Performance

Report

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| Name: | The Birches |
| Commission ID: | 3554 |
| Address: | Tyers Street, HAMILTON, Victoria, 3300 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 October 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 741 Western District Health Service  Service: 2302 The Birches |

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 The Birches (**the service**) has been prepared by M Nicholas, 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 (performance assessment) – 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 25 October 2023 with clarifying information.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 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

Consumers and their representatives expressed satisfaction with the clinical and personal care received, indicating that care provided meets their individual needs. Staff demonstrated an understanding of how to provide safe and planned care to meet consumer individual health and wellbeing needs including in relation to pain, changed behaviours, skin integrity and specialised nursing care. A review of consumer care documentation including specialised nursing plans demonstrated staff provide individualised clinical and personal care.

The Assessment Team noted that staff proactively responded to consumer pain with non-pharmacological and pharmacological pain management strategies determined in consultation with the general practitioner and allied health professionals. A review of consumer care documentation indicated evidence-based assessment tools were used to assess consumer pain with strategies implemented and evaluated.

Staff demonstrated an understanding of the adverse effects of antipsychotic medications including how to mitigate effects through monitoring of changed behaviours. Consumer care documentation indicated use of personalised nonpharmacological interventions in response to changed behaviours and evaluated the use of ‘as needed’ antipsychotic medications. The service’s psychotropic register identifies all consumers currently receiving psychotropic medications for appropriately documented conditions. A review of consumer restrictive practice assessments demonstrated consumer psychotropic medications are regularly reviewed by a general practitioner with informed consent for chemical restrictive practice obtained. Consumer care documentation demonstrated the service is meeting all legislative requirements for consumers who are subject to restrictive practices.

The Assessment Team noted that while there was evidence of wound review by a registered nurse, these did not consistently occur weekly in line with the service’s policy. In response to feedback from the Assessment Team, management communicated this is an area of improvement to staff on the same day and encouraged consistency with the service’s protocol. Staff demonstrated an understanding of pressure injury management and escalation pathway if skin integrity issues arose.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(a).

# 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

Consumers and their representatives indicated satisfaction with staffing levels and call bell response times. Staff indicated adequate staffing and they have sufficient time to complete required tasks within their shift. The Assessment Team reviewed rosters, staff allocation sheets and other documentation which demonstrated shifts are adequately filled to deliver safe and quality care and services. Management reported any shift vacancies are adequately filled and the service has an ongoing strategy of recruitment.

Consumers and their representatives indicated staff respond to call bells within an appropriate timeframe. A review of the service’s call bell report for the previous month indicated most call bells were responded to within the service’s expected timeframe. Management described the process for monitoring call bells and reviewing extended wait times. The Assessment Team observed call bells were promptly responded to during the assessment contact.

The approved provider submitted a response to the Assessment Team report including additional information related to the rostering of staff. I note the discrepancies in the Assessment Team’s observations and consider the available information supports adequate rostering and ongoing strategies for recruitment as well as cover for unplanned leave.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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)