Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Burswood Care Annie Bryson McKeown Lodge | 12 October 2022 |
| Commission ID: | Activity type: |
| 7067 | Site Audit |
| Approved provider: | Activity date: |
| Burswood Care Pty Ltd | 22 August 2022 to 24 August 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 Burswood Care Annie Bryson McKeown Lodge (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the site audit report, received 3 October 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 1(3)(f)** - The service ensures each consumer’s privacy is respected, and personal information is kept confidential.
* **Requirement 5(3)(c)** - The service ensures furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
* **Requirement 7(3)(a)** - The service ensures 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.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

## Findings

*Requirement 1(3)(f):*

The Assessment Team considered the service was unable to demonstrate each consumer’s privacy was respected and personal information was kept confidential. The Assessment Team observed:

* Paper records containing consumers’ personal information was stored openly on top of the nurse’s station desk, situated within the dining area of the service. This matter was brought up with management, which advised it would consider options to secure personal records in a locked drawer or relocate the nurse’s station to a more secure position.
* Multiple occasions where staff knocked on consumers’ doors, but did not wait for their acknowledgement prior to entering. On one occasion, a ‘Do not disturb’ sign was placed outside a consumer’s door, but staff were observed entering without acknowledgement from the consumer.
* A review of training records indicated 61% of staff had completed training relating to consumer privacy and confidentiality.

In its response, the Approved Provider outlined actions taken by the service to remedy the identified issues.

These included:

* The nurse’s station now contained a lockable area to secure paper records. The manager now monitored the storage of records and observed records were stored securely.
* Management sent an email to staff to remind them to wait for acknowledgement from consumers prior to entering rooms. The ‘Do not disturb’ sign was enhanced and staff were reminded at handover to respect the sign.
* Any remaining staff who have not completed the consumer privacy and confidentiality training are due to complete it by November 2022.

I acknowledge the action taken by the Approved Provider to address the issues identified by the Assessment Team. However, at the time of the Site Audit, the service did not demonstrate each consumer’s privacy was respected and personal information was kept confidential. Therefore, I consider the service is Non-compliant with Requirement 1(3)(f).

*The other Requirements:*

Consumers stated staff were kind, treated them with dignity and respect, and made them feel valued. This feedback was consistent with observations made by the Assessment Team. Staff demonstrated a shared understanding of the backgrounds and cultures of consumers.

Staff described how the backgrounds and cultures of consumers shaped the way care was provided to them. Care planning documentation identified the diverse cultural backgrounds of consumers, including their needs and preferences relating to their culture, and directed staff how to provide culturally safe care.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Care planning documentation detailed consumers’ next of kin and others who were involved in decisions about the consumer’s care.

Staff explained how they supported consumers to engage in activities with an element of risk, including how consumers were supported to understand the benefits and harm when they made decisions to engage in activities. Consumers and representatives indicated consumers were supported by staff to take risks and live the best lives possible.

Consumers confirmed they received up to date information about activities, meal choices and other events occurring at the service. The Assessment Team observed information displayed throughout the service which notified consumers of information regarding their care and services.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| 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 demonstrated it considered the individual risks to consumers’ health and wellbeing when undertaking care planning on admission and as changing needs arose. Care planning documentation identified individual risks such as falls, pressure injury development and weight loss while behaviours were identified with appropriate strategies listed.

Consumers and representatives confirmed they were involved in the assessment and planning of their care needs and preferences, including end of life planning. Staff demonstrated an understanding of consumers’ needs and preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, input was sought from health professionals. Consumers expressed satisfaction with the care provided to them and confirmed they were able to access medical officers when required.

Consumers and representatives were satisfied with the service’s communication regarding the outcomes of assessment and planning and were aware they could access their care plan. Staff confirmed they had access to consumer care planning information through the service’s electronic care management system, and the Assessment Team observed staff documenting information within the system.

The service demonstrated it reviewed care and services for effectiveness when changes occurred and when incidents impacted the needs of the consumers. Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff consistently reported they could communicate with senior staff to receive support and guidance in relation to the best practice care and processes, or if care needs had changed.

Consumers expressed satisfaction with the care received in relation to the management of high impact or high prevalence risks, such as falls, weight loss, skin integrity and pain management. Staff demonstrated an understanding of the risks to individual consumers and the strategies in place to mitigate these risks.

Staff described how to provide care to consumers that were palliating or requiring end-of-life care. The Assessment Team noted staff were guided by policies and procedures which directed the management of end-of-life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. The service utilised several avenues to identify deterioration or changes of a consumer’s well-being, including the handover process, progress notes, scheduled reviews, incident reports and clinical charting.

Staff demonstrated changes in the care and services of consumers were communicated within the service through progress notes and handover processes, as well as the service’s electronic documentation system. Consumers and representatives indicated they were kept informed of the progress and changes to the consumer’s condition.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the process for referring consumers to other health professionals and how this process informed the delivery of care and services provided to consumers.

The service had documented policies and procedures which supported the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff described how they minimised infection by encouraging consumers to drink fluids to prevent urinary tract infections, washing hands and using personal protective equipment.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers advised they received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers.

Consumers and representatives advised they received supports for daily living which promoted the emotional, spiritual and psychological well-being of each consumer. The Assessment Team observed staff providing one-to-one care with consumers and brochures for mental health supports available throughout the service.

Consumers stated the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. A review of the service’s activity schedule evidenced a wide variety of activities available that were tailored to the needs of consumers.

Staff indicated the electronic care management system contained the relevant information regarding consumers’ conditions, needs and preferences. Consumers and representatives advised consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for their care.

Care planning documentation identified timely and appropriate referrals to individuals, other organisations and providers of other care and services. The service had documented processes in place to create referrals to external providers of care and supports.

Consumers considered the meals provided were varied and of suitable quality and quantity, and advised staff respected their meal preferences. The Assessment Team observed the dining experience was relaxed, with consumers enjoying their meals and staff patiently assisting consumers.

Consumers and representatives indicated equipment was available, clean and well maintained. Staff advised they had access to equipment to assist consumers and were able to request and receive additional equipment if required.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Non- compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

*Requirement 5(3)(c):*

The Assessment Team considered the service was unable to demonstrate furniture, fittings and equipment were safe, clean, well maintained and suitable for the consumer.

The Assessment Team observed:

* A consumer in a princess chair with a portion of the easy clean surface near the consumer’s head being heavily worn and exposing the fabric cushioning layers below.
* A number of cups used to serve hot drinks were stained. Consumers advised the cups were often stained in appearance and looked unclean. Management advised part of a scheduled deep clean for the kitchen included de-staining cups and indicated they will follow up with staff and submit a procurement request for additional cups.
* The call bell alert display located near the nurse’s office not operational and displayed a system error message. This issue was raised with management and was promptly resolved.
* The hallway carpet in one of the service’s older wings was worn and appeared dirty. Management advised carpets were due to be replaced and a quote was obtained in April 2022.

In its response to the site audit report, the Approved Provider outlined the actions taken by the service to remedy the identified issues.

These included:

* A new princess chair was ordered and delivered. In addition, the service completed an audit of equipment and confirmed it did not require any additional equipment items.
* Additional cups were ordered and are awaiting delivery. Management advised a review of cups indicated they were now cleaned appropriately.
* The call bell system was tested in August 2022 and found to be in working order.
* New carpets were ordered and installation is expected to occur by December 2022.

I acknowledge the action taken by the Approved Provider to address the issues identified by the Assessment Team. However, at the time of the Site Audit, the service was unable to demonstrate furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. Therefore, having considered all available evidence, I consider the service is Non-compliant with Requirement 5(3)(c).

*The other Requirements:*

Consumers and representatives advised the service and its staff were friendly, welcoming and supportive of consumers being able to maintain their independence and sense of belonging. The Assessment Team observed consumers’ rooms were personalised with their pictures and furniture.

The Assessment Team reviewed daily and scheduled cleaning logs and observed the communal dining and lounge areas were clean and well maintained. Consumers indicated the service was kept clean and well maintained and they were able to move freely throughout the service, both indoors and outdoors.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers confirmed they were supported to provide feedback and make complaints. Staff described the avenues available to consumers to provide their feedback and make complaints.

The Assessment Team observed information regarding advocacy and interpreter services on display within the front foyer of the service and on notice boards throughout the service. Staff demonstrated an understanding of the internal and external mechanisms for providing feedback and making complaints.

Consumers indicated the service took appropriate action in response to complaints and staff utilised the practice of open disclosure. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the service’s policy, including complainant feedback about actions taken.

Consumers provided examples of changes implemented as a result of feedback and complaints. A review of the service’s plan for continuous improvement showed the service utilised feedback and suggestions from consumers to inform the delivery of service improvements.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Non- compliant |
| 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

*Requirement 7(3)(a):*

The Assessment Team considered the service was unable to demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.

Relevant evidence included:

* Feedback received from consumers and staff showed they felt there were not enough staff at the service to meet consumers’ needs and preferences.
* Two consumers indicated planned activities often did not occur due to a lack of available staff.
* A consumer stated the service was short-staffed and sometimes staff were rushed whilst assisting with care needs, which resulted in care being less gentle and sometimes causing pain.
* A consumer indicated new staff were unaware of consumers’ needs and, due to the unavailability of therapy staff, consumers were unable to receive massages.

In its response, the Approved Provider detailed the actions taken by the service to remedy the identified issues.

These included:

* Staff were reminded not to rush care and to advise management or the Registered Nurse if they had limited time to complete tasks.
* The service recruited additional lifestyle staff and part-time care staff and intends to recruit more staff.
* The service adopted strategies to address the staff shortfall, which included the reallocation of work, staff undertaking extra shifts, additional support from management and assistance from staff members of the service’s affiliated sites.

I acknowledge the action taken by the Approved Provider to address the issues identified by the Assessment Team. However, at the time of the site audit, the service did not demonstrate its workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Therefore, I decided the service was Non-compliant with Requirement 7(3)(a).

*The other Requirements:*

Consumers and representatives described staff in a positive manner and advised they had built positive relationships with members of staff. Management advised staff were respectful towards consumers and treated them with dignity.

Consumers and representatives confirmed staff had the required skills to provide care and perform their roles. The Assessment Team noted position descriptions outlined the role and the performance measures for staff.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Consumers were satisfied with the performance of staff and indicated their care needs were met.

Management advised staff members received performance appraisals after a three-month period of probation, another appraisal after the following six months and then on a yearly basis. This was confirmed by a review of performance appraisal documentation. Feedback received from consumers and representatives was generally positive regarding staff interactions and the care provided.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

The service demonstrated consumers and representatives were engaged in the development, delivery and evaluation of care and services via consumer feedback, surveys, consumer and representative meetings, and were regularly involved in choice making for the menu and lifestyle activities. Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services.

Management advised it was involved in a monthly meeting with the organisation’s governing body to discuss information such as complaints, surveys, clinical indicators and other concerns. The governing board utilised COVID-19 information received from the Department of Health to promote a safe service environment.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies which described how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives possible and how to manage and prevent incidents. Staff advised they received training on incident management reporting and the recognition of abuse and neglect of consumers.

The service demonstrated clinical care practice was governed by organisational policies pertaining to antimicrobial stewardship, restraint minimisation and open disclosure. Care planning documentation showed compliance with the service’s antimicrobial stewardship policy.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)