Performance

Report

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| Name of service: | Benetas St Laurence Court - Kangaroo Flat |
| Service address: | 6-8 Wesley Street KANGAROO FLAT VIC 3555 |
| Commission ID: | 3157 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Site Audit |
| Activity date: | 15 May 2023 to 17 May 2023 |
| Performance report date: | 12 June 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 - Kangaroo Flat (**the service**) has been prepared by D. McDonald 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; the Site Audit 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 | 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 and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds and preferences and were observed treating consumers with respect. Care documentation reflected consumers’ personal preferences, conditions and strategies to provide tailored and dignified care.

Consumers said their cultural backgrounds were respected and informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including religious practices. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make choices regarding consumers’ care and services. Staff described supporting consumers to maintain relationships and maintain their independence. Care documentation reflected consumers’ individual choices regarding care and relationships they wished to maintain.

Consumers said they were supported if they wished to take risks. Risk assessments were conducted to ensure consumers understood potential harms, and care documentation reflected mitigation strategies and ‘Dignity of Risk’ agreements between the service and consumers. Staff were guided by a dignity of risk policy.

Consumers and representatives said they received timely information which they could understand, including for meals and activities. Staff described informing consumers through activity programs, newsletters, meetings and care consultations. Noticeboards, schedules and flyers were observed throughout the service informing consumers of various events.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors and awaited consent to enter and sought consumer consent prior to providing care. Consumer information was secured in the service’s password protected electronic care management system.

# 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

Consumers and representatives confirmed involvement in care assessment and planning. Staff described considering consumers’ identified risks when delivering care, and care documentation evidenced risk assessments in consultation with allied health professionals, mitigation controls and records of assessment outcomes.

Consumers and representatives said staff were aware of consumers’ needs and preferences, including end of life wishes. Staff confirmed consumers’ needs and preferences and were also alerted to important end of life care information through the electronic care management system. Documentation evidenced consumers’ needs and preferences, including advance care plans.

Consumers and representatives confirmed they had ongoing involvement in care assessment and planning. Management described involving consumers and representatives in care planning during reviews every 3 months or in response to changes or incidents. Care documentation evidenced integrated and coordinated assessment, planning and review involving allied health professionals such as physiotherapists.

Consumers and representatives confirmed staff advised them of care changes and clinical matters and they were offered copies of care plans. Management confirmed care plans were reviewed and evaluated in consultation with consumers and their representatives. Care documentation evidenced staff communication and availability of care plans to consumers and representatives.

Consumers and representatives said staff regularly reviewed consumers’ care plans and provided opportunity for discussion and feedback. Staff confirmed collaborating with consumers when reviewing care plans routinely, or in response to changes or incidents. Care documentation evidenced reviews undertaken every 3 months or in response to changes.

# 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 and representatives provided positive feedback regarding personal and clinical care which was tailored to consumers and optimised their health and well-being. Care documentation evidenced consumers were receiving care that was safe, effective, tailored to needs and preferences and developed in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff identified consumers at risk and were assisted by policies and procedures regarding falls prevention and management of pain and wounds. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigations.

Staff described managing consumers’ comfort during the palliative process and documentation of a recently passed consumer confirmed the consumer’s comfort and dignity was maintained by the service, including engagement of an external palliative care team to provide additional support. Staff were guided by palliative care policies outlining best practise procedures.

Consumers and representatives said staff promptly recognised and responded to change or deterioration of a consumer. Staff were knowledgeable of response pathways when identifying changes, which was evidenced in care documentation. The service’s procedural flowchart guided staff when responding to changes and was regularly reviewed.

Consumers and representatives said staff effectively communicated information regarding consumers’ condition, needs and preferences. Staff were observed exchanging consumer information during handover. Care documentation evidenced exchange of up-to-date consumer details through clinical handover sheets, progress notes and care plans.

Consumers and representatives confirmed consumers had access to specialised individuals and services. Staff were knowledgeable of referral pathways tailored to individual consumer needs. Care documentation reflected, referrals made to a range of allied health professionals, including medical officers and physiotherapists.

Consumers provided positive feedback regarding infection minimisation procedures. Staff described infection minimisation practices including hand hygiene and frequent cleaning, and strategies to reduce antibiotic use. Visitors and staff were screened for infection upon entry to the service and records confirmed all staff had been vaccinated against influenza and   
COVID-19.

# 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

Staff confirmed consumers’ interests were identified upon entry and a lifestyle program developed accordingly. Feedback was sought from consumers to ensure activities were suitable and consumers were observed participating in exercise groups. Care documentation reflected consumers’ interests and preferences.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers by facilitating contact with family, providing individualised support or referring to pastoral care. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and preferences.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation. Consumers were observed participating in activities and discussions and care documentation identified those of importance to consumers and activities of interest.

Consumers said the services and supports provided were consistent and they did not need to repeat their preferences to staff. Staff confirmed details of, or changes to consumers’ condition, needs or preferences were exchanged through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers and representatives were confident the service could engage other providers of care and services, if required. Staff described collaborating with other care providers to supplement activities and care documentation evidenced collaboration with allied health professionals and specialised support services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff were knowledgeable of consumers’ dietary needs and preferences and consumers could provide input and feedback to the seasonal menu. Records evidenced consumers’ dietary requirements, including changes and discussions with dieticians and speech pathologists.

Consumers confirmed equipment provided was safe, suitable, clean and maintained. Staff described routine inspections and cleaning of equipment which was readily available. Records confirmed regular equipment maintenance and consumers were observed using clean and maintained mobility aides.

# 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

Consumers and representatives said the service environment was welcoming and easy to navigate. The service environment included a large dining area, sitting areas, an outdoor courtyard, gardens, wide hallways and adequate signage. Consumers were observed interacting with each other or their families in various areas and their bedrooms were personalised with photographs and artwork.

Consumers said they could move freely inside and outside of the service which was clean and well-maintained. Staff confirmed consumers could move about the service and surrounds at their discretion and were knowledgeable of processes to request building maintenance. Records confirmed the service was cleaned each day in accordance with the cleaning schedule.

Consumers said furniture, fittings and equipment were in working order and they knew how to report issues. Management confirmed maintenance requests were registered and attended to promptly. Records confirmed all responsive maintenance requests had been resolved and preventative tasks had been completed to-date, as scheduled.

# 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 were aware of processes to provide feedback or make a complaint, including discussing issues with staff. Staff confirmed they would assist consumers if within the scope of their role or escalate issues to senior staff. Feedback forms, lodgement boxes and noticeboards were observed in the service.

Consumers and representatives said they were aware of advocacy services but were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Posters displayed throughout the service provided information regarding advocacy and language services.

Consumers and representatives described incidents where staff had apologised and responded promptly to resolve complaints. Staff described processes to respond to feedback and complaints, including the use of open disclosure. A complaints register evidenced issues were recorded and actioned and meeting minutes demonstrated ongoing monitoring of feedback and complaints.

Most consumers confirmed their feedback and complaints were used to improve care and services. Feedback and complaints were analysed to identify trends and inform improvements to care and services. Management described reviewing feedback and complaints through consumer meetings, care conferences, staff handovers and registers. The plan for continuous improvement evidenced feedback and complaints and responsive improvements.

# 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 the number and variety of staff was adequate to meet consumer needs. Management described utilising a casual staffing pool, permanent or agency staff to address shift shortages. Rosters reflected sufficient coverage by care and clinical staff and most call bells were attended to within the benchmarked timeframe.

Consumers and representatives said staff interactions were kind, caring and gentle. Staff were observed interacting with consumers in a kind and caring manner and confirmed participating in culture and diversity training. Staff were guided by policies, procedures and guidelines relating to dignified, respectful and inclusive care.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management confirmed required qualifications and registrations when applying for roles. Records evidenced staff met onboarding requirements, had completed induction training and that the service monitored registration validity and security vetting.

Consumers and representatives said staff were competent and qualified to perform their roles. Management confirmed staff underwent mandatory training, that additional modules were offered in response to identified needs and staff were reminded to enrol in training, where required. Records evidenced a high proportion of staff had completed training.

Management confirmed staff completed annual performance appraisals and their performance was also monitored through observation, meetings and handovers. New staff underwent probationary reviews at 3 months, post commencement. Records evidenced underperformance was addressed as it was identified, outside of the appraisal cycle, to promptly allocate additional training.

# 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 were involved in the development and delivery of care and services. Staff confirmed consumers and representatives were involved through the feedback and complaint processes, meetings and surveys. Meeting minutes evidenced consumer feedback was used to inform improvements to care and services.

Management described the organisational structure that supported accountability by the governing body, and analysis of clinical reports provided by the service, including in relation to clinical indicators. Records demonstrated initiatives by the governing body to assist consumers’ direct input regarding care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff confirmed participating in training regarding serious incidents and were knowledgeable of processes to conduct risk assessments and report incidents. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff and management were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice and staff described the practical application of such practices in their daily duties.

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)