Performance

Report

**1800 951 822**

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| Name of service: | Burswood Care Annie Bryson McKeown Lodge |
| Service address: | 2 Angove Road, SPENCER PARK ALBANY WA 6330 |
| Commission ID: | 7067 |
| Approved provider: | Burswood Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 July 2023 to 11 July 2023 |
| Performance report date: | 21 August 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 Burswood Care Annie Bryson McKeown Lodge (**the service**) has been prepared by M Glenn, 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.

# 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 and representatives; and
* the Performance Report dated 12 October 2022 for a Site Audit undertaken from 22 August 2022 to 24 August 2022.

The approved provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement (3)(f) was found non-compliant following a Site Audit undertaken from 22 August 2022 to 24 August 2022 where it was found consumers’ privacy was not respected and confidential personal information was not securely stored. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Installation of a lockable drawer to secure confidential records.
* A 93 per cent completion rate of mandatory training, including the module on privacy and confidentiality.
* Monitoring of staff to ensure they await acknowledgement before entering consumer rooms.

The Assessment Contact undertaken on 10 July 2023 showed toolbox training specific to confidentiality and respecting consumer privacy and dignity is delivered to staff monthly. Staff were knowledgeable of the privacy policy and were observed knocking on consumers’ doors prior to entry and ensuring privacy while providing care. Representatives raised no concern about the confidential management of personal information.

# For the reasons detailed above, I find requirement (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The menu is reviewed by a dietician for nutritional balance and includes meal choices based on consumer feedback. Staff described how they are kept informed of consumers’ nutrition and hydration needs and preferences, and any dietary changes are communicated. The kitchen area and food equipment were observed to be organised and clean and staff were knowledgeable about food safety processes. Consumers have a daily meal choice and said they never felt hungry or thirsty in between or after meals, and overall, expressed satisfaction regarding the quality, quantity of food.

# For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following a Site Audit undertaken from 22 August 2022 to 24 August 2022 where it was found the service was unable to demonstrate furniture, fittings and equipment, were safe, clean, well maintained and suitable for the consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The replacement of flooring throughout the service.
* The purchase of new furniture, fittings and equipment.
* The monitoring of crockery for cleanliness.
* The undertaking of weekly cleaning audits.

At the Assessment Contact undertaken on 10 July 2023, improved systems and processes ensures furniture fittings and equipment are safe, clean, well maintained and suitable for consumers. Staff provided examples of how they report log maintenance requests into the maintenance folder and confirmed requests are usually actioned and finalised promptly. Consumers and representatives said the service is welcoming, clean and comfortable and noted improvements made to the furniture and fittings throughout the service.

# For the reasons detailed above, I find requirement (3)(c) in Standard 5 Organisation’s service environment 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

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 22 August 2022 to 24 August 2022 where it was found the workforce did not have the right number and mix of staff to enable the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implementing strategies to address unfilled shifts and staff availability, including orientating staff at both services to allow staff cross over when required and increasing the hours of a floating shift based on staff feedback.
* Staff have been directed not to rush care services and report when there is limited time to complete tasks during handover.
* Approval to purchase 2 electronic call bell displays and additional pagers to assist staff to promptly respond to consumer needs.

At the Assessment Contact undertaken on 10 July 2023, rostering processes ensure adequate staff coverage to deliver appropriate care and systems are in place to minimise unfilled shifts. Any unfilled shifts are managed by advertising to staff on noticeboards and via email. Overall, consumers and representatives were happy with staffing levels, didn’t feel care and services are cut short or rushed, and were happy with the time it took staff to respond to consumers’ call bells.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources 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)