Performance

Report

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| Name of service: | Benetas St George's |
| Service address: | 13-19 Howard Street ALTONA MEADOWS VIC 3028 |
| Commission ID: | 4472 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 January 2023 to 24 January 2023 |
| Performance report date: | 22 February 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 St George's (**the service**) has been prepared by L Glass 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 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service was found non-compliant in requirement 1(3)(f) following a Site Audit from 7 March 2022 to 10 March 2022. The service was unable to demonstrate that consumers’ privacy is respected, and information is kept confidential. The Assessment Team identified consumers and representatives were not always satisfied that their privacy was respected. The Assessment Team observed the door of a nurses’ station in one wing of the service was open and some confidential consumer information was left unattended on a desk inside.

The service has implemented several actions in response to the non-compliance identified from the Site Audit. This included education and toolbox training provided to all staff about maintaining consumers’ dignity, privacy, and confidentiality.

Barn doors were implemented with consumers’ consent, to provide visual access to the outside area, at the same time, to maintain their privacy by preventing wandering consumers from entering their rooms.

During the Assessment Contact from 23 January to 24 January 2023, the service demonstrated consumers’ privacy is maintained, and their personal information is kept confidential. Eight of 8 consumers and 5 of 5 representatives expressed their satisfaction with how staff respect consumer privacy. Thirteen staff from various roles described how they ensure consumers’ privacy is provided and how information is kept confidential.

The Assessment Team observed all nurses’ station doors in the service were kept locked throughout the Assessment Contact and all computers are logged out when unattended by staff. The Assessment Team also observed all staff knocking at consumers’ doors and waiting to be permitted. Staff were observed closing the door behind them after entering consumers’ rooms when providing personal care.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was found non-compliant in requirement 5(3)(b) following a Site Audit from 7 March 2022 to 10 March 2022. The Assessment Team observed that consumers with wandering behaviours were able to walk freely around the service which led to other consumers locking their doors to ensure they had privacy. Further observation of the Assessment Team includes instances where the television/music volume was so loud it was difficult to have a conversation or hear consumers who required assistance. Lastly, some of the service areas observed such as the Peter Volk laundry were noted to be untidy, and staff were observed not adhering to best practice manual handling techniques.

The service has implemented several actions in response to the non-compliance identified from the Site Audit. This included the implementation of a television work instruction observed in the common areas to manage noise levels. Consumers were observed watching television in calm communal areas. The Assessment Team reviewed the maintenance electronic log, and work logs were generally completed, except for those requiring external contractors to attend to the job. The installation of equipment including a bug catcher and ultraviolet flycatcher to maintain cleanliness and ensure consumers’ safety.

During the Assessment Contact between 23 January to 24 January 2023, the Assessment Team found that the service has made improvements as confirmed by 8 of 8 consumers and 5 of 5 representatives interviewed. The service is comfortable, safe, and clean. Two of 10 consumers and 2 of 6 representatives indicated they observed two wandering consumers in the apartment units, however, it does not impact them.

Two of the 2 cleaning staff described the cleaning schedule which includes weekly detailed cleaning of each consumer’s room and a daily general clean and restocking of supplies in each consumer’s room, and the communal areas. Maintenance staff described the preventative maintenance schedule and explained how external contractors are managed, the process for reactive maintenance, and organising repairs for equipment and the building.

The Assessment Team observed two consumers who were mentioned by other consumers and representatives as frequently wandering, settled and sitting in one place throughout the site visit. Staff were also observed effectively redirecting consumers and assisting them to take a walk in the courtyard. All doors with external access were opened and consumers were observed moving freely inside and outside of the service.

The laundry area in the Peter Volk apartment was observed to be clean and de-cluttered. Linen cupboards around the service were organised by staff. The Assessment Team observed care staff cleaning the kitchenettes and cleaning staff attending to consumers’ rooms and communal areas such as dining rooms and visitors’ rooms.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was found non-compliant with this requirement following a Site Audit from 7 March 2022 to 10 March 2022. The service was unable to demonstrate that feedback and complaints are reviewed to improve the quality of care and services. The Assessment Team identified that despite actions being taken by management in response to the key areas of complaint, consumers continue to be dissatisfied with the service’s response to complaints, particularly around staffing levels and the meals provided by the service.

The service has implemented several actions in response to the non-compliance identified from the Site Audit. A new chef has commenced at the service and participates in the regular food forum meetings. The service has encouraged feedback from consumers and engaged in developing an action plan to address concerns.

The service has actively worked to ensure the temperature of meals served is as per consumer’s liking using electric table tops to ensure the food served at meal times is kept hot and the service has also ordered cover lids for the table tops to mitigate risks to consumers.

The seasonal menu is circulated to consumers and representatives for feedback and appropriate adjustments are made to the menu as per feedback.

The chef and catering operations manager receive formal and informal feedback from consumers and representatives. Complaints are resolved following consultations with consumers and processes are in place to address daily concerns. The Assessment Team received positive feedback from all consumers and representatives in relation to food and meal delivery. In relation to staffing, the service has reviewed its process and implemented permanent changes to its roster.

During the Assessment Contact between 23 January to 24 January 2023, the service demonstrated that feedback and complaints are used to improve the quality of care and services. Overall, feedback from consumers and their representatives indicated the service is hearing feedback provided and that improvements occur as a result. The management discussed how feedback and complaints are collected and reviewed to assist in improving care and services at the service. Management documents and records trends in feedback. Oversight of feedback occurs at a regional level, with relevant information discussed at site meetings to inform stakeholders about what concerns have been raised at the service. The documentation viewed confirms actions are taken to improve care and services.

Management discussed and documentation, including complaints registers, incident reports, meeting minutes, and the service’s plan for continuous improvement reflects feedback is documented, and actions are taken.

Meeting minutes, notices, memoranda, continuous improvement plans, and other documents viewed reflect feedback from consumer meetings that have resulted in improvements for consumers.

A review of the continuous improvement plan demonstrated that this has been logged as an opportunity to improve the service’s processes.

# 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 with this requirement following a Site Audit from 7 March 2022 to 10 March 2022. The service was unable to demonstrate the workforce was planned to enable the delivery of safe and quality care services. The Assessment Team found that the service had inadequate staffing which affected the care received by some consumers. The Assessment Team received feedback from stakeholders that demonstrated an impact on the consumers due to ongoing wandering behaviours at the service.

The service reviewed the care model in the Peter Volk (apartments) area and has introduced a nurse-based model. Care staff are no longer required to administer medication to consumers. Medication administration is now undertaken by clinical staff only. Management said the nurse-based model has enabled the service to have a better skill mix and with only clinical staff administering medications they have seen an overall reduction in medication-related incidents.

Three care staff in the Peter Volk area said that they no longer administer medications to consumers. Staff added that they now use this time to provide more personalised care to consumers. The service has employed 2 endorsed enrolled nurses (EEN) in the Peter Volk area to provide more clinical hours to the consumers and assist care staff with their duties. The service has also introduced an additional night shift care staff following the feedback from consumer representatives and staff during the Site Audit in March 2022.

Nine clinical staff and care staff said management has actively worked on ensuring all shifts are filled. Staff confirmed that management has added additional clinical shifts and night care staff shifts. The service undertakes daily call bell monitoring and investigates the increased call bell times on a case-by-case basis. A review of the roster demonstrated that all the above-mentioned actions have been completed by the service.

During the Assessment Contact between 23 January to 24 January 2023, 12 of 16 consumers and representatives expressed satisfaction and said the service has adequate staffing and workforce deployed to ensure safe and quality care and services. Staff interviewed said the service has enough staff and staff have sufficient time to complete their tasks. Management outlined numerous strategies in place to address staffing challenges and advised the service has now increased all short care staff shifts to long shifts. The service reviews call bell responses daily and actions are taken to address any identified delays.

Thirteen staff from different roles described their satisfaction with the staffing level. They explained how shifts are effectively handled when staff go on planned or unplanned leave.

Management said they will be increasing all short shifts of care staff to long shifts and this will result in additional 120 hours of care per fortnight. Management said the service has applied for a reduction in their allocated bed numbers.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with this requirement following a Site Audit from 7 March 2022 to 10 March 2022. The Assessment Team found the service was unable to demonstrate effective governance systems relating to information management, continuous improvement, workforce management, and feedback and complaints. Feedback and complaints were not adequately addressed with the actions being implemented not satisfying the consumers who provided the feedback.

The service has implemented several actions in response to the non-compliance identified from the Site Audit.

In relation to information management, the service has provided education to all staff through online learning and toolboxes on privacy and dignity. The service has reviewed all nursing stations and introduced automated door closers to ensure that consumers’ confidential documentation is always secure and locked.

In relation to continuous improvement and feedback and complaints, the service has introduced a modified door in consultation with a consumer who expressed concern in relation to the wandering behaviours of other consumers. The service has introduced two sensory areas for consumers with dementia and wandering behaviours. The sensory rooms were evaluated to be a success for consumers who have dementia and for consumers who at times prefer a calm environment.

Documentation review demonstrated the service has completed all actions outlined in its continuous improvement plan following the identified non-compliance from the site audit in March 2022. For example, the care model has been reviewed to address the complaints related to inadequate staffing and the wandering behaviours of some consumers.

The service has reviewed feedback and complaints in relation to meals and introduced multiple strategies to meet the preferences and needs of the consumers ensuring meals are delivered hot to maximise the consumer’s dining experience.

During the Assessment Contact between 23 January to 24 January 2023, the service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information systems at the service are secured through restricted access with secure storage of information for both paper-based and electronic records. The Assessment Team observed staff communicating information appropriately and securing electronic and paper-based documents when not in use.

The service maintains a continuous improvement plan that reflects a range of improvements identified and actioned in response to local initiatives, feedback, complaints, data analysis, and incident reviews. Management demonstrated how financial approval for expenditure occurs. Recent purchase orders included; cover lids for electric table tops to mitigate risks to consumers in the dining area.

The service has a process in place to monitor legislative and regulatory changes. Documentation review demonstrated the service identifies and reports SIRS reportable incidents as per legislative requirements.

Feedback and complaints are documented, and actions are taken with the opportunity for improvements incorporated into the service’s continuous improvement plan. Oversight of the feedback received by the service occurs through regular reviews and consultations by the regional manager.

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)