Performance

Report

**1800 951 822**

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| Name of service: | Burpengary Manor Aged Care |
| Service address: | 135 Buckley Road BURPENGARY EAST QLD 4505 |
| Commission ID: | 5888 |
| Approved provider: | Tingari Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 November 2022 |
| Performance report date: | 13 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 Burpengary Manor Aged Care (**the service**) has been prepared by G-M. Cain, 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 response to the assessment team’s report received 2 December 2022.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 10 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# 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 5 Organisation’s service environment** | **Not applicable as not all requirements have been assessed** |
| **Standard 7 Human resources** | **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)(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

Based on the summarised evidence below, I have found the service compliant with this requirement.

Overall, consumers and representatives considered assessment and care planning informed the delivery of safe and effective care and services. The service demonstrated assessment and care planning processes, and review of care documentation and interviews with staff demonstrated consideration of potential risks to consumers’ health and well-being including falls, diabetes management and skin integrity. The organisation had policies and procedures to guide staff practice in the assessment and care planning process.

# 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

Based on the summarised evidence below, I have found the service compliant with this requirement.

The Assessment Contact - Site report discloses that this requirement was assessed by interviews with management and staff and review of documentation.

The service demonstrated effective assessment, management and evaluation of consumers’ personal and clinical care, including restrictive practices and pain management. For example, the service had processes to assess, authorise, review and monitor consumers subject to restrictive practices. Staff described how they minimise the use of restrictive practices for individual consumers. A review of care documentation reflected that behaviour support plans were in place for sampled consumers subject to restrictive practices. The service maintained a psychotropic register that identified consumer diagnosis, medications prescribed, and any medications reduced or ceased.

The organisation had policies and procedures to guide staff practice in delivering personal and clinical care and services to consumers.

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

Findings

Based on the summarised evidence below, I have found the service compliant with this requirement.

The Assessment Contact - Site report discloses that this requirement was assessed by interviews with representatives, management and staff and review of documentation.

Consumers and representatives expressed confidence that consumers receive the care they require, including managing risks associated with personal and clinical care. Staff described strategies to manage and minimise the risks for individual consumers and confirmed they had received training in relation to skin integrity and wound care, infection control, and nutrition and hydration.

# 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

Based on the summarised evidence below, I have found the service compliant with this requirement.

Consumers provided positive feedback about the service environment and confirmed it was safe, clean and well-maintained. The service environment supported consumers to move freely indoors and outdoors, and signage and maps were observed throughout the service. Consumers residing in the secure living environment were observed moving freely inside and outside the secure unit in the gardens and courtyard.

# 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

Based on the summarised evidence below, I have found the service compliant with this requirement.

Consumers and representatives advised timely response to requests for assistance, and staff confirmed there is sufficient staff and time to undertake tasks. The workforce is planned to meet the needs of consumers, with clinical staff rostered 24 hours a day, seven days a week. The service had established systems and processes to ensure that unplanned leave is covered and that vacant positions are recruited.

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)