Performance

Report

**1800 951 822**

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| Name of service: | Burswood Care Gwen Hardie Lodge |
| Service address: | 67 Mermaid Avenue, EMU POINT ALBANY WA 6330 |
| Commission ID: | 7068 |
| Approved provider: | Burswood Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 October 2022 to 1 November 2022 |
| Performance report date: | 12 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 Burswood Care Gwen Hardie Lodge (**the service**) has been prepared by J Renna, 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/representatives and others; and
* the performance report dated 24 February 2022 for the Site Audit undertaken from 30 November 2021 to 2 December 2021.

The provider did not submit a response to the Assessment Contact – Site report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate each consumer’s privacy was respected and personal information was kept confidential. Specifically, systems and processes were not in place to ensure consumers’ privacy and confidentiality was maintained.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing policies and procedures, and staff education and training.

The Assessment Team was satisfied these improvements were effective, as evidence collected through interviews and observations show consumers’ privacy is respected and confidentiality is maintained. All consumers and representatives said staff were respectful of consumers’ privacy, and staff were observed interacting with consumers in a manner that respected their privacy and dignity, including knocking on their door before entry and closing doors when attending to personal care. Staff described processes for maintaining privacy and confidentiality, including storing hard copy documentation in a secure location and ensuring computers are password protected.

Based on the information summarised above, I find the service compliant with Requirement (3)(f) in Standard 1 Consumer dignity and choice.

# 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 |
| 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

Requirements (3)(a) and (3)(e) were found non-compliant following a Site Audit conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate:

* assessment and planning, including consideration of risks associated with consumers’ behaviours and smoking, informed the delivery of safe and effective care and services; and
* care and services were reviewed following deterioration in consumers’ health or change in their needs.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, recruiting additional staff, monitoring handover processes, staff education and training, policy and procedure reviews, and embedding new risk assessments and care plans into the electronic care record.

The Assessment Team was satisfied these improvements were effective, as evidence collected through interviews and observations showed effective assessment and care planning processes are in place to identify and mitigate risks, and address changes in consumers’ needs.

In relation to Requirement (3)(a), sampled care plans identified risks to consumers’ health and well-being, such as behaviours, cognition, infection, sensory, pressure area and falls, and included strategies to inform the delivery of safe and effective care. Staff demonstrated knowledge of assessment and planning processes, including the use of validated risk assessment tools and consultation with consumers and representatives. Representatives confirmed they are in regular contact with staff to discuss risks associated with consumers’ care.

The Assessment Team noted current entry processes do not effectively capture consumers’ risks in relation to behavioural and psychological symptoms of dementia prior to entry. However, I find evidence in the Assessment Team’s report shows current assessment and planning processes are robust and effective in identifying risks associated with consumers’ health and well-being on entry.

In relation to Requirement (3)(e), interviews with staff and documentation showed, care and service needs for sampled consumers were reviewed following deterioration, hospitalisation, falls and incidents. Regular reviews were undertaken in relation to one sampled consumers’ care and service needs, and included input from staff, the Medical officer and specialists.

Based on the information summarised above, I find the service compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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

Requirement (3)(b) was found non-compliant following a Site Audit conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to sexually inappropriate behaviours and wounds.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing processes and procedures, increasing staffing numbers and clinical oversight, and staff education and training.

The Assessment Team was satisfied these improvements were effective, as high impact or high prevalence risks associated with the care of sampled consumers were effectively managed. Documentation for five sampled consumers showed wounds to be improving, with regular repositioning and pain assessments occurring, and interventions to be in use. In relation to one consumer who experienced changed behaviours, documentation showed specialist input was sought and staff were able to describe interventions used to ensure the consumer’s safety. Care records demonstrated early identification, timely escalation and effective management of risks relating to skin integrity, choking and falls.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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

Requirement (3)(b) was found non-compliant following a Site Audit conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate the service environment was safe, particularly for consumers who were smokers, cognitively impaired or at risk of falls.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing policies and procedures, and assessing smoking areas.

The Assessment Team was satisfied these improvements were effective, as interviews with consumers and representatives, and observations show the service environment is safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors. The designated smoking area for one consumer who smokes did not include any fire hazards, and there was no evidence of inappropriate cigarette disposal. The environment was observed to be comfortable, and consumers were moving freely, both indoors and outdoors. Consumers and representatives were satisfied with the cleanliness of the service environment.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following a Site Audit conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Specifically, feedback from staff was not formally addressed, and verbal complaints from consumers and representatives about inappropriate behaviour was not actioned or resolved.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 did not include evidence of actions taken to address deficiencies identified. However, the Assessment Team was satisfied the service demonstrated complaints are actioned appropriately, including use of an open disclosure processes.

Management and staff were aware of the concept of open disclosure. Documentation showed appropriate recording and reporting of complaints, with the complaint acknowledged and actioned in a timely manner. Throughout the complaints process, regular communication was maintained with the complainant and open disclosure occurred, including providing an apology and explaining strategies implemented as a result. Consumers and representatives said staff and management are responsive to their concerns, and take appropriate action when necessary.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

# 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 conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate staffing numbers were sufficient to enable delivery and management of safe and quality care and services.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, appointment of a Roster coordinator, and increasing staffing numbers and clinical oversight.

The Assessment Team was satisfied these improvements were effective, as feedback from representatives and staff demonstrated dramatic improvement in staffing numbers, and care and service delivery. Two representatives and two staff said care and attention provided to consumers has improved in recent months, since the increase in staffing numbers, and staff are now able to provide care to consumers in a timely manner. Documentation for a two-week sampled period showed minimal unfilled shifts.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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

Requirement (3)(d) was found non-compliant following a Site Audit conducted from 30 November 2021 to 2 December 2021, where it was found the service was unable to demonstrate risk management systems and practices were effective in relation to managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team’s report for the Assessment Contact conducted on 31 October 2022 to 1 November 2022 provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewing the organisation’s Risk management policy framework, and staff education and training.

The Assessment Team was satisfied these improvements were effective, as the service was able to demonstrate effective risk management systems for the monitoring, benchmarking, trending and management of high impact or high prevalence risks associated with the care of consumers. Regular clinical governance meetings are held to oversee consumers’ clinical risks, including falls, behaviours, weight loss and wounds. Clinical incident data is collected and benchmarked against other services of a similar size.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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)