Performance

Report

**1800 951 822**

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| Name: | Benetas St Paul's Terrace |
| Commission ID: | 3055 |
| Address: | 2B Towerhill Road, FRANKSTON, Victoria, 3199 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 February 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 995 Anglican Aged Care Services Group  Service: 1814 Benetas St Paul's Terrace |

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 Paul's Terrace (**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 (performance assessment) – 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 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 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated a risk framework is in place supported by policies and process to identify and manage high-impact or high-prevalence risks, abuse or neglect, and to support consumers to live their best lives. The organisation has an incident management system in place. Management and staff demonstrated understanding of the overarching governance in place for incident reporting and Serious Incident Response Scheme (SIRS) reporting requirements.

High-impact and high-prevalence risks are identified and managed through incident reviews, performance data, monthly reporting, communication, observations, and feedback with strategies implemented to rectify deficits.

Management and clinical staff described the SIRS reporting requirements relating to reportable and non-reportable events and the Assessment Team noted registers are maintained. The service is in the process of transferring manual SIRS reporting onto an electronic management system which aims to centralise information to ensure accurate reporting data. Management and the clinical manager are responsible for recording SIRS digitally.

SIRS education has been delivered to staff. Documentation reviewed confirmed SIRS, elder abuse and neglect is regularly discussed in staff meetings and at handovers.

I have considered the Assessment teams report and the recommendation requirement 8(3)(d) is met. I find the service Compliant with requirement 8(3)(d).

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)