Performance

Report

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| Name of service: | Brentwood Residential Aged Care Facility |
| Service address: | 28 Glebe Street PARRAMATTA NSW 2150 |
| Commission ID: | 2600 |
| Approved provider: | Allity Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2022 |
| Performance report date: | 12 October 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 Brentwood Residential Aged Care Facility (**the service**) has been prepared by M Wyborn, 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 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

The service demonstrated compliance in Requirement 3(3)(a) showcasing that each consumer gets safe and effective personal care and clinical care, that is best practice, is tailored to the consumer’s needs and optimises the consumer’s health and well-being.

The service demonstrated effective assessment, management and evaluation of consumers’ mobility and falls, continence, nutrition and hydration, specialised nursing, restrictive practices, skin integrity and pain. Where restrictive practices are used, assessments, authorisation, consent and monitoring was demonstrated.

Behaviour support plans are in place for consumers who are subject to restrictive practices. Psychotropic reviews are regularly conducted and consumers prescribed these medications have appropriate diagnosis to support the administration. The service demonstrated care practices that support minimisation of restraint.

Care documentation demonstrates that wounds are consistently attended to in accordance with the wound management plan and pressure area care is completed as prescribed. Consumers with active pressure injuries or wounds have a wound care plan and chart which are completed following treatment and at every review.

Consumer care documentation demonstrates that consumers with chronic pain have regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff use assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies are included in care plans and when pain relief medication is used and is reviewed for effectiveness.

The service demonstrated that incidents related to falls, infections, serious incidents are documented, investigated and strategies are implemented to eliminate, reduce or minimise the impact of similar events.

The service has appropriate policies and procedures in place to support the delivery of care provided in relation to restrictive practices, pressure injury prevention and management and a pain management policy that incorporates ongoing pain assessment to guide staff practice.

The service demonstrated commitment to continuous improvement and provided examples of clinical audits and findings influencing the service’s plan for continuous improvement.

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)