Banyula Lodge

Performance Report

39 Medowie Road
OLD BAR NSW 2430
Phone number: 02 6553 3973

**Commission ID:** 0524

**Provider name:** Bushland Health Group Limited

**Assessment Contact - Site date:** 23 July 2020

**Date of Performance Report:** 20 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* the provider’s response to the Assessment Contact - Site report received 11 August 2020.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

An overall assessment of Standard 3 is not provided, as only one requirement of this standard was assessed.

The assessment of this requirement found that the service does not demonstrate that consumers care is effective, meets their needs and/or is of best practice and optimises their wellbeing. Staff interviews, and documentation review does not demonstrate the service is ensuring each consumer get effective personal/clinical care. There is ineffective clinical oversight and monitoring.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed, and this is considered as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The assessment team found that despite there being policies and procedures to provide guidance in clinical practice, there is ineffective clinical oversight and monitoring at the service and practice is not consistent with guidance documents. Care planning documents showed that for the sampled consumers they are not consistently receiving effective clinical care that is tailored to their needs.

The team found that management of incontinence and associated skin integrity issues was not effective for the sampled consumers. Care planning documents did not articulate an adequate assessment of skin integrity or a plan for management of compromised skin integrity following episodes of incontinence. There was also insufficient evidence to support that appropriate investigation of the cause had been undertaken. The executive care manager was not aware of this clinical issue for the sampled consumers until the Assessment Team provided feedback.

The assessment team did not identify concerns about chemical restraint, however they did not have enough evidence to persuade them that environmental restraint is being effectively managed in the memory support unit as they did not see restraint authorities.

While the assessment team found that the Service’s plan for continuous improvement identified actions which have been taken since the re-accreditation audit in March 2020 to address the issues associated with pain assessment and management, review of care planning documentation and conversations with consumers and their representatives affirms that Pain assessment and management is also not always effective. The service also identified in their pain management audit, that staff practice is not always consistent with the approved providers expectation.

In their response, the approved provider did not dispute the recommendation of the Assessment team. They provided information about actions they’ve taken since the assessment contact to address the issues raised by the assessment team. These include a change of staffing and introduction of new processes to increase clinical oversight. They are also providing education about incident reporting, management of excoriation, documenting skin integrity, pain, wound and continence assessment and treatment plans.

While I acknowledge that actions have taken place since the assessment contact to address the issues raised by the assessment team, I am of the view that the approved provider is not compliant with this requirement. They did not demonstrate at the time of the visit, that consumers are receiving safe and effective clinical and personal care that is tailored to their needs and optimises their health and well-being.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The service must demonstrate that:

* The actions of their plan for continuous improvement has translated into an improvement in clinical practice to the extent that staff demonstrate that they are consistently following the approved providers guidance concerning pain management and management of skin integrity.
* Environmental restraint has appropriate authorities in place for all consumers who are environmentally restrained.
* A review of the appointment of the new Care Manager and new processes results in improvement in clinical oversight.