Performance

Report

**1800 951 822**

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| Name of service: | Boronia Residential Aged Care |
| Service address: | 7 Coogee Street BORONIA VIC 3155 |
| Commission ID: | 4250 |
| Approved provider: | Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 June 2023 |
| Performance report date: | 31 July 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 Boronia Residential Aged Care (the service) has been prepared by V Stephens, 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 provider’s responses to the assessment team’s report received on 20 July 2023 and 28 July 2023.

# Assessment summary

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| 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 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant with Requirement 2(3)(e) following a site audit conducted from 3 January 2023 to 5 January 2023. The service at that time did not demonstrate processes and practices to ensure effective and timely review of assessment and care planning, including in relation to resident of the day reviews and consumers experiencing weight loss. In addition, the service did not demonstrate it recorded all incidences of infection in the service’s incident management system.

During this assessment contact, the service demonstrated improvements in the way it reviews the effectiveness of consumer care and services. Sampled consumers and consumer representatives said they are satisfied with consumer care including the management of skin integrity and changed behaviours. Sampled clinical staff demonstrated how they review care planning documents to ensure care reflects the current needs of consumers, including consumers experiencing weight loss. The Assessment Team reviewed a range of documents which demonstrated that the service is reviewing consumer care and services according to schedule, and is generally logging and evaluating clinical incidents such as falls, wounds and infections in a systematic manner. Accordingly, I find the service compliant with Requirement 2(3)(e).

# 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 was found non-compliant with Requirement 3(3)(a) following a site audit conducted from 3 January 2023 to 5 January 2023. The service at that time did not demonstrate the provision of safe and effective clinical care in relation to restraint management, wounds and pressure injuries.

During this assessment contact, a review of six consumer care files reflected skin integrity, and the use of restrictive practices is appropriately assessed, managed, and monitored. All sampled consumers stated care is safe and interventions meet their individual needs and preferences. Management and staff described how they review consumer assessments and care plans in consultation with consumers and/or their representatives, with input from a multidisciplinary health team. Where a consumer is identified as subject to restrictive practices, care documentation and feedback from staff, consumers and/or their representatives demonstrates informed consent is obtained and a behaviour support plan is developed and implemented. Accordingly, I find the service compliant with Requirement 3(3)(a).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found non-compliant with Requirement 8(3)(c) following a site audit conducted from 3 January 2023 to 5 January 2023. The service at that time did not demonstrate information management and regulatory compliance in relation to chemical and environmental restrictive practices, or a consistent approach to continuous improvement as complaints were not consistently recorded to inform the service’s plan for continuous improvement.

During this assessment contact, the service demonstrated improvements in information management and regulatory compliance. The service’s psychotropic self-assessment tool correctly identifies consumers who are subject to chemical restraint and all information is consistent with consumer care documentation and medication records including in relation to indications for use, consent, authorisation, medical review, and behaviour support planning. The service’s processes for the review of care and services is generally enabling more effective communication of the current care needs of consumers. The service has improved information management systems particularly in relation to enabling more effective use of consumer care plan information and is meeting regulatory requirements with respect to the use of restraint.

However, while consumers and representatives were satisfied the service acted promptly to rectify concerns and complaints, the Assessment Team found the service did not demonstrate it had strengthened its approach to continuous improvement by recording and evaluating complaints. The Assessment Team reviewed the service’s feedback and complaints register and noted no complaint entries had been created since 21 February 2023. In addition, the Assessment Team was unable to view the service’s current plan for continuous improvement.

In its response to the site assessment report, the approved provider refutes the Assessment Team’s finding that no compliant entries had been created since 21 February 2023, stating entries were clearly evident throughout March 2023 to May 2023. The approved provider also acknowledged the feedback register was not fully up-to-date at the time of the assessment, that these gaps did not have any adverse clinical impact on consumers and that no significant areas of concern had been identified from feedback over the past three months. The approved provider stated that the service is highly committed to continuous improvement with a robust system for quality improvement and that following the assessment, changes have been implemented to ensure that all feedback is captured in a timely manner.

Based on evidence presented by the Assessment Team, I am satisfied the service as effective governance systems in relation to information management and regulatory compliance. While noting there may be some gaps in recording feedback, I am mindful that consumers expressed satisfaction with both care and the service’s response to complaints. In the absence of any clinical impact to consumers, and evidence submitted by the approved provider outlining other governance measures to inform continuous improvement at the service, including an updated plan for continuous improvement, I find that the service has demonstrated effective governance systems in relation to continuous improvement. Accordingly, I find the service compliant with Requirement 8(3)(c).

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)