Performance

Report

**1800 951 822**

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| Name: | Bundaleer Lodge Nursing Home |
| Commission ID: | 5930 |
| Address: | 100 Holdsworth Road, NORTH IPSWICH, Queensland, 4305 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 September 2024 to 18 September 2024 |
| Performance report date: | 14 October 2024 |
| Service included in this assessment: | Provider: 277 Bundaleer Lodge Nursing Home Pty Ltd as Trustee for the Renton Family Trust No 1  Service: 3846 Bundaleer Lodge Nursing Home |

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 Bundaleer Lodge Nursing Home (**the service**) has been prepared by Bruce Bassett, 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

Consumers and representatives interviewed said consumers were included in care planning and were involved in how to minimise risks and how to meet their needs, goals and preferences. The service uses assessment and planning tools and includes inputs from qualified practitioners to manage risks. Staff articulated the assessment and care planning process. Clinical and care staff demonstrated knowledge of consumers’ preferences and could describe individual consumers’ needs and strategies implemented to support them. Governance systems contain evidence of strategies, policies and procedures that support a consumer centred approach to assessment and planning, including advanced care planning.

The electronic care management system (ECMS) has validated risk screens, assessment tools and charting for elements of care. Care plans included essential elements of care such as nutrition and hydration, lifestyle, personal care, and clinical care. The system includes reminders for tasks, clinical parameters, progress notes, and scheduling of care. Consumer files demonstrated a multidisciplinary approach to care delivery, and communication between the treating team and consumers in progress notes and case conferences.

Following consideration of the above information I have decided the requirement is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated risks for each consumer, including life choices, falls and diet choices are effectively managed. All consumers and representatives interviewed were satisfied that consumers’ risks are effectively managed. For consumers sampled, key risks had been assessed and documented in the ECMS. Care planning documentation identified effective strategies were in place to manage risks and were recorded in consumers’ care plans and progress notes. Analysis and investigations are conducted by clinical management for all incidents, such as falls, skin injury, challenging behaviours and infections, to identify the contributing factors so appropriate interventions and actions can be implemented to prevent recurrence.

Consumers are assessed for falls using a validated falls risk assessment tool and consumers are seen by the physiotherapist on admission and mobility aids are assessed for suitability. A file audit demonstrated a mobility plan is developed for consumers and a clear identification of the level of falls risk for each consumer is on the handover documentation.

Care staff were able to articulate the behaviour management plans for consumers and describe how they assess if pain is impacting on behaviour. Observations of staff interacting and redirecting consumers with behavioural concerns were caring and consistent with the care plan objectives. The incidence of behaviours is reported to the board of management via the clinical governance reporting, and the memory support unit was observed to be calm and relaxed. Behaviour care plans are individualised and updated when reviewed or circumstances change.

Following consideration of the above information, I have decided the requirement is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers and representatives interviewed expressed satisfaction with the environment and said it is safe, clean and well maintained. Consumers said their rooms are always clean and cleaning services are never missed. Consumers described how they raise maintenance requests with staff, explaining requests are addressed in a timely manner.

Consumers confirmed they can freely access other areas of the service, including outdoor areas when they want to. Consumers said movement throughout the service is only restricted if there is an infectious outbreak. The memory support unit has its own outdoor garden, enabling consumers to have access to the outdoors.

Outdoor areas and gardens are large and inviting, with sufficient space, seating and tables to allow for small group activities and socialising. Consumers reported they contribute to the upkeep and look of the outdoor gardens.

Management described the cleaning and maintenance process at the service, explaining planned preventative maintenance is scheduled to ensure the environment and equipment remains safe. Review of cleaning and maintenance schedules confirmed this.

Current construction work is contained to one wing, with clear signage marking the secure entrance. A temporary evacuation plan was observed to be posted at the entrance of the construction site.

Following consideration of the above information I have decided the requirement is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives said there are enough staff to deliver the care and services they require. The service demonstrated how the workforce is planned and the number and mix of staff enable the delivery of safe and quality care for consumers.

Consumers and representatives interviewed said staff attend to consumer needs in a timely manner, and consumers usually do not wait long to have their call bells answered.

Overall, staff reported they have enough time to do their work, and they think there is enough staff. Staff were aware of contingency plans used when unplanned leave occurred.

Management said an automated roster software system is used to fill shifts based on the staff availability, role and location required in the service. Staffing levels within the roster are based on consumer and representative and staff feedback, assessed needs of the consumers and the level of occupancy. Unplanned leave is managed by extending existing staff shifts, utilising staff from other locations in the service, or calling staff not on the roster who have indicated availability.

The Assessment Team observed the system in place to monitor and ensure compliance with the Department of Health and aged care minimum care minutes and 24/7 registered nurse responsibilities.

Following consideration of the above information, I have decided the requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service demonstrated effective management systems and practices in relation to risk and incident management. Consumers said they are supported after an incident and to live the life they choose. Staff had a shared understanding of risk and incident management processes. The service has policies and procedures to guide staff practice in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the life they choose.

Staff said, and training records evidenced, they have completed training in incident management and the Serious Incident Reporting Scheme (SIRS). Staff gave examples of when harm, abuse and neglect was identified and reported to management.

Management said incident data is analysed at the Quality Care Advisory Meeting to identify risk and risk mitigation strategies. For example, an incident report is completed when a consumer exhibits a behaviour of concern. An analysis of these incidents identified the implementation of a behaviour support shift to provide extra support to reduce the risk of incidents. A review of the Quality Care Advisory and Board Meeting minutes confirms this occurred.

Risks are identified from incidents, consumer and representative feedback, hospital discharges, allied health assessments. Risk management strategies are monitored for effectiveness using progress notes, daily handover information, and case conferences.

Following consideration of the above information, I have decided the requirement is Compliant.

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