Performance

Report

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| Name: | Banksia Lodge Residential Aged Care Service |
| Commission ID: | 3832 |
| Address: | 15 Waranga Drive, KIALLA, Victoria, 3631 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 June 2024 |
| Performance report date: | 9 July 2024 |
| Service included in this assessment: | Provider: 1665 Shepparton Retirement Villages Inc  Service: 6908 Banksia Lodge Residential Aged Care Service |

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 Banksia Lodge Residential Aged Care Service (**the service**) has been prepared by V Plummer, 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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 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

Consumers and representatives confirmed the high impact high prevalence care risk of the consumers is well managed. Consumers with identified high impact high prevalence risks, have the risks assessed and documented to inform care and clinical staff of the consumer’s needs, including pressure injuries and wounds, diabetes and falls management, unplanned weight loss, pain and medication management, consumers with swallowing difficulties and the support of consumers with restrictive practices.

Staff interviewed described the consumer’s individual care requirements and demonstrated sound knowledge in relation to the management of the consumers’ assessed risks. Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical care needs.

The service maintains a restrictive practice register and a psychotropic medication register, in addition to maintaining a risk and compliance register which outlines indicators on a range of clinical care including pressure injuries, weight loss, falls, polypharmacy, medication management, infections, call bell report, and medication errors. Management evidenced they effectively document and manage high impact and high prevalence risks and incidents for consumers and the incidents were reported, investigated, and analysed, with staff informed of the outcome.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided in the assessment contact report, including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is Compliant.

# 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

Consumers and representatives provided positive feedback in relation to consumers care and services, stating staff always respond to their calls for assistance in a timely manner and the consumers receive quality care and services through the provision of regular staff to meet their needs. Consumers and representative said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs.

Clinical and care staff advised the service continues to ensure there is a sufficient number of staff on shift to support consumers and were aware of efforts to recruit additional staff. They confirmed they have access to ongoing training, competency assessments, supervision, and support to deliver safe and quality clinical outcomes for consumers.

Management advised a new master roster is being implemented and the organisation is utilising an external consultancy company to monitor the workforce needs and the 24 hours a day, 7 days per week (24/7) Registered nurse (RN) and mandatory care minutes. Management stated and documentation confirmed 24/7 RN responsibilities and mandatory care minutes are currently not being met and strategies are in place, including the use of a labour hire company who are providing staff to ensure consumer care needs are being met. Management is continuing to recruit to vacant positions and is reviewing their coordination, communication and reporting processes to improve the mandatory care minutes reporting.

Staff were able to describe the alternative care arrangements when a RN is not on-site and on duty and described the escalation process, if a consumer has a deterioration in their health and/or wellbeing. Staff confirmed they have received training in the escalation process.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The organisation has a clinical governance framework in place to help guide clinical and care staff on the provision of safe, quality clinical care and demonstrates a process of continuous improvement. Management provided information and documentation in relation to clinical governance, including antimicrobial stewardship, minimising the user of restrictive practices and practicing open. At interview management described the systems the organisation uses to maintain and improve the reliability, safety and quality of clinical care and improve outcomes for consumers who require clinical care. Staff were able to describe how these policies inform their practice on a daily basis.

The quality team undertake ongoing internal clinical audits and report all findings to the service for action which are documented in the continuous improvement plan to evaluate the effectiveness of actions implemented.

The service has a quality and clinical governance framework and a risk management framework, which outlines responsibilities of the Board of Directors including strategic leadership, risk management, monitoring performance against agreed objectives, and ensuring accountability and compliance. Documented outcomes of care include consumer centred; risk management; safety; and effective workforce to guide the development and monitoring of systems and processes to provide quality clinical services.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high-impact and high-prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)