Performance

Report

**1800 951 822**

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| Name of service: | Benetas St Laurence Court - Eaglehawk |
| Service address: | 112 Upper California Gully Road CALIFORNIA GULLY VIC 3556 |
| Commission ID: | 3071 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 August 2023 |
| Performance report date: | 24 August 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 Laurence Court - Eaglehawk (**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 3 Personal care and clinical care | 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 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 |

Findings

The service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in March 2022 where it did not demonstrate each consumer received safe and effective personal care in line with their preferences.

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

Consumers and representatives were satisfied the consumer receives personal care that is timely and aligned with their preferences. Staff described how they ensure personal care is delivered in line with the consumers preferences by referring to handover sheets, assessments, care plans and engaging with the consumer. Staff demonstrated how they document refusal of care or a change in preference. All files reviewed had current personal hygiene assessments and care plans in place that outlined consumer preferences including carer and shower preferences. The handover document reflected assessment information and consumer specific requests. Staff have completed relevant training in personal and clinical care.

Based on the available evidence, I find Requirement 3(3)(a) 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 March 2022 where it did not demonstrate the workforce is planned and deployed to enable the delivery of safe and quality personal care.

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

Consumers and representatives were satisfied that staffing levels were sufficient and staff were available when the consumer requires assistance. The service demonstrated they have reviewed rosters and implemented ongoing monitoring and analysis of call bell data. Staff expressed satisfaction that staffing had improved in the last 12 months and that management regularly updates them about staffing at meetings. Meeting minutes confirmed that staffing and recruitment are discussed. Management described the strategies in place to manage planned and unplanned leave including accessing casual, permanent and agency staff to fill shifts. The service has increased care staff presence during the morning and afternoon shifts to support consumers with personal care, with an additional care staff shift rostered overnight. Roster documentation reflected a suitable number and mix of skills and that most shifts are filled. Call bell reports demonstrated call bells are within the service’s benchmark and responded to in a timely manner.

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)