Burswood Care Gwen Hardie Lodge

Performance Report

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ALBANY WA 6330
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**Commission ID:** 7068

**Provider name:** Burswood Care Pty Ltd

**Assessment Contact - Site date:** 24 November 2020

**Date of Performance Report:** 25 January 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 3 Personal 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

Consumers and representatives were satisfied with the management of consumers’ personal and clinical care including wound care, pain management and practices relating to restraint.

The Assessment Team did not assess all requirements specific to this Quality Standard, therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

Consumers and their representatives were satisfied with the personal care and clinical care consumers received. They provided examples of how staff attended to consumers’ skin care, comfort and wound care and felt that staff were competent.

Care planning documentation was reviewed by the Assessment Team and included consumers with varied and complex needs for example, chronic pain, mobility impairment, sleep disturbances, wounds, diabetes, and those who live with dementia. Documentation evidenced care that was tailored to the individual needs of the consumer and optimised their health and well-being. The Assessment Team found that risks had been identified and addressed, referrals were made to medical specialists and allied health care providers, monitoring and review of care was occurring including the involvement of a nurse practitioner, and clinical equipment was available and in use.

Representatives said they are kept informed of changes in the consumer’s condition and this was confirmed in care planning documentation which included evidence of family consultation when the consumer’s condition deteriorates or following an incident.

Staff demonstrated a sound understanding of consumers’ specific needs and preferences and said they have access to guidance material such as policies, procedures and training to support their practice.

Senior clinical staff report monthly on clinical incidents including behavioural incidents, medication incidents, falls, pressure injuries and ‘as required’ medication use. Reports are analysed and discussed at the regular clinical meetings.

The Assessment Team identified the organisation has policies and procedures relating to clinical care that reference best practice guidelines including in relation to wounds, pain, falls management and minimisation of physical and chemical restraint.

For the reasons detailed, this requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives said staff know what they like, are kind and caring and there are sufficient staff to provide quality care and services.

The Assessment Team did not assess all requirements specific to this Quality Standard, therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Consumers and representatives spoke highly of staff and said they take time to talk to consumers and do not rush when providing care.

Staff said that whilst they can be busy there are sufficient numbers of staff at the service. Management staff explained how the service rosters staff and the strategies in place to fill vacant shifts including accessing casual staff, offering overtime and sourcing staff from other services within the organisation. A recruitment program has been conducted for additional part-time staff.

The Assessment Team found through their review of other requirements that safe and quality care was being delivered by staff. The Assessment Team observed staff assisting consumers throughout the course of the Assessment Contact and noted that staff took time with consumers, did not rush them and answered call bells promptly.

Call bell data is analysed to identify delays in call bell responsiveness and identify opportunities for improvement.

For the reasons detailed this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.