Performance

Report

**1800 951 822**

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| Name of service: | Bentleys Aged Care |
| Service address: | 47 Harpin Street EAST BENDIGO VIC 3550 |
| Commission ID: | 3987 |
| Approved provider: | Violet Town Bush Nursing Centre Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 November 2022 |
| Performance report date: | 15 December 2022 |

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 Bentleys Aged Care (**the service**) has been prepared by L Glass, 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
* the assessment team report for the Assessment Contact – Site from 17 May to 18 May 2022 and the performance report dated 27 July 2022. The service was found to have ongoing non-compliance with one requirement: Standard 3 (3)(a).

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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)(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

Following a scheduled Assessment Contact from 17 May to 18 May 2022, the service was found to be non-compliant with one requirement: Standard 3 (3)(a). The service was unable to effectively demonstrate they recognise, assess, and monitor the use of chemical restraint in line with legislation and best practice, and behaviour support plans were found not to be tailored to individual needs. The service was found not to be consistent in the identification, assessment, and management of wounds and did not demonstrate consistent practice in relation to assessment, monitoring, and evaluation of post- fall clinical management, particularly neurological observations and pain management.

An Assessment Contact was undertaken to assess if planned remedial actions documented within the services’ Plan for Continuous Improvement (PCI) resulted in improved outcomes for consumers. The Assessment Team found in response to the ongoing non-compliance identified during the previous Assessment Contact the service has implemented effective actions. Overall, there were significant improvements in the performance of the service in relation to this requirement with 10 consumers and/or their representatives expressing satisfaction in the service’s provision of personal and/or clinical care that is safe, person-centred and reflective of best practice, particularly in relation to restrictive practice, skin, and wound management, complex clinical care, falls and pain management.

In relation to restrictive practices the service improvements identified include reinforcing the importance of behaviour support planning and assessment with the clinical care coordinator identified as the resource person or ‘link’ nurse for restrictive practice. The service has made available resident summary care plans and behaviour support plans with inclusive action plans to assist staff when caring for a consumer with changed behaviour. It demonstrated a process to assist registered nurses in identifying consumers prescribed psychotropic medication by highlighting alerts to indicate the use of psychotropic medication on medication charts and, under the heading ‘complex care’, on handover sheets. The handover sheet also indicates the consumer has a behaviour support plan. A completed, self-assessment tool, records consumers receiving psychotropic medications. The service held a compulsory education day to ensure nursing and care staff competency in use of the electronic information management system to record consumer behaviour and pain management to promote consumer health and wellbeing.

The service identifies all consumers being prescribed psychotropic medications with alerts on the front of medication charts and on staff handover sheets. Indications for use of psychotropic medications are evident on the front of each medication chart. A review of the medication charts of 4 consumers identified on the psychotropic register evidenced this alert and indications for use along with the provision of informed consent for the use of psychotropic medication being provided by consumer representatives. Individualised behaviour support plans are in place for all consumers.

In relation to skin integrity and wound management a review of the ‘current wounds/skin integrity’ report reflected active wounds. The service’s handover sheet identified consumers with current wounds and other skin integrity issues and management requirements and clinical staff are confident they are managing wounds appropriately. Staff escalate significant changes in the consumers’ wound status to the clinical care coordinator. The Assessment Team reviewed the files of four consumer with active wounds. Although 2 of 4 consumers’ wound chartings did not evidence initial and regular wound photography with measurement in line with the service’s ‘wound management policy’, it was noted wounds have been healing and lack of photographs has not impacted the consumers. Management responded and provided evidence of communication to staff ensuring regular wound photography and measurement to be completed following every wound dressing change to determine wound progress.

In relation to post-falls and pain management the services provided evidence it has reinforced the importance of assessment, monitoring and evaluation of post fall clinical management. A review of consumers’ documentation, post fall, shows that consumers mostly receive appropriate post fall management inclusive of reporting, monitoring, assessment and review following each fall. Staff are prompted to complete auto generated fields relating to recording of an incident, appropriate communication, and notification of personnel such as the consumers medical officer, the facility manager, the consumer’s family and referral to a physiotherapist. Other prompts include the updating of assessments and care planning documents such as the falls risk assessment tool, pain and wound assessment and charting as appropriate and updating of the handover sheet. The Assessment Team identified appropriate recording of neurological observations remains inconsistent and management had also identified this and have developed and introduced a paper, post falls observation record to facilitate improved practice.

Although one consumer file reviewed did not reflect that pain was monitored following a fall with injury, 4 of 5 consumer files evidenced consumers’ who have general pain concerns, changed behaviour, and wounds are monitored, assessed, and managed appropriately. Management acknowledged and addressed the feedback about the oversight of pain monitoring for one consumer and committed to appropriate action including documentation oversight being included in a newly initiated project role.

In making the decision I have considered evidence collected by the Assessment Team during the Assessment Contact and the significant improvements identified and documented since the previous Assessment Contact in May 2022. I have also considered the satisfaction expressed by the consumers and representatives with the quality of care and services delivered. While the Assessment Team has identified some further improvements are needed, on balance, I am satisfied the evidence provided and the response by management to the feedback provided by the Assessment Team and arrangements in place to ensure ongoing continuous improvement have resulted in and will continue to provide improved outcomes for consumers. I find the service Compliant with Requirement 3(3) a.

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