staffing challenges including creating a pool of casual staff to fill shifts. The service has reviewed its roster and made amendments to afternoon shifts to improve consistency of care. Review of roster documentation for the two months prior to the assessment contact identified most shifts were filled. The service demonstrated it has recruited more clinical, care and catering staff and there are currently no vacancies at the service. Call bell reports demonstrated call bells are responded to in a timely manner. The service demonstrated it undertakes call bell audits to address any identified delays in response.

Based on the available evidence, 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)