Performance

Report

**1800 951 822**

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| Name of service: | Banksia Lodge Residential Aged Care Service |
| Service address: | 15 Waranga Drive KIALLA VIC 3631 |
| Commission ID: | 3832 |
| Approved provider: | Shepparton Retirement Villages Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 September 2023 |
| Performance report date: | 16 October 2023 |

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 D. Fekonja, 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 - 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.

# Assessment summary

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

Findings

The service is effectively assessing, managing, monitoring, and reviewing consumers’ wounds, pain, and restrictive practices. Consumers and their representatives are satisfied with the care provided by the service. The service has a suite of policies, procedures, and work instructions including, but not limited to, wound management, pressure injury management, pain management, and restrictive practices, all of which are in line with best practices.

Wound care is attended to as per the medical directives and the services guidelines with multi-professional input and consultation. Pain is assessed and managed holistically with pharmacological and non-pharmacological interventions in line with consumers’ care planning documents and personal preferences.

Restrictive practices in the form of environmental restraint and chemical restraint are currently used at the service. All consumers subject to restrictive practices have documented informed consent in place. Behaviour support plans are completed, and the consumers are reviewed and monitored on a regular basis in relation to the restrictive practice. Triggers are identified and there are strategies in place to minimise or prevent changed behaviours. Non-pharmacological interventions as outlined in the behaviour support plan are trialled prior to the use of the restraint.

Based on the information provided in the assessment contact report and summarised above I find the service compliant with this Requirement.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers are satisfied with the support they receive to meet their individual care needs, goals, and preferences. Care planning documentation identifies consumers’ goals, and choices and supports consumers to do the things that interest them and the service bases its activities on these interests.

Consumers are asked what activities they would like to continue or add to the activity programme during their three-monthly care plan review. Consumers who prefer not to participate in group activities receive one on one activities in their room. Any change in consumers’ condition is updated in their leisure care plan, where activities are adjusted to enable consumers’ participation.

Consumers are encouraged to participate in activities that give them a sense of purpose and quality of life.

Based on the information provided in the assessment contact report and summarised above I find the service compliant with this Requirement.

# 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

Most consumers and/or representatives said there are enough staff to provide the care and services they require, however, 2 consumers felt they had to wait too long for assistance. All consumers and representatives confirmed staff were still meeting consumers’ needs and there were no adverse outcomes when assistance was delayed. Staff would prefer the addition of another care staff but also confirmed this did not prevent them from completing their work during their shift.

Vacant shifts are covered through casual, permanent, or agency staff and new staff are always paired with experienced staff so that consumers receive continuity of care. Call bell response times are monitored and when there are complaints or long delays the reasons for the delay are investigated.

Based on the information provided in the assessment contact report and summarised above I find the service compliant with this Requirement.

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)