Performance

Report

**1800 951 822**

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| Name: | Burswood Care Gwen Hardie Lodge |
| Commission ID: | 7068 |
| Address: | 67 Mermaid Avenue, EMU POINT, ALBANY, Western Australia, 6330 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 4 September 2024 |
| Performance report date: | 13 September 2024 |
| Service included in this assessment: | Provider: 7020 Burswood Care Pty Ltd  Service: 4596 Burswood Care Gwen Hardie Lodge |

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 Gwen Hardie 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 (performance assessment) – non-site, which was informed by review of documents and interviews with consumer representatives, staff and management; and
* a performance report dated 17 June 2024 for a site audit undertaken 7 May 2024 to 9 May 2024.

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

# Assessment summary

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| Standard 8 Organisational governance | Not fully 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 8

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| Organisational governance | |  |
| 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

**Requirement (3)(e)** was found non-compliant following a site audit undertaken in May 2024 as deficiencies in identifying and monitoring use of restrictive practices, particularly environmental restraint, were identified, and staff knowledge of restrictive practices was not always sufficient. Additionally, oversight practices had not identified irregularities in documentation or monitoring of diabetes or undertaking observations following falls, and audits had not been undertaken for these clinical care areas. In response to the deficits identified, the provider has implemented a range of improvements, including use of a task function on the electronic management system to prompt blood glucose monitoring; and a review audit for compliance with blood glucose monitoring to ascertain effectiveness of the task prompt notification system. Documentation shows post fall neurological observations are completed for consumers following falls in line with the post fall management pathway and best practice.

At the assessment contact undertaken in September 2024, the organisation was found to have a clinical governance framework, supported by policies and procedures, which sets out roles and responsibilities of the management committee, staff and others involved in providing care and services to consumers. Clinical data, including, but not limited to, falls, medications, pressure injuries, restrictive practices and wounds is collected, collated and reviewed monthly and informs discussions at clinical quality and governance meetings.

Staff work with medical officers and consumers to minimise infection related risks and promote health literacy about antimicrobial use. This is also achieved through infection prevention control methods and minimising development and spread of antimicrobial resistance in line with national guidelines. Consumers receiving antibiotics are monitored to ensure appropriateness and effectiveness. Staff and management described how open disclosure principles are applied, including the importance of being open, transparent, and apologising when incidents occur or mistakes are made, and keeping consumers and representatives informed of actions taken in response. A restrictive practice policy describes the various forms of restraint, the impact of restraint on consumers, responsibilities to assess the reasons why restraint might be required and approaches to minimise use. Management demonstrated, and documentation reviewed shows there is an understanding of what constitutes restraint and staff have awareness to ensure this is assessed, recorded and strategies discussed to minimise use. Clinical and care staff said they have completed training on restrictive practice, and demonstrated an awareness of the different types of restrictive practices. One representative said their consent had been sought following an assessment for the potential application of environmental restrictive practices in the memory support unit, which was evidenced in the consumer’s care file.

Based on the Assessment Team’s report, I find requirement (3)(e) in Standard 8 Organisational governance 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)