Bentleys Aged Care

Performance Report

47 Harpin Street
EAST BENDIGO VIC 3550
Phone number: 03 5444 4050

**Commission ID:** 3987

**Provider name:** Violet Town Bush Nursing Centre Inc

**Assessment Contact - Site date:** 17 May 2022 to 18 May 2022

**Date of Performance Report:** 27 July 2022

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |

# Detailed assessment

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 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 on 4 July 2022.

# 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

The purpose of this site assessment was to assess the service’s performance against a requirement that was previously found non-compliant.

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed 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 this requirement continues to be non-compliant based on the service not demonstrating that they recognise, assess and monitor the use of chemical restraint in line with legislation and best practice. The service did not consistently identify, assess and manage wounds, particularly for a consumer with excoriation. While the service demonstrated actions to implement support plans for consumers with responsive behaviours, behaviour support plans require greater detail of individualised interventions and are yet to be embedded into practice. The service did not demonstrate consistent practice in relation to assessment, monitoring and evaluation of post fall clinical management, particularly neurological observations and pain management.

In their response to the Assessment Team report, the approved provider acknowledges deficits identified by the Assessment Team and nominates a number of actions which have occurred to address the deficits. Remedial actions include addressing consumer care deficits identified in the Assessment Team report, further staff education and training, implementing auditing processes to imbed practice and appointing an external restrictive practice consultant. The approved provider also submitted a detailed action plan to improve outcomes for areas of deficit identified by the Assessment Team by 31 July 2022.

I note the extensive remedial action taken and planned by the provider. However, the service was non‑compliant at the time of the site assessment and therefore I find the service non‑compliant with this requirement.

# 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.

* Ensure medication charts indicate why psychotropic medication is prescribed.
* Ensure consent for consumers subject to chemical restraint is obtained.
* Ensure ongoing review of psychotropic medication use.
* Commence and maintain wound charting for all wounds and pressure injuries.
* Ensure behaviour support plans are customised to the individual needs of consumers.
* Ensure post-fall clinical management, specifically neurological observations and pain management occur.