

**Performance Report**

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| Name: | Benetas St Laurence Court - Eaglehawk |
| Commission ID: | 3071 |
| Address: | 112 Upper California Gully Road, CALIFORNIA GULLY, Victoria, 3556 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 2 January 2025 |
| Service included in this assessment: | Provider: 995 Anglican Aged Care Services Group  Service: 1830 Benetas St Laurence Court - Eaglehawk |

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 Laurence Court - Eaglehawk (**the service**) has been prepared by Nicola Eastwood, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response confirming receipt of the assessment team’s report received 20 December 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

Consumers confirmed staff make them feel respected and valued as individuals. Staff demonstrated an understanding of consumer individual preferences, and information regarding preferences and personal background was evident within care planning documents. The service has a diversity and inclusion policy in place to guide staff.

Consumers are supported to maintain cultural practices including those religious or spiritual in nature. Staff receive training in culturally safe care and the service celebrates culturally significant events and dates such as National Aborigines and Islanders Day Observance Committee (NAIDOC) Week. Consumers make decisions about their care and are supported to maintain friendships and other relationships of importance.

Consumers are supported to take risks to enable them to live their chosen lives. Allied health staff assist with assessing consumer’s chosen activities for risk. The service’s policies provide support for consumers to pursue activities that maintain independence even where an element of risk exists.

Regular and timely communication from the service to consumers and representatives enables them to make choices. Information is provided through the service’s consumer handbook, newsletters, lifestyle calendars, a seasonal menu, and consumer and representative meetings. Staff also discuss directly with consumers options in relation to care, meals and activities, ensuring verbal communication for consumers with impaired vision.

Privacy is respected and information is kept confidential and staff avoid leaving printed information or discussing consumers in public areas. Handover meetings are conducted in nurse’s stations out of earshot of consumers and visitors. Technology is password-protected and staff sign a code of conduct and privacy policy outlining their responsibilities in this area.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 Assessment Team report reflected assessment and care planning considers risks to consumers. Documentation demonstrated consumer assessments are comprehensive and risk minimisation strategies are recorded. The risks considered include those relating to skin integrity, falls, and pain. Physiotherapists are routinely involved in assessment and standardised assessments are used.

Consumer needs, goals and preferences are discussed and documented on entry to the service, including as they pertain to end-of-life planning. Advance care directives are discussed and consumers who have a directive are invited to provide a copy to the service. Care documentation demonstrated consumer needs and preferences are regularly re-evaluated.

Consumers and representatives indicated assessment and care planning is undertaken in partnership with them. General practitioners and external providers of care record their assessments directly into the electronic care management system or alternatively their reports are stored electronically.

The Assessment Team report reflected consumers and their representatives are made aware of the outcomes of assessment and planning. Most were aware of the availability of care plans, and management confirmed these are available on request. There was evidence of copies of specific assessments offered to consumers.

The service reviews consumer care and services on a regular basis and when circumstances change. Reviews occur through weekly review of file notes and 3-monthly care plan reviews, and are also triggered by hospital discharge, incidents, noted deterioration, and review by external providers. A consumer example demonstrated thorough review prompted by declining mobility and falls, including physiotherapy assessment, pain assessments, and review of the falls risk assessment tool.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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

Consumers receive personal and clinical care that is tailored to their needs and optimises their health and well-being. Best practice, effective care was demonstrated in relation to skin integrity and wounds, pain, restrictive practices and medication management, using consumer examples.

The service effectively manages high impact, high prevalence risks. Consumers and representatives indicated staff understand consumer needs and provide care aimed at managing risk, and a consumer example demonstrated the use of comprehensive falls prevention strategies. Incidents are reviewed during daily staff meetings and preventative strategies discussed.

Positive representative feedback was provided regarding a consumer’s experience of end-of-life care at the service. Staff outlined the provision of care in accordance with consumer wishes, aimed at ensuring comfort, and incorporating the use of medication to manage pain and other symptoms. The service has palliative and end-of-life care policies.

Consumers and representatives confirmed staff respond quickly when change or deterioration is noted. Changes are assessed by a registered nurse and general practitioners are contacted when needed. There was evidence staff recognise changes in mental state as well as changes in physical wellbeing and the service has a policy on recognising and responding to deterioration.

Consumer information is effectively shared within the service and with external care providers. Staff receive information during handover and clinical meetings and through written documentation such as progress notes, care planning documentation, communication books and printed handover sheets. These were observed by the Assessment Team to contain current information. Representative feedback demonstrated staff were aware of consumer conditions and of the documented recommendations made by external professionals and services.

Staff described referrals to allied health professionals, counsellors, wound consultants, palliative care services, mental health services and geriatricians. The Assessment Team’s review of consumer documentation confirmed the timeliness of referrals.

The Assessment Team report reflected that infections are managed effectively and staff employ appropriate infection prevention strategies. Consumers are continually monitored and are isolated if needed. Staff work with general practitioners and obtain pathology results to minimise the inappropriate use of antibiotics. The service has a COVID-19 outbreak management plan and policies to guide staff in relation to infection prevention and control.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

Consumers were satisfied the support they receive assists them to meet their goals and maximise their independence. Positive feedback was provided regarding the activities offered at the service which are evaluated and developed using consumer feedback. The service has specific equipment for use with consumers living with cognitive impairment, and an example was provided of activity tailored to a consumer’s previous occupation. The service provides group activities as well as individual support programs.

Staff were aware of consumer emotional and spiritual needs and this information was recorded within care planning documentation. The service has a chapel and offers services of a variety of denominations onsite. There was evidence staff members provide social interaction and support to consumers. Referrals are made to mental health services and religious organisations where indicated.

The Assessment Team report reflected consumers are supported to engage with the service and external communities, enjoy relationships and do things they find interesting. Consumers visit the community to go shopping, mix with friends and attend appointments.

Staff have access to the information they require to provide effective care and services. Written prompts are provided when consumers require additional care or consideration, such as signage on consumer doors. Dietary folders in the service’s kitchen ensure catering staff are aware of consumer dietary needs, and changes are also communicated directly to staff. Verbal handovers and printed handover sheets reflect current needs and preferences, as do consumer care plans. Communication from external providers is contained within care plan documentation, and representative feedback indicated representatives are kept informed.

Referrals are made to external providers such as Dementia Support Australia (DSA), representatives of religious faiths and local community groups. The service has policies and procedures in place to guide staff in making referrals.

Consumers indicated the meals provided are of good quality and quantity, with a variety of options available from the dietitian approved seasonal menu. Food is freshly cooked onsite by a contracted organisation and staff at the service have received training to improve the dining experience for consumers. Staff are aware of consumer dietary requirements and preferences and check relevant documentation before meals to be certain. Consumers have opportunities to provide feedback regarding meals.

Consumers who require equipment and aids expressed satisfaction with equipment maintenance and cleanliness. Shared equipment is sanitised between each use and staff regularly check equipment. Staff submit maintenance requests if equipment is found to be broken or faulty. Physiotherapists conduct assessments to ensure the suitability and safety of equipment.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 environment is welcoming, light filled, clean and uncluttered. The service has seated outdoor areas that consumers can freely access and a designated smoking area. Consumers indicated the service environment is easy to navigate, and they are supported to personalise their rooms. The Assessment Team report included examples of where changes to the service environment was being made in consultation with consumers to ensure plants with sentimental value were saved during updates to outdoor areas.

Consumers confirmed they can access all areas of the service and have the freedom to leave the service by using the keypad passcode and using the sing our book. Staff described cleaning schedules and management of hazards, and a review of maintenance requests showed timely attention and resolution. The service has a preventative maintenance schedule and reactive maintenance is lodged electronically by staff, with updates on the progress provided.

A range of equipment is available including mobility aids, hoists, and other specialised equipment to assist in the care of consumers. Staff and consumers confirmed equipment is well maintained, clean and appropriate to their needs.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 said they were comfortable providing feedback and raising issues. Management and staff explained the ways feedback could be provided including verbally, written on feedback forms, through surveys, meetings, phone calls and emails.

Staff were knowledgeable about advocacy and interpreting services, and all had completed training during their initial induction. Information about advocacy and interpreter services was available in the consumer handbook and throughout the service. Management explained complaints are logged in the feedback and complaints management system and open disclosure is practiced. The feedback and complaints register showed complaints are actioned in a timely manner.

The Assessment Team report included examples of complaints managed and resolved to the satisfaction of the parties within a timely manner and with an apology provided. Documentation reviewed reflected how information is used from complaints to make improvements to ensure safe and quality care and services. Management discussed how trends are identified and reported to the clinical governance and board meetings. An example of improvement as a result of feedback included complaints related to the quality of serviettes resulted in a change to these and trialling the provision of hot towels in their place.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives said there is sufficient staff to provide the care and services they need and if call bells were utilised, they were answered promptly. Staff confirmed there is adequate staff to provide the level of support required to consumers. A review of the November staff roster showed there were no unfilled shifts. Staff explained there is an ‘availability list’ which is completed by staff wishing to pick up extra shifts in the future.

Management explained where possible staff are designated to consumers for consistency in quality of care. The workforce is supported to develop respectful and caring relationships and guided by policies and procedures including Code of Conduct, Diversity policy and protecting and promoting dignity framework.

Staff explained the training required for onboarding and annual mandatory training requirements. Management discussed the talent and acquisition team ensure professional registration is up to date and new staff have 2, 4 and 6 monthly probation checks. This includes feedback provided by the leadership team on the performance of staff.

Staff have access to mandatory annual training and are supported if additional training is identified which will enhance the quality of care and services for the consumer. Annual performance reviews take place and staff confirmed they have regular performance reviews through meetings with supervisors and feedback discussions.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

Consumers and representatives said they are supported to provide feedback about care planning and service provision at the service and organisation levels by participating in consumer meetings and consumer advisory body meetings. Analysis of compliance indicators, complaints and clinical risk assessments is reported at the board level to identify and address wider trends including where training may be required. Management and staff described how the organisation’s governing body promotes a culture of well-being and choice for consumers.

Consumer documentation, policies and procedures and training modules are all accessible through the password protected electronic management system. Continuous improvement opportunities were evident including approval by the Board for a recent recruitment drive resulting in additional staff recruitment and implementation of staff retention bonuses driven by feedback from consumers, representatives and staff. The organisation ensures governance policies are considered at monthly Board meetings and the Finance Audit and Risk Management Committee of the Board. This includes financial governance strategy and financial delegation of authority.

Head office maintains oversight of workforce qualifications, registrations, and competency assessments as well as records relevant to the requirements of role. The organisation maintains regulatory compliance through review of bulletins and advisory groups to ensure policies and procedures are consistent with current legislative and regulatory requirements. There is an effective incident management system in place and there was evidence of consideration to feedback and complaints at the Board level with improvements as a result of ongoing review.

The service has a clinical governance framework which documents strategies to monitor and assess high-impact and high-prevalence risks associated with consumer care. Risks are reported, escalated and reviewed by management at the service and organisation levels. Serious risks including Serious Incidents Response Scheme (SIRS) are escalated and data is also trended to ensure patterns of behaviour that may amount to abuse or neglect over time can be identified. Antimicrobial stewardship, restraint, and open disclosure are monitored at the Board level through reporting and staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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