Performance

Report

**1800 951 822**

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| Name: | Bonney Lodge |
| Commission ID: | 6149 |
| Address: | 24 Hawdon Street, BARMERA, South Australia, 5345 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 March 2024 |
| Performance report date: | 24 April 2024 |
| Service included in this assessment: | Provider: 9692 Riverland Mallee Coorong Local Health Network Incorporated  Service: 4166 Bonney Lodge |

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 Bonney Lodge (**the service**) has been prepared by Therese Wilson, 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.
* the provider’s response to the assessment team’s report received 9 April 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

**Standard 3 Requirement (3)(a)** – Ensure each consumer is proved with personal and clinical care that is tailored to their needs and in line with best practice including in relation to pain, wound management and behaviour support.

# 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. | Not Compliant |

Findings

This Quality Standard is non-compliant as the assessed Requirement was found non-compliant.

The service was found to be non-compliant in this Requirement in an assessment contact conducted in May 2023 where it was found the service did not deliver safe and effective care which is best practiced and tailored to consumers’ needs specifically in relation to the management of wounds, pain, and behaviours. To return the service to compliance a range of actions were undertaken which included, but not limited to, upgrade of the electronic care system, introduction of meetings including those to discuss high risk consumers and staff education.

During this assessment contact the assessment team have recommended this Requirement as not met as the care being provided was not best practice or in line with the consumers' needs, goals, and preferences, particularly in relation to pain, wound management and behaviour support.

The report outlined 5 consumers where it was stated the service did not provide best practice care. It was asserted that pain charting was not completed regularly, and massages and heat packs were missed from pain care. A consumer did not have tailored strategies to manage their behaviours and wound photographs were not taken in line with the service’s policy.

The provider submitted a response on 9 April 2024 where they outlined the actions undertaken since the assessment contact. All consumers have been consulted and care planning information updated to include their current preferences and pain management strategies. Communications to staff have improved through more effective handover practices and it also includes a range of other continuous improvement items that are in the process of being introduced and monitored for effectiveness.

I have considered the information in the assessment teams report and the provider’s response, and I do find that at the time of the assessment contact the service was non-compliant.

Whilst the improvements outlined in the plan for continuous improvement do cover actions to address the deficits identified, they will take time to be embedded in everyday practice and monitored for effectiveness. I also consider the service was non-complaint in this area in an assessment contact conducted in May 2023. With new management in place, I trust the service will continue on the journey of continuous improvement to ensure they return to and maintain compliance.

It is for these reasons I find Requirement (3)(a) non-compliant.

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)