

**Performance Report**

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| Name: | Benetas St George's |
| Commission ID: | 4472 |
| Address: | 13-19 Howard Street, ALTONA MEADOWS, Victoria, 3028 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 995 Anglican Aged Care Services Group  Service: 2989 Benetas St George's |

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 St George's (**the service**) has been prepared by Michael Wyborn, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others, and
* the provider’s response to the assessment team’s report received 25 November 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service demonstrated that consumers are routinely treated with dignity and respect, with their identify, culture and diversity valued. Consumers and representatives advised that staff treat them well and staff demonstrated appropriate knowledge of how they ensure individual consumer dignity, diversity and culture is respected. Consumer identity, culture and diversity details are consistently captured in care planning documentation.

The service demonstrated that care and services delivered to consumers is culturally safe. Staff demonstrated familiarity with individual consumers’ cultural backgrounds and how to communicate with them effectively. Consumer care planning documentation highlights individualised and detailed information about how the service will meet each consumers needs in a way that is culturally safe. Consumers and representatives advised of their satisfaction that the service knows their background, and highlighted that the care and support they receive are culturally safe for them.

Consumers are routinely supported to exercise choice and independence in relation to making connections with others and maintaining relationships of choice. Consumers advised the service ensures their choices and preferences about care delivery is followed. The service demonstrated an effective system to ensure choices made by individual consumers about who they want involved in their care and how and when they want them involved, is captured and followed.

The service supports consumers to engage risk to enable them to live the best life they can, and where necessary, implement interventions to reduce risk where possible. Care, lifestyle, and welfare staff demonstrated how they effectively provide consumers with opportunities to engage in risk to ensure consumers are provided the opportunity to live their best lives. Consumers and representatives advised of their satisfaction that they are supported to engage risk enabling them to maintain their safety and to continue living the best life they can.

The service ensures consumers receive information that is current, accurate and timely, and is used by consumers to make informed decisions and choices. Consumers advised that the service regularly provides them with information on events and what is happening within the service.

Consumers also advised that the service appropriately ensures their privacy is respected. Staff demonstrated how they routinely ensure consumer privacy is respected, including entering consumers’ rooms after knocking and waiting to be invited into the room.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# 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)(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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

The service demonstrated that consumer care planning documentation establishes effective assessment and planning for consumers. Risks to consumer health and well-being are screened upon admission to inform delivery of safe and effective care and services, and the service ensures a clinical assessment of all consumers for risks and records relevant risk mitigation strategies.

The service demonstrated that consumer assessment and planning, including consumer care plans, are reflective of their current needs, goals and preferences, including advance care planning and end of life planning. Staff demonstrated what is important to individual consumers in terms of how their care is delivered. Management advised, and consumer representatives confirmed, that end of life care planning discussions are undertaken with consumers and representatives upon entry to the service or when a consumer’s condition changes.

The service demonstrated that assessment and planning is based on ongoing partnership with each consumer and others that the consumer wishes to involve in their care and services. This includes other organisations, individuals or providers when required. Consumers and representatives advised of their satisfaction in relation to assessment, planning and review of consumer care and services. The service demonstrated effective partnership with providers such as physiotherapists, speech pathologists and dieticians and these other providers routinely provide input towards the consumer’s care plans or update relevant consumer assessments as required.

Consumer care and service records demonstrate that outcomes of consumer assessment and planning are routinely communicated to consumers and representatives. Staff demonstrated that consumer care plans are readily accessible and the service administers relevant processes to ensure the care plan is made available to the consumer or to their representative.

Consumer care planning documentation highlighted that the service is consistently and effectively reviewing consumer care and services when individual consumer care needs change. There was evidence of review when consumers return from hospital or when consumers experience incidents that impact on their care needs.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrated that consumers receive safe and effective personal and clinical care that is tailored to their needs and which optimises their health and well-being. The service demonstrated timely and effective identification, assessment, management and evaluation of individual consumer clinical care, pain management and restrictive practices. Where restrictive practices are used, relevant assessments and consents are established and recorded.

The service demonstrated effective processes to manage high-impact or high-prevalence (HIHP) risks associated with the care of each consumer. Consumer care planning documentation identifies effective management of HIHP risks, including weight loss, falls, wound and behaviour management, and consumer documentation demonstrated that the service is managing HIHP risks effectively.

The service demonstrated that for consumers nearing their end of life, their goals and preferences are identified and their wishes and directives are incorporated into their care and services plan. The service demonstrated appropriate consultation is undertaken with consumers and representatives when a consumer commences a palliative pathway or is receiving end of life care. Consumer and representative feedback was positive in relation to the support and care received during end of life care.

The service demonstrated that consumers who have experienced a deterioration or change in their cognition, mental health or physical function have their needs recognised and responded to in a timely manner. Consumer care planning documentation and progress notes reflect identification of, and response to deterioration or changes in function, capacity or condition. Consumer documentation also demonstrated that information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. Further, consistent referrals are facilitated for consumers where needed, and the results of assessment and recommendations are routinely updated in the consumer’s care and services plans.

The service administers an organisational policy and procedure regarding infection prevention and control. The service demonstrated an appropriately qualified onsite infection prevention control lead (IPC lead), and the Assessment Team observed effective onsite management of standard and transmission-based precautions to prevent and control infections. Staff demonstrated appropriate knowledge of how they prevent and control infection within the service and demonstrated appropriate understanding of how they minimise the need for, or use of, antibiotics and ensure they are used appropriately.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# 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)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that each consumer receives safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence. Consumer assessments are undertaken upon entry to the service to capture consumer interests, and care plans identify how the service will meet consumer health and well-being goals in relation to daily living and lifestyle. The service undertakes regular consultation with consumers and their representatives to ensure supports, services and activities are suitable and meeting each consumer’s current needs.

The service demonstrated that services and supports for daily living promote individual consumer emotional, spiritual, and psychological well-being. The service meets this requirement by utilising internal supports, external organisations and individuals. All consumers advised of their satisfaction that their emotional, spiritual, and psychological well-being is consistently being supported by the service.

Consumers are regularly provided opportunities to participate in activities of interest to them within the service as well as within the broader community. Consumer and representative feedback is used to identify relevant activities, supports and services, and the service demonstrated that consumers are encouraged and supported to pursue social and personal relationships.

The service demonstrated that relevant information about individual consumers, including their needs, preferences, medical history, and life story, is collected and recorded. This information is communicated effectively within the organisation, and with others where care is shared. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services, and consumers advised of their satisfaction that timely referrals to individuals and other organisations are facilitated and supported by the service.

The service demonstrated that meals are varied and of suitable quality and quantity, and consumers with dietary needs and preferences are catered for. Care staff and management demonstrated that consumers have choice and alternative meal options are readily available if needed. Meals are cooked fresh and prepared onsite through contracted catering services, and all consumers advised there was enough food, and they never feel hungry.

The service demonstrated that the equipment used is safe, suitable, clean and well maintained. Consumers and staff advised that the service ensures there is sufficient equipment and that the equipment is well maintained. Maintenance staff demonstrated that equipment is maintained and serviced regularly. Consumers advised that call bells work well, and that other equipment used is suitable and maintained. Maintenance staff demonstrated that equipment such as beds, call bells, wheelchairs, weigh chairs and lifters are tested, repaired, and calibrated regularly. Equipment such as wheelchairs and walkers are regularly checked and cleaned by care staff, and each day, the service focuses on one consumer to ensure their equipment is suitable and in working well.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service is bright, airy and modern, and the environment optimises each consumer’s sense of belonging, independence, interaction and function. Staff throughout the service are welcoming, and all consumers and representatives spoke of how they and their visitors, feel welcomed at the service. Consumers and representatives advised of their satisfaction that the service is welcoming, and that the service routinely optimises their sense of belonging.

The service environment is safe, clean, well maintained, and comfortable. Consumers advised the service is routinely clean and well maintained, and consumers advised that they are able to freely access indoor and outdoor areas.

The service demonstrated effective processes and practices to ensure furniture, fittings and equipment are safe, clean, well maintained, and suitable for each consumer. Consumers and representatives advised of their satisfaction regarding furniture, fittings and equipment, and advised that anything requiring maintenance is rectified within a timely manner.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised that they are aware of how to make a complaint or provide feedback, and advised that the service supports them to do so. Staff demonstrated knowledge of how the service captures feedback and complaints, and highlighted how they support consumers who want to provide feedback or make a complaint. The service administers relevant policies and processes to guide and support staff in complaints handling. Consumer admission packs include relevant information on consumer rights and encourages them to provide feedback via various feedback mechanisms. Feedback forms and boxes were observed within the service.

Consumers and representatives were aware of external organisations that can assist them in raising concerns, and this information was readily available to them within the service. The service has consumers from non-English speaking backgrounds, including Spanish, Maltese, and Chinese and the service provides information posters in other languages for these non-English speaking consumers. There are staff who can speak these languages, and there are language cards available. The service also uses a translator service when discussing issues or concerns with consumers where necessary or the service will liaise with individual consumers’ family. The service demonstrated other effective avenues for consumers to provide feedback including consumer meetings, surveys, and regular individual visits with management or staff.

Consumers advised they generally speak with staff or management if they had any concerns regarding their care or services. Consumers advised that their concerns are heard and responded to promptly and consumers and representatives advised that appropriate action is taken to address any feedback or issues. Consumers and representatives advised they are routinely updated about the outcome and process of feedback or complaints. The service demonstrated that principles of open disclosure are used as part of the complaint management process, and staff confirmed they have received training in relation to the services complaints handling processes and open disclosure.

The service demonstrated that feedback and complaints are reviewed, considered, and used by the service to improve the quality of care and services. Consumers and representatives advised of their satisfaction that the service takes appropriate action in relation to feedback. Management demonstrated effective continuous improvement action and this includes staff education sessions, staff monitoring, and staff performance management actions to ensure consumer care and outcomes are maintained.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated that staff deployment and skill mix are planned to ensure effective delivery of safe and quality care for consumers. Consumers and representatives advised that staff regularly meet their care needs, and advised they are satisfied there are sufficient staff available. Management routinely monitor the care needs of consumers to determine the number and mix of staff to deliver the care required.

Consumers and representatives advised that staff are kind, caring and treat them with respect. Consistent caring and respectful interactions were observed by the Assessment Team. The organisation’s vision, mission and value statements promote kind and caring interactions and respect for individual consumer identity, culture, and diversity. Staff have been trained and are required to follow the organisation’s code of conduct.

The service demonstrated a workforce that has the skills, qualifications and knowledge to provide effective and safe care and services to each consumer. Consumers and representatives highlighted their confidence in staff ability to perform their roles, and staff advised they are supported by management to improve their skills and knowledge. Management demonstrated that regular internal audits and the service’s quality team inform staff training schedules and annual education calendar.

The service demonstrated that the workforce is supported to deliver the outcomes required by the Quality Standards. Consumers and representatives provided details of positive experiences with staff and management, and staff advised of a thorough and supportive recruitment and induction process. Management demonstrated that training and support is provided to staff throughout their employment, and staff training documentation demonstrated that staff receive ongoing support through training, professional development and supervision.

The service demonstrated appropriate and regular monitoring and review of staff performance. Performance appraisals are completed with management, or with a registered nurse, and staff appraisals are undertaken annually for existing staff and more frequently for newly recruited staff. The organisation maintains appropriate records and documentation to support staff progress, development, and training needs.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

The organisation demonstrated that consumers are encouraged and supported to maintain engagement in the development, delivery and evaluation of care and services. This is done through consumer and representative meetings, feedback mechanisms, surveys, and by supporting consumers to provide direct feedback to management. The organisation facilitates food focus groups, regular feedback on catering, and actively involves consumers in related meetings. The organisation administers a consumer advisory body, with participants including consumer representatives from different services within the organisation.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and demonstrated accountability for their delivery. The Board comprises of members with a clinical background, legal and risk management expertise, and maintains access to external advisors if required. The organisation ensures appropriate and effective reporting mechanisms to ensure the governing body is aware of, and accountable for delivery of safe care and services.

The organisation demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation administers an electronic care management system that requires individual access to protect consumer privacy and to ensure confidentiality is maintained. The organisation’s policies and procedures are current and are reviewed, updated and version controlled, and available online for ease of staff access. Staff training records and staff checks are maintained on a central register and managed by the quality and human resources teams, with reminder alerts for mandatory training or overdue training attendance for staff and management to follow up.

The organisation’s plan for continuous improvement (PCI) demonstrated that the service undertakes improvement activities and routinely reviews and audits consumer care. The PCI is monitored by senior service management and is discussed at various leadership meetings. The organisation ensures that their quality team is responsible for identifying any changes in legislation, review and update policies if required and disseminating new and approved policy to management teams. The organisation administers appropriate systems and processes to ensure staff maintain valid police clearances and qualifications, registrations and right to work visa clearances.

The organisation demonstrated an effective risk management framework. There are relevant policies and procedures to support the organisation’s management of risk and to guide staff to identify and respond to abuse and neglect, incidents, serious incident response scheme (SIRS) incidents and clinical risks. Clinical staff demonstrated an appropriate knowledge and understanding of risk principles and could describe strategies and interventions for risk prevention, incident reporting processes, as well as individualised strategies for consumers who wished to engage risk in their care and services.

The organisation demonstrated an effective clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. The organisation administers an antimicrobial stewardship policy, a policy relating to the use of restrictive practices, and an open disclosure policy. The organisation demonstrated effective and robust reporting mechanisms and processes concerning collection and reporting of data relating to clinical indicators, incidents, complaints, surveys and audits to the Board. The organisation demonstrated that this information is appropriately analysed, and timely action is taken as necessary.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)