Performance

Report

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| Name: | Benjamin Short Grove |
| Commission ID: | 1056 |
| Address: | 130 Huntley Road, ORANGE, New South Wales, 2800 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 31 January 2024 |
| Performance report date: | 5 March 2024 |
| Service included in this assessment: | Provider: 81 Mission Australia  Service: 7982 Benjamin Short Grove |

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 Benjamin Short Grove (**the service**) has been prepared by Katrina Platt, 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.
* the provider’s response to the assessment team’s report received on 8 February 2024.
* the performance report dated 24 November 2022 for the Site Audit conducted on 26 September 2022 to 29 September 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement 3(3)(b) was non-compliant following a Site Audit conducted from 26 September 2022 to 29 September 2022. An Assessment Contact occurred on 30 January 2024 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives provided positive feedback about their clinical care provision. Staff were knowledgeable about high-impact high-prevalence risks for individual consumers and described de-escalation strategies used. Management discussed development of a high-impact high-prevalence risk register which was regularly reviewed and updated and staff handover documentation captured identified risks for consumers to ensure ongoing staff awareness and guidance. Management also discussed fire safety risk assessments undertaken and several mitigation strategies implemented to ensure consumer fire safety, which included implementation of individual smoking programs for consumers when required.

Care documentation confirmed behaviour management conducted in accordance with policies and procedures. Behaviour support plans were evidenced to include exhibited behaviours, triggers and personalised strategies for changed behaviour mitigation, with behaviour incidents evaluated and behaviour escalations proactively managed. Consumers with restrictive practices for environmental restraint and chemical restraint were supported with individualised strategies and interventions, which was clearly documented and appropriate consents were in place.

Careful management of time critical medication was evidenced in care documentation, with strict adherence to individualised timing requirements demonstrated. Management discussed medication administration undertaken by registered nurses and selected care staff and other risk management measures used to ensure appropriate medication management which included dedicated treatment rooms and automatic retractable needles.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Requirement 4(3)(f) was non-compliant following a Site Audit conducted from 26 September 2022 to 29 September 2022. An Assessment Contact occurred on 30 January 2024 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives described their meals as good and varied and discussed their enjoyable dining experiences. Family members were observed dining with consumers and staff were observed assisting consumers with meals in an inviting and clean dining room. Staff could describe individual consumer dietary needs, likes and dislikes and the process for obtaining dietary information about new consumers or when consumer dietary needs changed. Menus were implemented following dietician approval and consumers were noted to provide feedback through food focus groups, surveys, consumer meetings and informal discussions.

# 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

Requirement 7(3)(a) was non-compliant following a Site Audit conducted from 26 September 2022 to 29 September 2022. An Assessment Contact occurred on 30 January 2024 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives stated staff were providing safe and quality care and described their satisfaction with staffing levels and call bell responsiveness, with some call bell delays having very little impact on care provision. Staff described working as a team to support each other and provide safe and effective care to consumers. Rosters were strategically managed to ensure care provision competency for medication management and evidenced registered nurse availability in accordance with legislative requirements. Management described unplanned leave strategies and ongoing recruitment processes to increase clinical and care staff. Call bells were regularly reviewed and investigated and improvement measures were implemented.

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)